

# Title 248 WAC

## HEALTH, BOARD AND DIVISION OF DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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248-62-100 Temporary places of work. [Rule .62.100, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.  
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248-77-060 Toilet and handwashing facilities. [Rule .77.060, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.  
248-77-070 Sewage disposal. [Rule .77.070, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.  
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248-77-090 Reporting of communicable disease. [Rule .77.090, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.  
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248-90-030 Plant facilities. [Regulation .90.030, effective 3/11/60.] Repealed by Order, filed 6/3/65.  
248-90-040 Cleaning and sterilizing facilities for bottles and utensils. [Regulation .90.040, effective 3/11/60.] Repealed by Order, filed 6/3/65.  
248-90-050 Water supply. [Regulation .90.050, effective 3/11/60.] Repealed by Order, filed 6/3/65.  
248-90-060 Ingredients. [Regulation .90.060, effective 3/11/60.] Repealed by Order, filed 6/3/65.  
248-90-070 Supervision requirements. [Regulation .90.070, effective 3/11/60.] Repealed by Order, filed 6/3/65.  
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- 248-90-110 Bacteriological standards. [Regulation .90.110, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-120 Labeling. [Regulation .90.120, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-130 Time limit on delivery of baby formula milk. [Regulation .90.130, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-140 Use of nipple as caps prohibited. [Regulation .90.140, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-201 Definitions. [Regulation .90.001, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-210 Permit for infant formula service. [Regulation .90.010, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-220 Hearings. [Regulation .90.020, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-230 Inspection of infant formula service. [Regulation .90.030, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-240 Access to infant formula service. [Regulation .90.040, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-250 Examination and standards for infant formula and infant formula ingredients. [Regulation .90.050, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-260 Substitution. [Regulation .90.060, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-270 Submission and/or approval of program, drawings and construction. [Regulation .90.070, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-280 Plant surroundings. [Regulation .90.080, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-290 Physical facilities and equipment. [Regulation .90.090, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-300 Cleaning of plant and care and handling of supplies and equipment. [Regulation .90.100, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-310 Processing of infant formula. [Regulation .90.110, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-320 Processing of infant formula—Refrigeration of infant formula. [Regulation .90.120, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-330 Processing of infant formula—Delivery of infant formula. [Regulation .90.130, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-340 Waste disposal. [Regulation .90.140, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-350 Records. [Regulation .90.150, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-360 Organization, supervision and staffing. [Regulation .90.160, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-90-370 Personnel hygienic practices. [Regulation .90.170, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.
- 248-108-030 Washed rags purchased from commercial laundries. [Regulation .108.030, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-040 Out-of-state shippers. [Regulation .108.040, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-050 Labeling—Required. [Regulation .108.050, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-060 Labeling—Sample label. [Regulation .108.060, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-070 Labeling—Self provided. [Regulation .108.070, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-080 Labeling—Where placed. [Regulation .108.080, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-090 Registration—Required. [Regulation .108.090, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-100 Registration—Applications for. [Regulation .108.100, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-110 Registration—Fee—Notice. [Regulation .108.110, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-120 Plant sanitation. [Regulation .108.120 through .108.140, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-130 Inspection. [Regulation .108.150, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-140 Penalties. [Regulation .108.160, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-150 Legal authority of the state board of health. [Regulation .108.999, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

### Chapter 248-06 WAC

#### GUIDELINES FOR IMPLEMENTATION OF THE STATE ENVIRONMENTAL POLICY ACT

##### WAC

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- 248-06-003 Limited scope of these agency guidelines.
- 248-06-005 Incorporation of requirements of SEPA guidelines.
- 248-06-040 Definitions.
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- 248-06-175 Timing and procedures for specified major actions.
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- 248-06-180 Exemptions for emergency actions.
- 248-06-203 Determination of lead agency.
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- 248-06-380 Intra-agency review of threshold determination.
- 248-06-420 Preparation of EIS by persons outside the lead agency.
- 248-06-510 Responsibilities of the department as a consulted agency.
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- 248-06-805 Agency guidelines consistent with SEPA guidelines.
- 248-06-810 Future amendments to SEPA guidelines.
- 248-06-820 Designation of responsible official.
- 248-06-825 Responsibilities of the department as a consulted agency.
- 248-06-830 SEPA public information center.

##### Chapter 248-108 WIPING RAGS

- 248-108-001 Scope. [Regulation .108.001, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-010 Definitions. [Regulation .108.010, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-020 Laundering. [Regulation .108.020, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

**WAC 248-06-001 Purpose.** Pursuant to the requirements of chapter 43.21C RCW and chapter 197-10 WAC, the department of social and health services adopts the rules contained in this chapter of the

Washington Administrative Code to govern, along with chapter 197-10 WAC, the applicability of the State Environmental Policy Act (SEPA) to its functions. [Order 1148, § 248-06-001, filed 8/26/76.]

**WAC 248-06-003 Limited scope of these agency guidelines.** Since WAC 197-10-805 requires that agency guidelines (such as chapter 248-06 WAC) be consistent with the SEPA guidelines (chapter 197-10 WAC), and since the SEPA guidelines are already comprehensive, these agency guidelines supplement and elaborate portions of the SEPA guidelines but do not themselves provide a comprehensive description of the SEPA requirements to which actions of the department of social and health services are subject. It is suggested therefore that, when questions concerning SEPA requirements arise, reference be made first to the SEPA guidelines and then second to these agency guidelines. To facilitate this approach the sections in these agency guidelines have been numbered to correspond to sections in the SEPA guidelines. For example, WAC 248-06-180, EXEMPTIONS FOR EMERGENCY ACTIONS, corresponds to WAC 197-10-180, which deals with the same subject. [Order 1148, § 248-06-003, filed 8/26/76.]

**WAC 248-06-005 Incorporation of requirements of SEPA guidelines.** All activities and functions of the department of social and health services shall be carried out in compliance with the requirements of the State Environmental Policy Act (chapter 43.21C RCW) and of the SEPA guidelines (chapter 197-10 WAC), and to this end all provisions of the SEPA guidelines, unless clearly designated as optional, are hereby incorporated into these agency guidelines. [Order 1148, § 248-06-005, filed 8/26/76.]

**WAC 248-06-040 Definitions.** The following words and terms shall have the following meanings for purposes of this chapter, unless the context indicates otherwise:

(1) **Acting Agency.** Acting agency means an agency with jurisdiction which has received an application for a license, or which is the initiator of a proposed action.

(2) **Action.** Action means an activity potentially subject to the environmental impact statement requirements of RCW 43.21C.030(2)(c) and (2)(d). [See the provisions of WAC 197-10-170, 197-10-175 and 197-10-180 for activities that are exempted from the threshold determination and environmental impact statement requirements of SEPA and these guidelines, due to CEP's determination that such activities are minor, not "major," actions even though such activities are within one of the subcategories below.] All actions fall within one of the following subcategories:

(a) Governmental licensing.

(b) Governmental action of a project nature. This includes and is limited to:

(i) the decision by an agency to undertake any activity which will directly modify the physical environment, whether such activity will be undertaken directly by the agency or through contract with another, and

(ii) the decision to purchase, sell, lease, transfer or exchange natural resources, including publicly owned land, whether or not it directly modifies the environment.

(c) Governmental action of a nonproject nature. This includes and is limited to:

(i) the adoption or amendment of legislation, ordinances, rules or regulations which contain standards controlling use or modification of the physical environment;

(ii) the adoption or amendment of comprehensive land use plans or zoning ordinances;

(iii) the adoption of any policy, plan or program which will govern the development of a series of functionally related major actions, but not including any policy, plan or program for which approval must be obtained from any federal agency prior to implementation;

(iv) creation of, or annexations to, any city, town or district;

(v) adoptions or approvals of utility, transportation and solid waste disposal rates;

(vi) capital budgets; and

(vii) road, street and highway plans.

(3) **Agencies with Expertise.** Agencies with expertise means those agencies to which a draft environmental impact statement shall be sent pursuant to WAC 197-10-465, unless they are also agencies with jurisdiction.

(4) **Agencies with Jurisdiction.** Agencies with jurisdiction means those agencies from which a nonexempt license is required for a proposal or any part thereof, or which will act upon an application for a grant or loan for a proposal, or agencies which are proposing or initiating any governmental action of a project or nonproject nature. The term does not include those agencies authorized to adopt rules or standards of general applicability which govern the proposal in question, when no license or approval is required for specific proposals; nor does the term include agencies, involved in approving grants or loans, which serve only as conduits between the primary administering agency and the recipient of the grant or loan. Federal agencies with jurisdiction are instrumentalities of the federal government from which a license is required, or which will receive an application for a grant or loan for a proposal.

(5) **Agency or Agencies.** Agency or agencies mean all state agencies and local agencies as defined in this section. The term does not include any agency or division of the federal government. Whenever a specific agency has been named in these guidelines and the functions of that agency have been transferred to another agency, then the term shall mean such successor agency.

(6) **Agency guidelines** shall mean chapter 248-06 WAC.

(7) **CEP.** CEP means the council on environmental policy.

(8) **Consulted Agency.** Consulted agency means any agency with jurisdiction or with expertise which is consulted, or from which information is requested by a lead agency during the threshold determination, pre-draft consultation, or consultation on a draft environmental impact statement.

(9) County/City. County/city means a county, city or town. For the purposes of this chapter, duties and powers are assigned to a county, city or town as a unit, with the delegation of responsibilities among the various departments of a county, city or town being left to the legislative or charter authority of the individual counties, cities or towns.

(10) Declaration of Nonsignificance. Declaration of nonsignificance means the written decision by the responsible official of the lead agency that a proposal will not have a significant adverse environmental impact and that therefore no environmental impact statement is required. A form substantially consistent with that in WAC 197-10-355 shall be used for this declaration.

(11) Declaration of Significance. Declaration of significance means the written decision by the responsible official of the lead agency that a proposal will or could have a significant adverse environmental impact and that therefore an environmental impact statement is required. A form substantially consistent with that in WAC 197-10-355 shall be used for this declaration.

(12) Department shall mean the department of social and health services.

(13) Draft EIS. Draft EIS means an environmental impact statement prepared prior to the final detailed statement.

(14) EIS. EIS means the detailed statement required by RCW 43.21C.030(2)(c). It may refer to either a draft or final environmental impact statement, or both, depending upon context.

(15) Environment. Environment means, and is limited to, those areas listed in WAC 197-10-444.

(16) Environmental Checklist. Environmental checklist means the form contained in WAC 197-10-365.

(17) Environmental Document. Environmental document means every written public document prepared or utilized as a result of the requirements of this chapter.

(18) Environmentally Sensitive Area. Environmentally sensitive area means an area designated and mapped by a county/city pursuant to WAC 197-10-177, and within which certain categorical exemptions do not apply.

(19) Final EIS. Final EIS means an environmental impact statement prepared to reflect comments to the draft EIS. It may consist of a new document, or of the draft EIS together with supplementary material prepared pursuant to WAC 197-10-570, 197-10-580 or 197-10-695.

(20) Lands Covered by Water. Lands covered by water means lands underlying the water areas of the state, including salt water, tidal waters, estuarine waters, natural water courses, lakes, ponds, artificially impounded waters, marshes and swamps. Certain categorical exemptions do not apply to lands covered by water.

(21) Lead Agency. Lead agency means the agency designated by the provisions of WAC 197-10-200 through 197-10-270 or 197-10-345, which is responsible for making the threshold determination and preparing or supervising preparation of the draft and final environmental impact statements.

(22) License. License means any form of written permission given to any person, organization or agency to engage in any activity, as required by law or agency

rule. A license thus includes the whole or part of any agency permit, certificate, approval, registration, charter, or plat approvals or rezones to facilitate a particular project; a license required solely for revenue purposes is not included.

(23) Licensing. Licensing means the agency process in granting, renewing or modifying a license.

(24) List of Elements of the Environment. List of elements of the environment means the list contained in WAC 197-10-444 which must be attached to every environmental impact statement.

(25) Local Agency. Local agency means any political subdivision, regional governmental unit, district, municipal or public corporation including cities, towns and counties. The term does not include the departments of a city or county.

(26) Major Action. Major action means any "action" as defined in this section which is not exempted by WAC 197-10-170, 197-10-175 and 197-10-180.

(27) NonProject EIS. Nonproject EIS means an environmental impact statement prepared for a proposal for any governmental action of a nonproject nature as defined under "action" in this section.

(28) Physical Environment. Physical environment means and is limited to those elements of the environment listed under "physical environment" in WAC 197-10-444(2).

(29) Private Applicant. Private applicant means any person or entity, other than an agency as defined in this section, applying for a license from an agency.

(30) Private Project. Private project means any proposal for which the primary initiator or sponsor is an individual or entity other than an "agency" as defined in this section.

(31) Proposal. Proposal means a specific request to undertake any activity submitted to, and which is seriously considered by, an agency or a decision-maker within an agency, as well as any action or activity which may result from approval of any such request. Further definition of the scope of a proposal for the purposes of lead agency determination, the threshold determination, and impact statement preparation is contained in WAC 197-10-060.

(32) Responsible Official. Responsible official means that officer or officers, committee, department or section of the lead agency designated by the lead agency's guidelines to undertake its responsibilities as lead agency [See WAC 197-10-820].

(33) Secretary shall mean the secretary of the department of social and health services.

(34) SEPA. SEPA means the state environmental policy act of 1971, chapter 43.21C. RCW, as amended.

(35) SEPA guidelines shall mean chapter 197-10 WAC.

(36) State Agency. State agency means any state board, commission or department except those in the legislative or judicial branches. The term includes the office of the governor and the various divisions thereof, state universities, colleges and community colleges.

(37) Threshold Determination. Threshold determination means the decision by a lead agency whether or not

an environmental impact statement is required for a proposal. [Order 1148, § 248-06-040, filed 8/26/76.]

**WAC 248-06-055 Timing.** Reference should be made to WAC 248-06-175, which sets out the procedures and timing governing the EIS process for specified major actions of the department. [Order 1148, § 248-06-055, filed 8/26/76.]

**WAC 248-06-100 Information which may be required of a private applicant.** Reference should be made to WAC 248-06-175, which sets out the types of information which the department may require from a private applicant for specified major actions of the department. The information required will in every case include preparation of the environmental checklist and, where appropriate, the draft and final EIS. [Order 1148, § 248-06-100, filed 8/26/76.]

**WAC 248-06-175 Timing and procedures for specified major actions.** As of December 12, 1975, the only actions of the department which are major actions are those specified in WAC 197-10-175. It should however be noted that programs entered into by the department after this date could constitute major actions even though not appearing in WAC 197-10-175 (refer to WAC 248-06-176 and 248-06-810. It should also be noted that the department is not necessarily the lead agency for all of the major actions listed in WAC 197-10-175. Furthermore, aspects of the major actions listed in WAC 197-10-175 may be exempt from SEPA requirements because of their emergency nature (refer to WAC 248-06-180).

The material which follows in this section describes the timing and procedures to be observed by the appropriate department section for each of the major actions specified in WAC 197-10-175:

(1) Regulations Relating to Radioactive Source Material. (a) Scope of Major Action. Regulations relating to radioactive source material shall include the adoption or amendment by the department of any regulations incorporating general standards respecting the issuance of licenses authorizing the possession, use and transfer of radioactive source material pursuant to RCW 70.98.080: *Provided*, That the issuance, revocation or suspension of individual licenses thereunder shall be exempt.

(b) Lead Agency. The department shall be lead agency for adoption or amendment of regulations described in paragraph (a) above.

(c) Responsible Official. The responsible official for administering SEPA guidelines as they apply to the adoption or amendment of regulations described in paragraph (a) above shall be the Occupational Health Section, Office of Environmental Health Programs, Health Services Division.

(d) Timing of SEPA Requirements.

(i) A final EIS or final Declaration of Nonsignificance, whichever is determined appropriate by the lead agency's responsible official, shall be completed for proposed regulations relating to radioactive source material prior to the hearing preceding final adoption of such regulations.

(ii) The responsible official shall notify the SEPA Public Information Center of a declaration of nonsignificance so that it may be listed in the "Proposed Declaration of Nonsignificance Register" or of a declaration of significance for listing in the "EIS in Preparation Register".

(iii) The responsible official shall notify the SEPA Public Information Center of the completion of a draft or final EIS for listing in the "EIS Available Register".

(2) Comprehensive Plans for Public Water Supplies.

(a) Scope of Major Action. Comprehensive plans for public water supplies are plans developed and submitted to the department for review and approval pursuant to WAC 248-54-280.

(b) Lead Agency. When an agency develops such comprehensive plans, that agency shall assume lead agency status as required by WAC 197-10-205. When comprehensive plans are developed by a private applicant, the department shall be the lead agency unless indicated otherwise by WAC 197-10-220 or 197-10-225.

(c) Responsible Official. When the department is the lead agency for a comprehensive plan, the responsible official within the department shall be the Water Supply and Waste Section, Office of Environmental Health Programs, Health Services Division.

(d) Timing and Procedures for Comprehensive Plans Prepared by Private Applicants.

(i) In general, where a private applicant has prepared a comprehensive plan for review and approval by the department, the private applicant shall be responsible for completing an environmental checklist, furnishing additional information needed by the department to make the threshold determination, and preparing the draft and final EIS under the direction of the responsible official. The following material presents a more detailed description of the responsibilities of the private applicant as well as of the responsible official.

(ii) The private applicant shall be responsible for contacting the responsible official during the early stages of the applicant's planning activities to obtain an outline of SEPA requirements.

(iii) Thereafter the private applicant shall be responsible for preparation of an environmental checklist. The responsible official shall review each environmental checklist and, within 15 days of the responsible official's receipt of the checklist, shall send to the applicant (a) a written declaration of nonsignificance where the responsible official determines that the proposed comprehensive plan will not have a significant adverse environmental impact or (b) a written declaration of significance where he determines that the proposed comprehensive plan will have a significant adverse environmental impact. Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(iv) Where the responsible official has made a declaration of nonsignificance, he shall notify the department's SEPA Public Information Center so that the declaration may be listed in the "Proposed Declaration of Nonsignificance Register." Similarly, where the responsible official has made a declaration of significance, he shall notify the SEPA Public Information Center so that the declaration may be listed in the "EIS in Preparation Register." Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(v) When the responsible official makes a declaration of significance, the preparation of a draft and final EIS shall be the responsibility of the private applicant. If the applicant desires he may contract with an outside consultant for the preparation of the draft or final EIS.

(vi) The organization, style, and content of the draft and final EIS shall conform to the requirements of WAC 197-10-425, 197-10-440 and 197-10-442.

(vii) The responsible official shall request review from the agencies listed in WAC 197-10-460 and from such other agencies as he determines.

(viii) The responsible official shall notify the department's SEPA Public Information Center when a draft or final EIS has been received so that it may be listed in the "EIS Available Register."

(ix) Every comprehensive plan submitted by a private applicant to the department for review and approval shall be accompanied by either a final declaration of nonsignificance or a final EIS or a supplemental EIS if an EIS has been previously prepared but significant changes have now been proposed.

(e) Timing and Procedure for Comprehensive Plans Prepared by Agencies. Every comprehensive plan submitted by an agency to the department for review and approval shall be accompanied by either a final declaration of nonsignificance or a final EIS or, where appropriate, a supplemental EIS.

(3) New Public Water Supply Systems and Major Extensions of Existing Public Water Supply Systems.

(a) Scope of Major Action. New public water supply systems shall mean all new systems designed for or capable of providing service to ten or more dwelling units. Major extensions to existing public water supply systems shall mean additions and extensions which are themselves designed for or capable of providing service to 50 or more dwelling units. The department reviews and approves such new systems and extensions to existing systems pursuant to chapter 248-54 WAC.

(b) Lead Agency. When an agency constructs a new public water supply system or a major extension to an existing public water supply system, that agency shall assume lead agency status pursuant to WAC 197-10-205. When a private applicant constructs a new public water supply system or a major extension to an existing public water supply system, the department shall be the

lead agency unless indicated otherwise by WAC 197-10-220 and 197-10-225.

(c) Responsible Official. When the department is the lead agency for a new public water supply system or a major extension to an existing public water supply system, the responsible official within the department shall be the Water Supply and Waste Section, Office of Environmental Health Programs, Health Services Division.

(d) Timing and Procedures for Projects Proposed by Private Applicants.

(i) In general, when a private applicant seeks the approval of the department for a new public water supply or a major extension to an existing public water supply, the private applicant shall be responsible for completing an environmental checklist, furnishing additional information needed by the department to make the threshold determination, and preparing the draft and final EIS under the direction of the responsible official. The following material presents a more detailed description of the responsibilities of the private applicant as well as of the responsible official.

(ii) The private applicant shall be responsible for contacting the responsible official during the early stages of the applicant's planning activities to obtain an outline of SEPA requirements.

(iii) Thereafter the private applicant shall be responsible for preparation of an environmental checklist. The responsible official shall review each environmental checklist and, within 15 days of the responsible official's receipt of the checklist, shall send to the applicant (a) a written declaration of nonsignificance where the responsible official determines that the proposed comprehensive plan will not have a significant adverse environmental impact or (b) a written declaration of significance where he determines that the proposed comprehensive plan will have a significant adverse environmental impact. Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(iv) Where the responsible official has made a declaration of nonsignificance, he shall notify the department's SEPA Public Information Center so that the declaration may be listed in the "Proposed Declaration of Nonsignificance Register." Similarly where the responsible official has made a declaration of significance, he shall notify the SEPA Public Information Center so that the declaration may be listed in the "EIS in Preparation Register." Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(v) When the responsible official makes a declaration of significance, the preparation of a draft and final EIS shall be the responsibility of the private applicant. If the applicant desires, he may contract with an outside consultant for preparation of the draft or final EIS.

(vi) The organization, style, and content of the draft and final EIS shall conform to the requirements of WAC 197-10-425, 197-10-440 and 197-10-442.

(vii) The responsible official shall request review from the agencies listed in WAC 197-10-460 and from such other agencies as he determines.

(viii) The responsible official shall notify the department's SEPA Public Information Center when a draft or final EIS has been received so that it may be listed in the "EIS Available Register."

(ix) Whenever preliminary engineering reports, plans and specifications for a new public water supply or a major extension to an existing public water supply are submitted by a private applicant to the secretary for his review and approval pursuant to WAC 248-54-290 and 248-54-300, these reports, plans, and specifications shall be accompanied by a final declaration of nonsignificance, a final EIS, or, where appropriate, a supplemental EIS.

(e) Timing and Procedures for Projects Proposed by an Agency. Whenever preliminary engineering reports, plans, and specifications for a new public water supply or a major extension to an existing public water supply are submitted by an agency to the secretary for his review and approval pursuant to WAC 248-54-290 and 248-54-300, these reports, plans and specifications shall be accompanied by a final declaration of nonsignificance, a final EIS, or, where appropriate, a supplemental EIS.

#### (4) Certificates of Need.

(a) Scope of Major Action. Certificate of need applications are subject to SEPA requirements whenever the applicant proposes to construct a new hospital or to construct major additions to the existing service capacity of such an institution: *Provided*, That such applications are not subject to SEPA requirements when the proposed construction consists of remodeling, equipment acquisition or additions which provide less than 4,000 square feet of floor area and with associated parking facilities designed for twenty automobiles or less: *Provided, further*, That certificate of need applications for "substantial acquisitions" are not subject to SEPA requirements.

(b) Lead Agency. The lead agency for certificate of need applications is the department.

(c) Responsible Official. The responsible official who shall oversee the department's lead agency duties for certificates of need is the Health Systems Review Section, Office of Health Resources Development, Health Services Division.

#### (d) Timing and Procedures.

(i) The responsible official shall provide a packet of information including an environmental checklist and instructions for its completion to hospitals with certificate of need application forms.

(ii) When a hospital's certificate of need application is subject to SEPA requirements (refer to WAC 248-06-175 (4)(a)), the hospital shall complete and submit an

environmental checklist prior to submission of a certificate of need application. If it is determined that an environmental impact statement is required, the hospital shall submit the draft environmental impact statement at the time the certificate of need application is submitted.

(iii) The responsible official shall review each environmental checklist and, within 15 days of the responsible official's receipt of the checklist, shall send to the applicant (a) a written declaration of nonsignificance where the responsible official determines that the proposed construction will not have a significant adverse environmental impact or (b) a written declaration of significance where he determines that the proposed construction will have a significant adverse environmental impact. Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(iv) Where the responsible official has made a declaration of nonsignificance, he shall notify the department's SEPA Public Information Center so that the declaration may be listed in the "Proposed Declaration of Nonsignificance Register." Similarly, where the responsible official has made a declaration of significance, he shall notify the SEPA Public Information Center so that the declaration may be listed in the "EIS in Preparation Register." Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(v) When the responsible official makes a declaration of significance, the preparation of a draft and final EIS shall be the responsibility of the applicant for the certificate of need. If the applicant desires, he may contract with an outside consultant for preparation of the draft or final EIS.

(vi) The organization, style, and content of the draft and final EIS shall conform to the requirements of WAC 197-10-425, 197-10-440 and 197-10-442.

(vii) The responsible official shall request review from the agencies listed in WAC 197-10-460 and from such other agencies as he determines.

(viii) The responsible official shall notify the department's SEPA Public Information Center when a draft or final EIS has been received so that it may be listed in the "EIS Available Register."

#### (5) Approval of Sewerage General Plans and/or Water General Plans.

(a) Scope of Major Action. Sewerage general plans and water general plans shall mean and include those described in RCW 36.94.010.

(b) Sewerage Lead Agency. The department is not the lead agency for approval of sewerage general plans. Applicants for approval of sewerage general plans should contact the Washington state department of ecology for information on lead agency determination.

(c) Water Lead Agency. The department is not the lead agency for approval of water general plans. The county developing the water general plan shall be the lead agency as required by WAC 197-10-205.

(d) Timing and Procedures for Water General Plans. Every water general plan submitted by a county to the department for review and approval shall be accompanied by either a final declaration of nonsignificance or a final EIS or, where appropriate, a supplemental EIS.

(6) Plans and Specifications for New Sewage Treatment Works or for Major Extensions to Existing Sewage Treatment Works.

(a) Scope of Major Action. Plans and specifications for new sewage treatment works or for major extensions to existing sewage treatment works are those which are reviewed and approved by the department pursuant to WAC 248-92-040.

(b) Lead Agency. The department is not the lead agency for approval of such plans and specifications. Applicants for such approval should contact the Washington state department of ecology for information on lead agency determination.

(7) Construction of any Building, Facility or other Installation for the Purpose of Housing Department Personnel or for Prisons or for Fulfilling Other Statutorily Directed or Authorized Functions.

(a) Scope of Major Action. The construction of buildings, facilities or other installations for the purpose of housing department personnel or for prisons or for fulfilling other statutorily directed or authorized functions shall be subject to SEPA requirements, but such construction shall not be subject to SEPA requirements when it consists of remodeling, equipment acquisition or additions which provide less than 4,000 square feet of floor area and with associated parking facilities designed for twenty automobiles or less or when it consists of one of the other categories exempted by WAC 197-10-170(1).

(b) Lead Agency. The lead agency for construction of the type described in WAC 248-06-175(7)(a) is the department.

(c) Responsible Official. The responsible official who shall oversee the department's lead agency duties for construction of the type described is the Capital Programs and Facilities Management Section, Office of Staff Services, Administrative Services Division.

(d) Timing and Procedures.

(i) The responsible official shall, prior to the request for construction bids, prepare an environmental checklist for each construction project of the type described in WAC 248-06-175(7)(a). Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency

and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(ii) Within 15 days of the request for construction bids, the responsible official shall make (a) a written declaration of nonsignificance where he determines that the proposed construction will not have a significant adverse environmental impact or (b) a written declaration of significance where he determines that the proposed construction will have a significant adverse environmental impact. Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(iii) Where the responsible official makes a declaration of nonsignificance, he shall notify the department's SEPA Public Information Center so that the declaration may be listed in the "Proposed Declaration of Nonsignificance Register." Similarly, where the responsible official has made a declaration of significance, he shall notify the SEPA Public Information Center so that the declaration can be listed in the "EIS in Preparation Register." Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(iv) Where the responsible official has made a declaration of significance, he shall proceed to prepare the draft and final EIS. The organization, style, and content of the draft and final EIS shall conform to the requirements of WAC 197-10-425, 197-10-440, and 197-10-442.

(v) The responsible official shall request review from the agencies listed in WAC 197-10-460 and from such other agencies as he determines.

(vi) The responsible official shall notify the department's SEPA Public Information Center when a draft of the final EIS has been received so that it may be listed on the "EIS Available Register."

(8) Approval of Final Plans for Construction of a Nursing Home Pursuant to WAC 248-14-100, Construction of a Private Psychiatric Hospital Pursuant to WAC 248-22-015, or Construction of an Alcoholism Treatment Center Pursuant to WAC 248-22-510.

(a) Scope of Major Action. The approval of final plans for construction of a nursing home pursuant to WAC 248-14-100, construction of a private psychiatric hospital pursuant to WAC 248-22-015, or construction of an alcoholism treatment center pursuant to WAC 248-22-510 shall be subject to SEPA requirements: *Provided*, That such construction shall not be subject to SEPA requirements when it consists of remodeling,

equipment acquisition or additions which provide less than 4,000 square feet of floor area and with associated parking facilities designed for twenty automobiles or less: *Provided, further*, That certificate of need applications for "substantial acquisitions" shall not be subject to SEPA requirements.

(b) Lead Agency. The lead agency for construction of the type described in WAC 248-06-175(8)(a) is the department.

(c) Responsible Official. The responsible official who shall oversee the department's lead agency duties for construction of the type described shall be the Health Systems Review Section, Office of Health Resources Development, Health Services Division.

(d) Timing and Procedures.

(i) The responsible official shall provide a packet of information including an environmental checklist and instructions for its completion to nursing homes, psychiatric hospitals and alcoholism treatment facilities after a certificate of need for such facilities has been approved but prior to the granting to such facilities of a license.

(ii) Nursing homes, private psychiatric hospitals and alcoholism treatment centers when seeking approval of final construction plans as described in WAC 248-06-175(8)(a) shall complete an environmental checklist for any project subject to these regulations at the time of submission of preliminary construction plans for review by the department.

(iii) The responsible official shall review each environmental checklist and, within 15 days of his receipt of the checklist, shall send to the applicant (a) a written declaration of nonsignificance where he determines that the proposed construction will not have a significant adverse environmental impact or (b) a written declaration of significance where he determines that the proposed construction will have a significant adverse environmental impact.

(iv) Where the responsible official has made a declaration of nonsignificance, he shall notify the department's SEPA Public Information Center so that the declaration may be listed in the "Proposed Declaration of Nonsignificance Register." Similarly, where he has made a declaration of significance, he shall notify the SEPA Public Information Center so that the declaration may be listed in the "EIS in Preparation Register." Where the Proposed SEPA related activities impact other agencies with jurisdictions the lead agency shall list the Proposed Declarations of Nonsignificance in the "Proposed Declaration of Nonsignificance Register" at its SEPA public information center. All such declarations shall be attached to the environmental checklist as evaluated by the lead agency and transmitted to other agencies with jurisdiction and to the SEPA public information center of the lead agency.

(v) When the responsible official makes a declaration of significance, the preparation of a draft and final EIS shall be the responsibility of the applicant. If the applicant desires, he may contract with an outside consultant for preparation of the draft and final EIS.

(vi) The organization, style, and content of the draft and final EIS shall conform to the requirements of WAC 197-10-425, 197-10-440 and 197-10-442.

(vii) The responsible official shall request review from the agencies listed in WAC 197-10-460 and from such other agencies as he determines.

(viii) The responsible official shall notify the department's SEPA Public Information Center when a draft or final EIS has been received so that it may be listed in the "EIS Available Register." [Order 1148, § 248-06-175, filed 8/26/76.]

**WAC 248-06-176 Timing and procedures for new department programs.** Notwithstanding their omission from WAC 197-10-175 programs entered into by the department after December 12, 1975 may constitute major actions. When the department is the lead agency for such new programs constituting major actions, it will have to comply with the full range of SEPA requirements.

The material which follows in this section lists new department programs constituting major actions and sets out timing and procedures for major actions for which the department is lead agency.

(1) Co-ordinated Water System Plans.

(a) Scope of Major Action. Co-ordinated water system plans shall mean and include those described in WAC 173-590-060.

(b) Lead Agency. When an agency develops a co-ordinated water system plan, that agency shall assume lead agency status as required by WAC 197-10-205. When a co-ordinated water system plan is developed by a private applicant, the department shall be the lead agency unless indicated otherwise by WAC 197-10-220 or 197-10-225.

(c) Timing and Procedures for Co-ordinated Water System Plans. Every co-ordinated water system plan submitted to the department for review and approval shall be accompanied by either a final declaration of nonsignificance or a final EIS or, where appropriate, a supplemental EIS. [Order 1148, § 248-06-176, filed 8/26/76.]

**WAC 248-06-180 Exemptions for emergency actions.** If the secretary makes a written declaration that actions must be undertaken immediately or within a time too short to allow full compliance with SEPA requirements; and that such actions are necessary to avoid an imminent threat to public health or safety, or to prevent an imminent danger to public or private property, or to prevent an imminent threat of serious environmental degradation; then such actions may be undertaken without complying with SEPA requirements: *Provided*, That the department is the lead agency for such actions. The secretary shall file his written declaration with the department's SEPA Public Information Center. [Order 1148, § 248-06-180, filed 8/26/76.]

**WAC 248-06-203 Determination of lead agency.**

(1) The department shall be the lead agency for

(a) Adoption or amendment of regulations relating to radio-active source materials.

(b) Approval of comprehensive plans for public water supply systems when such plans are developed by private

applicants and unless indicated otherwise by WAC 197-10-220 and 197-10-225;

(c) Approval of new public water supply systems or major extensions of existing public water supply systems when such public water supply systems are being proposed by a private applicant unless indicated otherwise by WAC 197-10-220 and 197-10-225;

(d) Approval of certificates of need for hospital construction;

(e) Construction of any building, facility, or other installation for the purpose of housing department personnel or for prisons or for fulfilling other statutorily directed or authorized functions;

(f) Approval of final plans for construction of a nursing home pursuant to WAC 248-14-100, construction of a private psychiatric hospital pursuant to WAC 248-22-015, or construction of an alcoholism treatment center pursuant to WAC 248-22-510;

(g) Approval pursuant to WAC 173-590-060 of coordinated water system plans developed by private applicants unless indicated otherwise by WAC 197-10-220 and 197-10-225.

(2) Determination of the lead agency for department major actions not listed above shall be made in accordance with the procedures and requirements of WAC 248-06-830(3)(a), 248-06-176, and 197-10-203. [Order 1148, § 248-06-203, filed 8/26/76.]

**WAC 248-06-305 Recommended timing for threshold determination.** In most cases the time required to complete a threshold determination should not exceed 15 days. The initial review of a completed environmental checklist can usually be completed in a matter of hours. If further information is required to make the threshold determination, the time required will vary, depending upon the nature of the proposal and the information required. The time required for the threshold determination may also exceed 15 days when an intra-agency review of the threshold determination has been requested. When a threshold determination is expected to require more than 15 days to complete and a private applicant requests notification of the date when a threshold determination will be made, the lead agency shall transmit to the private applicant a written statement as to the expected date of decision. [Order 1148, § 248-06-305, filed 8/26/76.]

**WAC 248-06-380 Intra-agency review of threshold determinations.** (1) Any member of the general public, agency with jurisdiction or agency with expertise may request the department to review a threshold determination by filing such a request in writing with the department's SEPA Public Information Center.

(2) The SEPA Public Information Center will keep the original request and send a copy of the request for review to the office chief who has line authority in the department over the responsible official. The SEPA Public Information Center shall notify the persons or agencies requesting the review of the mailing address of the office chief.

(3) The office chief will then conduct an informal administrative review of the threshold determination. The

office chief shall accept and consider written argument from the persons or agencies requesting the review. The office chief may in his discretion accept and consider written argument from other interested parties, hear oral argument from the persons or agencies requesting the review or from other interested parties, and allow some or all of the parties to be present at the review. Such review shall, however, not be deemed a contested-case hearing.

(4) At the conclusion of his review, the office chief will notify the persons or agencies requesting review, the responsible official, and the SEPA Public Information Center of his decision. The SEPA Public Information Center will then take note of the decision by a listing, as appropriate, in either the "Proposed Declaration of Nonsignificance Register" or the "EIS in Preparation Register." [Order 1148, § 248-06-380, filed 8/26/76.]

**WAC 248-06-420 Preparation of EIS by persons outside the lead agency.** Reference should be made to WAC 248-06-175, which sets out the occasions when the department will require a private applicant to prepare a draft or final EIS. [Order 1148, § 248-06-420, filed 8/26/76.]

**WAC 248-06-510 Responsibilities of the department as a consulted agency.** Other lead agencies may request the department for consultation prior to a threshold determination, pre-draft consultation, or reviewing a draft EIS. All such requests shall be sent initially to the SEPA Public Information Center, which shall then forward them promptly to the appropriate section of the department for review and comment. The department shall then provide consultation in accordance with the requirements of WAC 197-10-530 through 197-10-545 and the requirements of either WAC 197-10-510 or 197-10-520 as appropriate. The department shall respond promptly to the lead agency either with written comments or with a written "no comment." [Order 1148, § 248-06-510, filed 8/26/76.]

**WAC 248-06-520 Responsibilities of the department as an agency with environmental expertise.** Refer to WAC 248-06-510. [Order 1148, § 248-06-520, filed 8/26/76.]

**WAC 248-06-700 No action for seven days after publication of the final EIS.** The department shall not take any major action (as defined in WAC 197-10-040(24)) on a proposal for which an EIS has been required, prior to seven days from the publication of the final EIS and its listing in the "EIS Available Register" maintained at the department's SEPA Public Information Center. [Order 1148, § 248-06-700, filed 8/26/76.]

**WAC 248-06-805 Agency guidelines consistent with SEPA guidelines.** Refer to WAC 248-06-005. [Order 1148, § 248-06-805, filed 8/26/76.]

**WAC 248-06-810 Future amendments to SEPA guidelines.** It shall be the responsibility of the Office of

Planning, Planning and Research Division, to oversee the revision of these agency guidelines so as to reflect future amendments of the SEPA guidelines and so as to reflect the creation of new department programs not covered by WAC 197-10-175(7) and by WAC 248-06-175. When such new department programs constitute major actions for which the department is the lead agency, the Office of Planning shall oversee the development of new regulations setting out SEPA timing and procedures for the new department programs. Refer to WAC 248-06-176 and 248-06-203. [Order 1148, § 248-06-810, filed 8/26/76.]

**WAC 248-06-820 Designation of responsible official.** Refer to WAC 248-06-175 and 248-06-830(3)(a). [Order 1148, § 248-06-820, filed 8/26/76.]

**WAC 248-06-825 Responsibilities of the department as a consulted agency.** Refer to WAC 248-06-510. [Order 1148, § 248-06-825, filed 8/26/76.]

**WAC 248-06-830 SEPA public information center.**  
(1) There is hereby created a SEPA Public Information Center to be located within the department in the Office of Planning, Planning and Research Division.

(2) The SEPA Public Information Center shall maintain all the documents and perform all the functions set out in WAC 197-10-830.

(3) In addition, the SEPA Public Information Center shall:

(a) Designate the responsible official for any department major action when such designation has not occurred elsewhere in these agency guidelines.

(b) Accept requests for intra-agency review of threshold determinations by filing the original request, forward a copy of the request to the office chief with line authority in the department over the responsible official, notify the party requesting the review of the mailing address of the office chief, and file the eventual decision of the office chief in, as appropriate, either the "Proposed Declaration of Nonsignificance Register" or the "EIS in Preparation Register." Proposed Declaration of Nonsignificance having an impact on other agencies with SEPA jurisdictions, in addition to DSHS, will be transmitted with the evaluated environmental checklist to such jurisdiction's SEPA public information center of the lead agency.

(c) Accept and file declarations of emergency from the secretary.

(d) Accept all requests for consultation by the department on major actions for which another agency is lead agency and promptly forward such requests to the appropriate section of the department for review and comment.

(e) Provide on request to any member of the department or of the public a copy of the SEPA guidelines and these agency guidelines. The SEPA Public Information Center, when providing these copies to the public, may charge for copies in the manner provided in chapter 42-17 RCW and for the cost of mailing.

(f) Develop and distribute whatever papers and forms are necessary for the carrying out of the functions set

out in WAC 197-10-830 and in WAC 248-06-830. Develop and distribute whatever papers and forms would be of assistance to members of the department in complying with SEPA, the SEPA guidelines, and these agency guidelines. [Order 1148, § 248-06-830, filed 8/26/76.]

## Chapter 248-08 WAC PRACTICE AND PROCEDURE

### WAC

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**WAC 248-08-001 Definitions.** As used in these uniform rules of practice and procedure the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Board" shall mean the Washington state board of health.

(2) "Department" shall mean the Washington state department of social and health services, health services division.

(3) "Secretary" shall mean the secretary of the Washington state department of social and health services or his designee.

(4) "License" shall mean any license, permit, certificate of need or approval, or any other form of permission required by law to be obtained from the department. [Order 82, § 248-08-001, filed 4/9/73; Regulation 08.001, effective 3/11/60.]

**WAC 248-08-010 Appearance and practice before agency—Who may appear.** No person may appear in a representative capacity before the board or department or its designated hearing officer other than the following:

(1) Attorneys at law duly qualified and entitled to practice before the supreme court of the state of Washington.

(2) Attorneys at law duly qualified and entitled to practice before the highest court of record of any other state, if attorneys at law of the state of Washington are permitted to appear in a representative capacity before administrative agencies of such other state, and if not otherwise prohibited by our state law.

(3) A bona fide officer, partner, or full time employee of an individual firm, association, partnership, or corporation who appears for such individual firm, association, partnership, or corporation. [Regulation 08.010, effective 3/11/60.]

**WAC 248-08-020 Appearance and practice before agency—Appearance in certain proceedings may be limited to attorneys.** In all hearings involving the taking of testimony and the formulation of a record subject to review by the courts, where the board or department or its designated hearing officer determines that representative activity in such hearing requires a high degree of legal training, experience, and skill, the board or department or its designated hearing officer may limit those who may appear in a representative capacity to attorneys at law. [Regulation 08.020, effective 3/11/60.]

**WAC 248-08-030 Appearance and practice before agency—Solicitation of business unethical.** It shall be unethical for persons acting in a representative capacity before the board or department to solicit business by circulars, advertisements or by personal communication or interviews not warranted by personal relations, provided that such representatives may publish or circulate business cards. It is equally unethical to procure business indirectly by solicitors of any kind. [Regulation 08.030, effective 3/11/60.]

**WAC 248-08-040 Appearance and practice before agency—Standards of ethical conduct.** All persons appearing in proceedings before the board or department in a representative capacity shall conform to the standards of ethical conduct required of attorneys before the courts of Washington. If any such person does not conform to such standards, the board or department may decline to permit such person to appear in a representative capacity in any proceeding before it. [Regulation 08.040, effective 3/11/60.]

**WAC 248-08-050 Appearance and practice before agency—Appearance by former employee of board or former member of attorney general's staff.** No former employee of the department or member of the attorney general's staff may at any time after severing his employment with the board or department or the attorney general appear, except with the written permission of the board or department and in compliance with RCW 42.22.040(4), in a representative capacity on behalf of other parties in a formal proceeding wherein he previously took an active part as a representative of the board or department. [Regulation 08.050, effective 3/11/60.]

**WAC 248-08-060 Appearance and practice before agency—Former employee as expert witness.** No former employee of the department shall at any time after severing his employment with the department appear, except with the written permission of the department and in compliance with RCW 42.22.040(4), as an expert witness on behalf of other parties in a formal proceeding wherein he previously took an active part in the investigation as a representative of the department. [Regulation 08.060, effective 3/11/60.]

**WAC 248-08-070 Computation of time.** In computing any period of time prescribed or allowed by board or departmental rules, by order of the board or department or by any applicable statute, the day of the act, event, or default after which the designated period of time begins to run is not to be included. The last day of the period so computed is to be included, unless it is a Saturday, Sunday or a legal holiday, in which event the period runs until the end of the next day which is neither a Saturday, Sunday nor a holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays and holidays shall be excluded in the computation. [Regulation 08.070, effective 3/11/60.]

**WAC 248-08-075 Notice of appeal.** Any applicant for a license whose application has been denied or anyone whose license has been revoked or suspended by the secretary and who desires a hearing shall within thirty days after receiving notice of the decision of the secretary, file with the secretary a notice of appeal from the decision. [Order 82, § 248-08-075, filed 4/9/73.]

**WAC 248-08-080 Notice and opportunity for hearing in contested cases.** In any contested case, all parties shall be served with a notice not less than 20 nor more than 30 days prior to the date set for the hearing. The

notice shall state the time, place, and issues involved, as required by RCW 34.04.090(1). [Regulation 08.080, effective 3/11/60.]

**WAC 248-08-090 Service of process—By whom served.** The board or department shall cause to be served all orders, notices and other papers issued by it, together with any other papers which it is required by law to serve. Every other paper shall be served by the party filing it. [Regulation 08.090, effective 3/11/60.]

**WAC 248-08-100 Service of process—Upon whom served.** All papers served by either the board or department or any party shall be served upon all counsel of record at the time of such filing and upon parties not represented by counsel or upon their agents designated by them or by law. Any counsel entering an appearance subsequent to the initiation of the proceeding shall notify all other counsel then of record and all parties not represented by counsel of such fact. [Regulation 08.100, effective 3/11/60.]

**WAC 248-08-110 Service of process—Service upon parties.** The final order, and any other paper required to be served by the board or department upon a party, shall be served upon such party or upon the agent designated by him or by law to receive service of such papers, and a copy shall be furnished to counsel of record. [Regulation 08.110, effective 3/11/60.]

**WAC 248-08-120 Service of process—Method of service.** Service of papers shall be made personally or, unless otherwise provided by law, by first-class, registered, or certified mail; or by telegraph. [Regulation 08.120, effective 3/11/60.]

**WAC 248-08-130 Service of process—When service complete.** Service upon parties shall be regarded as complete: By mail, upon deposit in the United States mail properly stamped and addressed; by telegraph, when deposited with a telegraph company properly addressed and with charges prepaid. [Regulation 08.130, effective 3/11/60.]

**WAC 248-08-140 Service of process—Filing with agency.** Papers required to be filed with the board or department shall be deemed filed upon actual receipt by the board or department at the place specified in its rules accompanied by proof of service upon parties required to be served. [Regulation 08.140, effective 3/11/60.]

**WAC 248-08-150 Subpoenas where provided by law—Form.** Every subpoena shall state the name of the agency or board and the title of the proceeding, if any, and shall command the person to whom it is directed to attend and give testimony or produce designated books, documents or things under his control at a specified time and place. [Regulation 08.150, effective 3/11/60.]

**WAC 248-08-160 Subpoenas where provided by law—Issuance to parties.** Upon application of counsel

(or other representative authorized to practice before the agency) for any party to a contested case, there shall be issued to such party subpoenas requiring the attendance and testimony of witnesses or the production of evidence in such proceeding. The board or department may issue subpoenas to parties not so represented upon request or upon a showing of general relevance and reasonable scope of the testimony or evidence sought. [Regulation 08.160, effective 3/11/60.]

**WAC 248-08-170 Subpoenas where provided by law—Service.** Unless the service of a subpoena is acknowledged on its face by the person subpoenaed, service shall be made by delivering a copy of the subpoena to such person and by tendering him on demand, if entitled to make such demand, the fees for one day's attendance and the mileage allowed by law. [Regulation 08.170, effective 3/11/60.]

**WAC 248-08-180 Subpoenas where provided by law—Fees.** Witnesses summoned before the board or department shall be paid by the party at whose instance they appear the same fees and mileage that are paid to witnesses in the superior courts of the state of Washington. [Regulation 08.180, effective 3/11/60.]

**WAC 248-08-190 Subpoenas where provided by law—Proof of service.** The person serving the subpoena shall make proof of service by filing the subpoena and the required return, affidavit, or acknowledgment of service with the board or department or the officer before whom the witness is required to testify or produce evidence. If service is made by a person other than an officer of the board or department, and such service has not been acknowledged by the witness, such person shall make an affidavit of service. Failure to make proof of service does not affect the validity of the service. [Regulation 08.190, effective 3/11/60.]

**WAC 248-08-200 Subpoenas where provided by law—Quashing.** Upon motion made promptly, and in any event at or before the time specified in the subpoena for compliance, by the person to whom the subpoena is directed (and upon notice to the party to whom the subpoena was issued) the board or department or its authorized member or officer may (1) quash or modify the subpoena if it is unreasonable or requires evidence not relevant to any matter in issue, or (2) condition denial of the motion upon just and reasonable conditions. [Regulation 08.200, effective 3/11/60.]

**WAC 248-08-210 Subpoenas where provided by law—Enforcement.** Upon application and for good cause shown, the board or department will seek judicial enforcement of subpoenas issued to parties and which have not been quashed. [Regulation 08.210, effective 3/11/60.]

**WAC 248-08-220 Subpoenas where provided by law—Geographical scope.** Such attendance of witnesses and such production of evidence may be required

from any place in the state of Washington, at any designated place of hearing. [Regulation 08.220, effective 3/11/60.]

**WAC 248-08-230 Depositions and interrogatories in contested cases—Right to take.** Except as may be otherwise provided, any party may take the testimony of any person, including a party, by deposition upon oral examination or written interrogatories for use as evidence in the proceeding, except that leave must be obtained if notice of the taking is served by a proponent within twenty days after the filing of a complaint, application or petition. The attendance of witnesses may be compelled by the use of a subpoena. Depositions shall be taken only in accordance with this rule and the rule on subpoenas. [Regulation 08.230, effective 3/11/60.]

**WAC 248-08-240 Depositions and interrogatories in contested cases—Scope.** Unless otherwise ordered, the deponent may be examined regarding any matter not privileged, which is relevant to the subject matter involved in the proceeding. [Regulation 08.240, effective 3/11/60.]

**WAC 248-08-250 Depositions and interrogatories in contested cases—Officer before whom taken.** Within the United States or within a territory or insular possession subject to the dominion of the United States depositions shall be taken before an officer authorized to administer oaths by the laws of the state of Washington or of the place where the examination is held; within a foreign country, depositions shall be taken before a secretary of an embassy or legation, consul general, vice consul or consular agent of the United States, or a person designated by the board or department or agreed upon by the parties by stipulation in writing filed with the board or department. Except by stipulation, no deposition shall be taken before a person who is a party or the privy of a party, or a privy of any counsel of a party, or who is financially interested in the proceeding. [Regulation 08.250, effective 3/11/60.]

**WAC 248-08-260 Depositions and interrogatories in contested cases—Authorization.** A party desiring to take the deposition of any person upon oral examination shall give reasonable notice of not less than three days in writing to the board or department and all parties. The notice shall state the time and place for taking the deposition, the name and address of each person to be examined, if known, and if the name is not known, a general description sufficient to identify him or the particular class or group to which he belongs. On motion of a party upon whom the notice is served, the hearing officer may for cause shown, enlarge or shorten the time. If the parties so stipulate in writing, depositions may be taken before any person, at any time or place, upon any notice, and in any manner and when so taken may be used as other depositions. [Regulation 08.260, effective 3/11/60.]

**WAC 248-08-270 Depositions and interrogatories in contested cases—Protection of parties and deponents.** After notice is served for taking a deposition, upon its own motion or upon motion reasonably made by any party or by the person to be examined and upon notice and for good cause shown, the board or department or its designated hearing officer may make an order that the deposition shall not be taken, or that it may be taken only at some designated place other than that stated in the notice, or that it may be taken only on written interrogatories, or that certain matters shall not be inquired into, or that the scope of the examination shall be limited to certain matters, or that the examination shall be held with no one present except the parties to the action and their officers or counsel, or that after being sealed, the deposition shall be opened only by order of the board or department, or that business secrets or secret processes, developments, or research need not be disclosed, or that the parties shall simultaneously file specified documents or information enclosed in sealed envelopes to be opened as directed by the board or department; or the board or department may make any other order which justice requires to protect the party or witness from annoyance, embarrassment, or oppression. At any time during the taking of the deposition, on motion of any party or of the deponent and upon a showing that the examination is being conducted in bad faith or in such manner as unreasonably to annoy, embarrass, or oppress the deponent or party, the board or department or its designated hearing officer may order the officer conducting the examination to cease forthwith from taking the deposition, or may limit the scope and manner of the taking of the deposition as above provided. If the order made terminates the examination, it shall be resumed thereafter only upon the order of the agency. Upon demand of the objecting party or deponent, the taking of the deposition shall be suspended for the time necessary to make a motion for an order. [Regulation 08.270, effective 3/11/60.]

**WAC 248-08-280 Depositions and interrogatories in contested cases—Oral examination and cross-examination.** Examination and cross-examination shall proceed as at an oral hearing. In lieu of participating in the oral examination, any party served with notice of taking a deposition may transmit written cross interrogatories to the officer who, without first disclosing them to any person, and after the direct testimony is complete, shall propound them seriatim to the deponent and record or cause the answers to be recorded verbatim. [Regulation 08.280, effective 3/11/60.]

**WAC 248-08-290 Depositions and interrogatories in contested cases—Recordation.** The officer before whom the deposition is to be taken shall put the witness an oath and shall personally or by someone acting under his direction and in his presence, record the testimony by typewriter directly or by transcription from stenographic notes, wire or record recorders, which record shall separately and consecutively number each interrogatory. Objections to the notice, qualifications of the officer taking

the deposition, or to the manner of taking it, or to the evidence presented or to the conduct of the officer, or of any party, shall be noted by the officer upon the deposition. All objections by any party not so made are waived. [Regulation 08.290, effective 3/11/60.]

**WAC 248-08-300 Depositions and interrogatories in contested cases—Signing attestation and return.** When the testimony is fully transcribed the deposition shall be submitted to the witness for examination and shall be read to or by him, unless such examination and reading are waived by the witness and by the parties. Any changes in form or substance which the witness desires to make shall be entered upon the deposition by the officer with a statement of the reasons given by the witness for making them. The deposition shall then be signed by the witness, unless the parties by stipulation waive the signing or the witness is ill or cannot be found or refuses to sign. If the deposition is not signed by the witness, the officer shall sign it and state on the record the fact of the waiver or of the illness or absence of the witness or the fact of the refusal to sign together with the reason, if any, given therefor; and the deposition may then be used as fully as though signed, unless on a motion to suppress the board or department or its designated hearing officer holds that the reasons given for the refusal to sign require rejection of the deposition in whole or in part.

The officer shall certify on the deposition that the witness was duly sworn by him and that the deposition is a true record of the testimony given by the witness. He shall then securely seal the deposition in an envelope indorsed with the title of the proceeding and marked "Deposition of (here insert name of witness)" and shall promptly send it by registered or certified mail to the board or department, or its designated hearing officer, for filing. The party taking the deposition shall give prompt notice of its filing to all other parties. Upon payment of reasonable charges therefor, the officer shall furnish a copy of the deposition to any party or to the deponent. [Regulation 08.300, effective 3/11/60.]

**WAC 248-08-310 Depositions and interrogatories in contested cases—Use and effect.** Subject to rulings by the hearing officer upon objections a deposition taken and filed as provided in this rule will not become a part of the record in the proceeding until received in evidence by the hearing officer upon his own motion or the motion of any party. Except by agreement of the parties or ruling of the hearing officer, a deposition will be received only in its entirety. A party does not make a party, or the privy of a party, or any hostile witness his witness by taking his deposition. Any party may rebut any relevant evidence contained in a deposition whether introduced by him or any other party. [Regulation 08.310, effective 3/11/60.]

**WAC 248-08-320 Depositions and interrogatories in contested cases—Fees of officers and deponents.** Deponents whose depositions are taken and the officers taking the same shall be entitled to the same fees as are paid for like services in the superior courts of the state of

Washington, which fees shall be paid by the party at whose instance the depositions are taken. [Regulation 08.320, effective 3/11/60.]

**WAC 248-08-330 Depositions upon interrogatories—Submission of interrogatories.** Where the deposition is taken upon written interrogatories, the party offering the testimony shall separately and consecutively number each interrogatory and file and serve them with a notice stating the name and address of the person who is to answer them and the name or descriptive title and address of the officer before whom they are to be taken. Within 10 days thereafter a party so served may serve cross-interrogatories upon the party proposing to take the deposition. Within five days thereafter, the latter may serve redirect interrogatories upon the party who served cross-interrogatories. [Regulation 08.330, effective 3/11/60.]

**WAC 248-08-340 Depositions upon interrogatories—Interrogation.** Where the interrogatories are forwarded to an officer authorized to administer oaths as provided in WAC 248-08-250 the officer taking the same after duly swearing the deponent, shall read to him seriatim, one interrogatory at a time and cause the same and the answer thereto to be recorded before the succeeding interrogatory is asked. No one except the deponent, the officer and the court reporter or stenographer recording and transcribing it shall be present during the interrogation. [Regulation 08.340, effective 3/11/60.]

**WAC 248-08-350 Depositions upon interrogatories—Attestation and return.** The officer before whom interrogatories are verified or answered shall (1) certify under his official signature and seal that the deponent was duly sworn by him, that the interrogatories and answers are a true record of the deponent's testimony, that no one except deponent, the officer and the stenographer were present during the taking, and that neither he nor the stenographer, to his knowledge, is a party, privy to a party, or interested in the event of the proceedings, and (2) promptly send by registered or certified mail the original copy of the deposition and exhibits with his attestation to the board or department, or its designated hearing officer, one copy to the counsel who submitted the interrogatories and another copy to the deponent. [Regulation 08.350, effective 3/11/60.]

**WAC 248-08-360 Depositions upon interrogatories—Provisions of deposition rule.** In all other respects, depositions upon interrogatories shall be governed by the previous deposition rule. [Regulation 08.360, effective 3/11/60.]

**WAC 248-08-370 Official notice—Matters of law.** The board or department or its hearing officer, upon request made before or during a hearing, will officially notice:

(1) **Federal law.** The constitution; congressional acts, resolutions, records, journals and committee reports; decisions of federal courts and administrative agencies; executive orders and proclamations; and all rules, orders and notices published in the Federal Register;

(2) **State law.** The constitution of the state of Washington, acts of the legislature, resolutions, records, journals and committee reports; decisions of administrative agencies of the state of Washington, executive orders and proclamations by the governor; and all rules, orders and notices filed with the code reviser.

(3) **Governmental organization.** Organization, territorial limitations, officers, departments, and general administration of the government of the state of Washington, the United States, the several states and foreign nations;

(4) **Agency organization.** The board's or department's organization, administration, officers, personnel, official publications, and practitioners before its bar. [Regulation 08.370, effective 3/11/60.]

**WAC 248-08-380 Official notice—Material facts.** In the absence of controverting evidence, the board or department and its hearing officers, upon request made before or during a hearing, may officially notice:

(1) **Agency proceedings.** The pendency of, the issues and position of the parties therein, and the disposition of any proceeding then pending before or theretofore concluded by the board or department;

(2) **Business customs.** General customs and practices followed in the transaction of business;

(3) **Notorious facts.** Facts so generally and widely known to all well-informed persons as not to be subject to reasonable dispute, or specific facts which are capable of immediate and accurate demonstration by resort to accessible sources of generally accepted authority, including but not exclusively, facts stated in any publication authorized or permitted by law to be made by any federal or state officer, department, or agency;

(4) **Technical knowledge.** Matters within the technical knowledge of the board or department as a body of experts, within the scope or pertaining to the subject matter of its statutory duties, responsibilities or jurisdiction;

(5) **Request or suggestion.** Any party may request, or the hearing officer or the board or department may suggest, that official notice be taken of a material fact, which shall be clearly and precisely stated, orally on the record, at any prehearing conference or oral hearing or argument, or may make such request or suggestion by written notice, any pleading, motion, memorandum, or brief served upon all parties, at any time prior to a final decision;

(6) **Statement.** Where an initial or final decision of the board or department rests in whole or in part upon official notice of a material fact, such fact shall be clearly and precisely stated in such decision. In determining whether to take official notice of material facts, the hearing officer of the board or department may consult any source of pertinent information, whether or not furnished as it may be, by any party and whether or not admissible under the rules of evidence;

(7) **Controversion.** Any party may controvert a request or a suggestion that official notice of a material fact be taken at the time the same is made if it be made orally, or by a pleading, reply or brief in response to the pleading or brief or notice in which the same is made or suggested. If any decision is stated to rest in whole or in part upon official notice of a material fact which the parties have not had a prior opportunity to controvert, any party may controvert such fact by appropriate exceptions if such notice be taken in an initial or intermediate decision or by a petition for reconsideration if notice of such fact be taken in a final report. Such controversion shall concisely and clearly set forth the sources, authority and other data relied upon to show the existence or nonexistence of the material fact assumed or denied in the decision;

(8) **Evaluation of evidence.** Nothing herein shall be construed to preclude the board or department or its authorized agents from utilizing their experience, technical competence, and specialized knowledge in the evaluation of the evidence presented to them. [Regulation 08.380, effective 3/11/60.]

**WAC 248-08-390 Presumptions.** Upon proof of the predicate facts specified in the following six subsections hereof without substantial dispute and by direct, clear, and convincing evidence, the board or department, with or without prior request or notice, may make the following presumptions, where consistent with all surrounding facts and circumstances:

(1) **Continuity.** That a fact of a continuous nature, proved to exist at a particular time, continues to exist as of the date of the presumption, if the fact is one which usually exists for at least that period of time;

(2) **Identity.** That persons and objects of the same name and description are identical;

(3) **Delivery.** Except in a proceeding where the liability of the carrier for nondelivery is involved, that mail matter, communications, express or freight, properly addressed, marked, billed and delivered respectively to the post office, telegraph, cable or radio company, or authorized common carrier of property with all postage, tolls and charges properly prepaid, is or has been delivered to the addressee or consignee in the ordinary course of business;

(4) **Ordinary course.** That a fact exists or does not exist, upon proof of the existence or nonexistence of another fact which in the ordinary and usual course of affairs, usually and regularly co-exists with the fact presumed;

(5) **Acceptance of benefit.** That a person for whom an act is done or to whom a transfer is made has, does or will accept same where it is clearly in his own self-interest so to do;

(6) **Interference with remedy.** That evidence with respect to a material fact which in bad faith is destroyed, eloiigned, suppressed or withheld by a party in control thereof, would if produced, corroborate the evidence of the adversary party with respect to such fact. [Regulation 08.390, effective 3/11/60.]

**WAC 248-08-400 Stipulations and admissions of record.** The existence or nonexistence of a material fact, as made or agreed in a stipulation or in an admission of record, will be conclusively presumed against any party bound thereby, and no other evidence with respect thereto will be received upon behalf of such party, provided:

(1) **Upon whom binding.** Such a stipulation or admission is binding upon the parties by whom it is made, their privies and upon all other parties to the proceeding who do not expressly and unequivocally deny the existence or nonexistence of the material fact so admitted or stipulated, upon the making thereof, if made on the record at a pre-hearing conference, oral hearing, oral argument or by a writing filed and served upon all parties within five days after a copy of such stipulation or admission has been served upon them;

(2) **Withdrawal.** Any party bound by a stipulation or admission of record at any time prior to final decision may be permitted to withdraw the same in whole or in part by showing to the satisfaction of the hearing officer or the board or department that such stipulation or admission was made inadvertently or under a bona fide mistake of fact contrary to the true fact and that its withdrawal at the time proposed will not unjustly prejudice the rights of other parties to the proceeding. [Regulation 08.400, effective 3/11/60.]

**WAC 248-08-410 Form and content of decisions in contested cases.** Every decision and order, whether proposed, initial, or final, shall:

(1) Be correctly captioned as to name of agency and name of proceeding;

(2) Designate all parties and counsel to the proceeding;

(3) Include a concise statement of the nature and background of the proceeding;

(4) Be accompanied by appropriate numbered findings of fact and conclusions of law;

(5) Whenever practical, include the reason or reasons for the particular order or remedy afforded;

(6) Wherever practical, be referenced to specific provisions of law and/or regulations appropriate thereto, together with reasons and precedents relied upon to support the same. [Regulation 08.410, effective 3/11/60.]

**WAC 248-08-420 Definition of issues before hearing.** In all proceedings the issues to be adjudicated shall be made initially as precise as possible, in order that the board or department or its hearing officers may proceed promptly to conduct the hearings on relevant and material matter only. [Regulation 08.420, effective 3/11/60.]

**WAC 248-08-430 Prehearing conference rule—Authorized.** In any proceeding the board or department or its designated hearing officer upon its or his own motion, or upon the motion of one of the parties or their qualified representatives, may in its or his discretion direct the parties or their qualified representatives to appear at a specified time and place for a conference to consider:

(1) The simplification of the issues;

- (2) The necessity of amendments to the pleadings;
- (3) The possibility of obtaining stipulations, admissions of facts and of documents;
- (4) The limitation of the number of expert witnesses;
- (5) Such other matters as may aid in the disposition of the proceeding. [Regulation 08.430, effective 3/11/60.]

**WAC 248-08-440 Prehearing conference rule—Record of conference action.** The board or department or its designated hearing officer shall make an order or statement which recites the action taken at the conference, the amendments allowed to the pleadings and the agreements made by the parties or their qualified representatives as to any of the matters considered, including the settlement or simplification of issues, and which limits the issues for hearing to those not disposed of by admissions or agreements; and such order or statement shall control the subsequent course of the proceeding unless modified for good cause by subsequent order. [Regulation 08.440, effective 3/11/60.]

**WAC 248-08-450 Submission of documentary evidence in advance.** Where practicable the board or department or its designated hearing officer may require:

- (1) That all documentary evidence which is to be offered during the taking of evidence be submitted to the hearing examiner and to the other parties to the proceeding sufficiently in advance of such taking of evidence to permit study and preparation of cross-examination and rebuttal evidence;
- (2) That documentary evidence not submitted in advance, as may be required by subsection (1), be not received in evidence in the absence of a clear showing that the offering party had good cause for his failure to produce the evidence sooner;
- (3) That the authenticity of all documents submitted in advance in a proceeding in which such submission is required, be deemed admitted unless written objection thereto is filed prior to the hearing, except that a party will be permitted to challenge such authenticity at a later time upon a clear showing of good cause for failure to have filed such written objection. [Regulation 08.450, effective 3/11/60.]

**WAC 248-08-460 Excerpts from documentary evidence.** When portions only of a document are to be relied upon, the offering party shall prepare the pertinent excerpts, adequately identified, and shall supply copies of such excerpts, together with a statement indicating the purpose for which such materials will be offered, to the hearing examiner and to the other parties. Only the excerpts, so prepared and submitted, shall be received in the record. However, the whole of the original document shall be made available for examination and for use by all parties to the proceeding. [Regulation 08.460, effective 3/11/60.]

**WAC 248-08-470 Expert or opinion testimony and testimony based on economic and statistical data—Number and qualifications of witnesses.** That the hearing examiner or other appropriate officer in all classes of

cases where practicable make an effort to have the interested parties agree upon the witness or witnesses who are to give expert or opinion testimony, either by selecting one or more to speak for all parties or by limiting the number for each party; and, if the interested parties cannot agree, require them to submit to him and to the other parties written statements containing the names, addresses and qualifications of their respective opinion or expert witnesses, by a date determined by him and fixed sufficiently in advance of the hearing to permit the other interested parties to investigate such qualifications. [Regulation 08.470, effective 3/11/60.]

**WAC 248-08-480 Expert or opinion testimony and testimony based on economic and statistical data—Written sworn statements.** That the hearing examiner or other appropriate officer, in all classes of cases in which it is practicable and permissible, require, and when not so permissible, make every effort to bring about by voluntary submission, that all direct opinion or expert testimony and all direct testimony based on economic or statistical data be reduced to written sworn statements, and, together with the exhibits upon which based, be submitted to him and to the other parties to the proceeding by a date determined by the hearing officer and fixed a reasonable time in advance of the hearing; and that such sworn statements be acceptable as evidence upon formal offer at the hearing, subject to objection on any ground except that such sworn statements shall not be subject to challenge because the testimony is not presented orally, and provided that witnesses making such statements shall not be subject to cross-examination unless a request is made sufficiently in advance of the hearing to insure the presence of the witnesses. [Regulation 08.480, effective 3/11/60.]

**WAC 248-08-490 Expert or opinion testimony and testimony based on economic and statistical data—Supporting data.** That the hearing examiner or other appropriate officer, in his discretion but consistent with the rights of the parties, cause the parties to make available for inspection in advance of the hearing, and for purposes of cross-examination at the hearing, the data underlying statements and exhibits submitted in accordance with WAC 248-08-480, but, wherever practicable that he restrict to a minimum the placing of such data in the record. [Regulation 08.490, effective 3/11/60.]

**WAC 248-08-500 Expert or opinion testimony and testimony based on economic and statistical data—Effect of noncompliance with WAC 248-08-470 or 248-08-480.** Whenever the manner of introduction of opinion or expert testimony or testimony based on economic or statistical data is governed by requirements fixed under the provisions of WAC 248-08-470 and 248-08-480, such testimony not submitted in accordance with the relevant requirements shall not be received in evidence in the absence of a clear showing that the offering party had good cause for his failure to conform to such requirements. [Regulation 08.500, effective 3/11/60.]

**WAC 248-08-510 Continuances.** Any party who desires a continuance shall, immediately upon receipt of notice of a hearing, or as soon thereafter as facts requiring such continuance come to his knowledge, notify the board or department or its designated hearing officer of said desire, stating in detail the reasons why such continuance is necessary. The board or department or its designated hearing officer, in passing upon a request for continuance, shall consider whether such request was promptly and timely made. For good cause shown, the board or department or its designated hearing officer may grant such a continuance and may at any time order a continuance upon its or his own motion. During a hearing, if it appears in the public interest or in the interest of justice that further testimony or argument should be received, the examiner or other officer conducting the hearing may in his discretion continue the hearing and fix the date for introduction of additional evidence or presentation of argument. Such oral notice shall constitute final notice of such continued hearing. [Regulation 08.510, effective 3/11/60.]

**WAC 248-08-520 Rules of evidence—Admissibility criteria.** Subject to the other provisions of these rules, all relevant evidence is admissible, which, in the opinion of the officer conducting the hearing, is the best evidence reasonably obtainable, having due regard for its necessity, availability and trustworthiness. In passing upon the admissibility of evidence, the officer conducting the hearing shall give consideration to, but shall not be bound to follow, the rules of evidence governing civil proceedings, in matters not involving trial by jury, in the superior court of the state of Washington. [Regulation 08.520, effective 3/11/60.]

**WAC 248-08-530 Rules of evidence—Tentative admission—Exclusion—Discontinuance—Objections.** When objection is made to the admissibility of evidence, such evidence may be received subject to a later ruling. The officer conducting the hearing may, in his discretion, either with or without objection, exclude inadmissible evidence or order cumulative evidence discontinued. Parties objecting to the introduction of evidence shall state the precise grounds of such objection at the time such evidence is offered. [Regulation 08.530, effective 3/11/60.]

**WAC 248-08-540 Petitions for rule making, amendment or repeal—Who may petition.** Any interested person may petition the board or department requesting the promulgation, amendment, or repeal of any rule. [Regulation 08.540, effective 3/11/60.]

**WAC 248-08-550 Petitions for rule making, amendment or repeal—Requisites.** Where the petition requests the promulgation of a rule, the requested or proposed rule must be set out in full. The petition must also include all the reasons for the requested rule together with briefs of any applicable law. Where the petition requests the amendment or repeal of a rule presently in effect, the rule or portion of the rule in question must be set out as well as a suggested amended

form, if any. The petition must include all reasons for the requested amendment or repeal of the rule. [Regulation 08.550, effective 3/11/60.]

**WAC 248-08-560 Petitions for rule making, amendment or repeal—Agency must consider.** All petitions shall be considered by the board or department and the board or department may, in its discretion, order a hearing for the further consideration and discussion of the requested promulgation, amendment, repeal, or modification of any rule. [Regulation 08.560, effective 3/11/60.]

**WAC 248-08-570 Petitions for rule making, amendment or repeal—Notice of disposition.** The board or department shall notify the petitioning party within a reasonable time of the disposition, if any, of the petition. [Regulation 08.570, effective 3/11/60.]

**WAC 248-08-580 Declaratory rulings.** As prescribed by RCW 34.04.080, any interested person may petition the board or department for a declaratory ruling. The board or department shall consider the petition and within a reasonable time the board or department shall:

- (1) Issue a nonbinding declaratory ruling; or
- (2) Notify the person that no declaratory ruling is to be issued; or
- (3) Set a reasonable time and place for hearing argument upon the matter, and give reasonable notification to the person of the time and place for such hearing and of the issues involved.

If a hearing as provided in subsection (3) is conducted, the board or department shall within a reasonable time:

- (1) Issue a binding declaratory rule; or
- (2) Issue a nonbinding declaratory ruling; or
- (3) Notify the person that no declaratory ruling is to be issued. [Regulation 08.580, effective 3/11/60.]

**WAC 248-08-590 Forms.** (1) Any interested person petitioning the board or department for a declaratory ruling pursuant to RCW 34.04.080, shall generally adhere to the following form for such purpose.

At the top of the page shall appear the wording "Before the board or department." On the left side of the page below the foregoing the following caption shall be set out: "In the matter of the petition of (name of petitioning party) for a declaratory ruling." Opposite the foregoing caption shall appear the word "Petition."

The body of the petition shall be set out in numbered paragraphs. The first paragraph shall state the name and address of the petitioning party. The second paragraph shall state all rules or statutes that may be brought into issue by the petition. Succeeding paragraphs shall set out the state of facts relied upon in form similar to that applicable to complaints in civil actions before the superior courts of this state. The concluding paragraphs shall contain the prayer of the petitioner. The petition shall be subscribed and verified in the manner prescribed for verification of complaints in the superior courts of this state.

The original and two legible copies shall be filed with the agency. Petitions shall be on white paper, either 8 1/2" x 11" or 8 1/2" x 13" in size.

(2) Any interested person petitioning the board or department requesting the promulgation, amendment or repeal of any rules shall generally adhere to the following form for such purpose.

At the top of the page shall appear the wording "Before the board or department." On the left side of the page below the foregoing the following caption shall be set out: "In the matter of the petition of (name of petitioning party) for (state whether promulgation, amendment or repeal) of rule (or rules)." Opposite the foregoing caption shall appear the word "Petition."

The body of the petition shall be set out in numbered paragraphs. The first paragraph shall state the name and address of the petitioning party and whether petitioner seeks the promulgation of new rule or rules, or amendment or repeal of existing rule or rules. The second paragraph, in case of a proposed new rule or amendment of an existing rule, shall set forth the desired rule in its entirety. Where the petition is for amendment, the new matter shall be underscored and the matter proposed to be deleted shall appear in double parentheses. Where the petition is for repeal of an existing rule, such shall be stated and the rule proposed to be repealed shall either be set forth in full or shall be referred to by agency rule number. The third paragraph shall set forth concisely the reasons for the proposal of the petitioner and shall contain a statement as to the interest of the petitioner in the subject matter of the rule. Additional numbered paragraphs may be used to give full explanation of petitioner's reason for the action sought.

Petitions shall be dated and signed by the person or entity named in the first paragraph or by his attorney. The original and two legible copies of the petition shall be filed with the agency. Petitions shall be on white paper, either 8 1/2" x 11" or 8 1/2" x 13" in size. [Regulation 08.590, effective 3/11/60.]

**WAC 248-08-595 Exemptions, waivers, and variances.** (1) With the sole exception of the public water system regulations appearing in chapter 248-54 WAC, in all those rules and regulations of the Washington state board of health wherein the board of health may grant exemptions to the requirements of the regulations, the board of health hereby delegates to the director of the health services division of the department of social and health services the authority to grant said exemptions pursuant to the standards contained in the regulations relating to the subject matter for which the exemption is requested. If an application for an exemption is denied by the director of the health services division, the denial shall be reviewed by the board of health at its next meeting.

(2) Such reviews shall not be considered contested cases as that term is defined in chapter 34.04 RCW. Statements and written material regarding the application may be presented to the board at or before its meeting wherein the application for exemption will be considered. Allowing cross-examination of witnesses in such matters shall be within the discretion of the board.

(3) Written summaries of all exemptions proposed to be granted by the director of the health services division shall be sent to all members of the board of health. No exemption granted by the director of the health services division shall take effect for thirty days following notice of the tentative exemption approval being sent to the members of the board of health. If two members of the board of health request, orally or in writing, within the above thirty day period that the exemption be reviewed by the entire board, the exemption shall not take effect until reviewed and approved by the entire board at its next meeting.

(4) The board of health does not delegate to the director of the health services division the powers of the board of health under chapter 248-54 WAC to grant exemptions or variances from the requirements of chapter 248-54 WAC. However, the board of health does hereby delegate to the director of the health services division the power of the board under WAC 248-54-790 to grant waivers from the requirements of chapter 248-54 WAC. In exercising this delegated power to grant or deny waivers, the director of the health services division shall follow the same procedures as are outline in this section for the granting or denial of exemptions. [Order 151, § 248-08-595, filed 12/5/77; Order 93, § 248-08-595, filed 1/4/74.]

#### **RULES OF PRACTICE AND PROCEDURE RELATING TO THE LICENSING OF NURSING HOMES, SPECIALIZED NURSING HOMES AND BOARDING HOMES FOR THE AGED**

**WAC 248-08-700 Meaning of words to conform with statutory meaning.** The words used in these rules and defined in RCW 18.20.020 and 18.51.010 shall have the same meaning as therein given. [Regulation 08.700, effective 3/11/60.]

**WAC 248-08-705 Reasons and citations to accompany orders.** At the time the department shall issue an order to an applicant or licensee giving notice of any denial, revocation or suspension, it shall accompany such order with a detailed statement of the reasons for denial, revocation or suspension with appropriate explanatory citations to the appropriate section or sections of the law and/or the rules and regulations. [Regulation 08.705, effective 3/11/60.]

**WAC 248-08-710 Notice of hearings.** The time fixed for hearing by the department upon denial, suspension or revocation of a license or provisional license for a boarding home, nursing home or specialized nursing home shall not be less than thirty days nor more than ninety days from receipt of written application for such hearing. Written notice of the time set for hearing shall be immediately furnished the applicant or licensee or his attorney by registered or certified mail. [Regulation 08.710, effective 3/11/60.]

**WAC 248-08-715 Hearing examiners.** Such hearings shall be conducted by one or more examiners appointed by the director, who shall be known as a hearing

examiner or hearing examiners. The functions of all hearing examiners shall be conducted in an impartial manner. Any such examiner may at any time withdraw if he deems himself disqualified; or, upon the filing in good faith by any party of a timely and sufficient affidavit of personal bias or disqualification of any such examiner, the department shall determine the matter as a part of the record and decisions in the hearing. [Regulation 08.715, effective 3/11/60.]

**WAC 248-08-720 Parties to hearing.** The parties to such hearing as is provided for in these rules shall be the applicant for a license or licensee and the department, together with the approved or authorized health department when the department and the approved or authorized health department have joint responsibility for the issuance of a license. The hearing shall be held in the county or city wherein the home is located. [Regulation 08.720, effective 3/11/60.]

**WAC 248-08-725 Burden of proof.** In any case involving the suspension and/or revocation of a license or provisional license, the department, or whenever applicable the department and the approved or authorized health department, shall have the burden of proof. In cases involving the denial or rejection of an application for a license, the applicant shall have the burden of proof. [Regulation 08.725, effective 3/11/60.]

**WAC 248-08-730 Record of testimony and proceedings.** A full and complete record or transcript shall be kept of all proceedings, and all testimony shall be recorded but need not be transcribed unless further appeal is taken to the superior court, as provided by RCW 18.20.070 or 18.51.130. The transcript of testimony and exhibits, together with all papers and requests filed in the proceedings, shall constitute the exclusive record for decision in accordance with the law. [Regulation 08.730, effective 3/11/60.]

**WAC 248-08-735 Decisions.** All decisions shall become part of the record and shall include a statement of (1) findings and conclusions, as well as the reasons or basis therefor, upon all the material issues of fact, law, or discretion presented on the record, and (2) the decision of the examiner affirming, notifying or setting aside the order of the department, or the department and the approved or authorized health department, which decision, when rendered, shall become the decision of the department as required by law. [Regulation 08.735, effective 3/11/60.]

**WAC 248-08-740 Notice of decision.** Each party to the hearing shall be notified of the decision of the department, together with the findings and conclusions and the results or basis therefor, by mailing by registered or certified mail a copy of the decision and findings and conclusions to each party or by personal service of a copy of said decision and findings and conclusions upon each party. [Regulation 08.740, effective 3/11/60.]

## RULES OF PRACTICE AND PROCEDURE RELATING TO THE LICENSING OF HOSPITALS

**WAC 248-08-750 Meaning of words.** The words used in these rules and defined in section 2, chapter 267, Laws of 1955 (RCW 70.41.020) shall have the same meaning as herein given. [Regulation 08.750, effective 3/11/60.]

**WAC 248-08-755 Reasons and citations to accompany orders.** At the time the department shall issue an order to an applicant or licensee giving notice of any denial, revocation or suspension, it shall accompany such order with a detailed statement of the reasons for denial, revocation or suspension with appropriate explanatory citations to the appropriate section or sections of the law and/or the rules and regulations. [Regulation 08.755, effective 3/11/60.]

**WAC 248-08-760 Notice of hearings.** The time fixed for hearing by the board upon denial, suspension or revocation of a license or provisional license for a hospital shall not be less than thirty days nor more than ninety days from receipt of written application for such hearing. Written notice of the time set for hearings shall be immediately furnished the applicant or licensee or his attorney by registered or certified mail. [Regulation 08.760, effective 3/11/60.]

**WAC 248-08-765 Hearing examiners.** Such hearings shall be conducted by (1) the board, (2) one or more members of the board, or (3) one or more examiners appointed by the board, who shall be known as a hearing examiner or hearing examiners. The functions of all hearing examiners shall be conducted in an impartial manner. Any such examiner may at any time withdraw if he deems himself disqualified; or, upon the filing in good faith by any party of a timely and sufficient affidavit of personal bias or disqualification of any such examiner, the board shall determine the matter as a part of the record and decisions in the hearing. [Regulation 08.765, effective 3/11/60.]

**WAC 248-08-770 Parties.** The parties to such hearing as is provided for in these rules shall be the applicant for a hospital license or hospital licensee and the department. [Regulation 08.770, effective 3/11/60.]

**WAC 248-08-775 Burden of proof.** In any case involving the suspension and/or revocation of a license or provisional license, the department shall have the burden of proof. In cases involving the denial or rejection of an application for a license, the applicant shall have the burden of proof. [Regulation 08.775, effective 3/11/60.]

**WAC 248-08-780 Record of testimony and proceedings.** A full and complete record or transcript shall be kept of all proceedings, and all testimony shall be recorded, but need not be transcribed, unless further appeal is taken to the superior court, as provided by RCW 70.41.140. The transcript of testimony and exhibits, together with all papers and requests filed in the proceedings, shall constitute the exclusive record for decision in

accordance with law. Upon payment in advance of all costs, such record shall be made available to any interested party and/or to any party to the hearing in advance of the expiration of time for appeal as provided by law. [Regulation 08.780, effective 3/11/60.]

**WAC 248-08-785 Decisions of board.** (1) Prior to the decision by the board, a party shall be afforded a reasonable opportunity to submit for the consideration of the examiner or examiners officiating at the hearing and for the board making the decision:

- (a) proposed findings and conclusions, or
- (b) exceptions to the oral decision or recommended decision of the examiner or examiners, and
- (c) supporting reasons for such exception or proposed findings or conclusions.

The records shall show the ruling upon each finding, conclusion, or exception presented.

(2) All decisions shall become part of the record and shall include a statement of:

- (a) findings and conclusions, as well as the reasons or basis therefor, upon all the material issues of fact, law, or discretion presented on the record; and
- (b) the decision of the board upon the denial, suspension or revocation of the license or provisional license. [Regulation 08.785, effective 3/11/60.]

**WAC 248-08-790 Notice of decisions.** Each party to the hearing shall be notified of the decision of the board, together with the findings and conclusions and the reasons or basis therefor, by mailing by registered or certified mail a copy of the decision and findings and conclusions to each party or by personal service of a copy of said decision and findings and conclusions upon each party. [Regulation 08.790, effective 3/11/60.]

#### RULES OF PRACTICE AND PROCEDURE RELATING TO THE LICENSING OF PRIVATE PSYCHIATRIC HOSPITALS AND MATERNITY HOMES FOR UNMARRIED MOTHERS

**WAC 248-08-800 Reasons and citations to accompany orders.** At the time the department shall issue an order to an applicant or licensee giving notice of any denial, revocation or suspension, it shall accompany such order with a statement of the reasons for denial, revocation or suspension with appropriate explanatory citations to the appropriate section or sections of the law and/or the rules and regulations. [Regulation 08.800, effective 3/11/60.]

**WAC 248-08-805 Notice of denials, suspensions and revocations—Opportunity for hearing.** Notice of denial, suspension or revocations shall be effected by registered mail or by personal service and shall fix a date not less than thirty days from the date of mailing or service, by which time the applicant or licensee shall be given an opportunity to request a prompt and fair hearing. [Regulation 08.805, effective 3/11/60.]

**WAC 248-08-810 Hearing examiners.** Such hearings shall be conducted by one or more examiners appointed by the director, who shall be known as a hearing examiner or hearing examiners. The functions of all hearing examiners shall be conducted in an impartial manner. Any such examiner may at any time withdraw if he deems himself disqualified; or, upon the filing in good faith by any party of a timely and sufficient affidavit of personal bias or disqualification of any such examiner, the department shall determine the matter as a part of the record and decisions in the hearing. [Regulation 08.810, effective 3/11/60.]

**WAC 248-08-815 Decisions and when final.** On the basis of such hearing or upon failure of the applicant or licensee to request a hearing as herein provided, the department shall make a determination specifying its findings and conclusions. A copy of the determination shall be sent by registered or certified mail or served personally upon the applicant or licensee. The decision revoking, suspending or denying the license or application shall become final thirty days after it is mailed or served, unless the applicant or licensee, within such thirty day period, appeals the decision. [Regulation 08.815, effective 3/11/60.]

**WAC 248-08-820 Powers of hearing examiners.** Hearing examiners shall have all powers and authority vested in authorized agents of the department by chapter 234, Laws of 1959 (chapter 34.04 RCW) and the rules of practice and procedure promulgated pursuant thereto. [Regulation 08.820, effective 3/11/60.]

**WAC 248-08-825 Parties.** The parties to such hearing as is provided for in these rules shall be the applicant for a license or licensee and the department. The hearing shall be held in the county or city wherein the maternity home is located or to be located. [Regulation 08.825, effective 3/11/60.]

**WAC 248-08-830 Burden of proof.** In any case involving the suspension and/or revocation of a license or provisional license, the department shall have the burden of proof. In cases involving the denial or rejection of an application for a license, the applicant shall have the burden of proof. [Regulation 08.830, effective 3/11/60.]

**WAC 248-08-835 Record of testimony and proceedings.** A full and complete record or transcript shall be kept of all proceedings, and all testimony shall be recorded, but need not be transcribed, unless further appeal is taken to the superior court. The transcript of testimony and exhibits, together with all papers and requests filed in the proceedings, shall constitute the exclusive record for decision in accordance with law. A copy or copies of the transcript may be obtained by any interested party on the payment of the cost of preparing such copy or copies. [Regulation 08.835, effective 3/11/60.]

**WAC 248-08-840 Decisions.** All decisions shall become part of the record and shall include a statement of

(1) findings and conclusions, as well as the reasons or basis therefor, upon all the material issues of fact, law, or discretion presented on the record; and (2) the decision of the examiner affirming, modifying or setting aside the order of the department, which decision, when rendered, shall become the decision of the department as required by law. [Regulation 08.840, effective 3/11/60.]

**WAC 248-08-845 Notice of decisions.** Each party to the hearing shall be notified of the decision of the department, together with the findings and conclusions and the results or basis therefor, by mailing by registered or certified mail a copy of the decision and findings and conclusions to each party or by personal service of a copy of said decision and findings and conclusions upon each party. [Regulation 08.845, effective 3/11/60.]

### Chapter 248-10 WAC NONDISCRIMINATION

#### WAC

248-10-010 Nondiscrimination.

**WAC 248-10-010 Nondiscrimination.** No person in the state of Washington shall, on the grounds of sex, race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity administered or supervised by the Washington state department of health as required by the federal government as a prerequisite for fiscal grants-in-aid (Sec. 601, Civil Rights Act of 1964; 78 Stat. 252; 42 U.S.C. 2000d) and chapter 49.60 RCW. [Order 18, § 248-10-010, filed 2/11/69.]

### Chapter 248-14 WAC NURSING HOMES

#### WAC

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#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-14-280	Records—Medications. [Order 65, § 248-14-280, filed 1/13/72; Regulation 14.280, effective 3/11/60.] Repealed by Order 94, filed 1/9/74.
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**WAC 248-14-001 Definitions.** (1) All adjectives and adverbs such as adequate, approved, qualified, reasonable, reputable, satisfactory, sufficiently, or suitable, used in these rules and regulations to qualify a person, equipment or building, shall be as determined by the Washington state department of social and health services with the advice and guidance of the council.

(2) "Activity director" means someone on the staff of a nursing home responsible for the development and maintenance of a program for patients which is intended to provide activities to meet their needs and interests and not be in conflict with the plan of treatment.

(3) "Ambulatory person" — means a person, who, unaided, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs.

(4) "Attending physician" — means the physician who is responsible for a particular person's medical care during period of time the person is an inpatient or outpatient of the nursing home.

(5) "Bathing facility" — means a bathtub or shower. Does not include sitz baths or other fixtures designed primarily for therapy.

(6) "Client" — see "Patient".

(7) "Comfortable armchair" — means a stable chair which provides for proper body alignment and support.

This does not preclude the use of a captain's chair or a rocking chair, provided it meets the criteria contained in this definition.

A wheelchair may be used as a comfortable armchair provided it is modified to meet the criteria contained in this definition of a comfortable armchair. Such modifications may include, but not necessarily be limited to, a seat board, wider arm rest, or back board.

For a patient unable to support his neck and head, the chair shall be a high back chair or have a head rest.

For a patient, whose medical condition requires the use of a chair of a special type or design, a chair which meets the requirements specified in a written order by a physician shall be considered "a comfortable armchair".

(8) "Department" — means the state department of social and health services.

(9) "Dialysis" — means the process of separating crystalloids and colloids in solution by means of their unequal diffusion through a natural or artificial, semi-permeable membrane.

(a) "Acute dialysis" – means hemodialysis or peritoneal dialysis in the treatment of a person with renal failure for a period of time during which it is medically determined whether renal function may be restored or the failure is irreversible.

(b) "Maintenance dialysis" – means recurrent hemodialysis or peritoneal dialysis in the long term treatment of a person with chronic, irreversible renal failure of such severity that other medical management will not support life.

(c) "Hemodialysis" – means dialysis of the blood by means of an "artificial kidney" through which blood is circulated on one side of a semi-permeable membrane while the other side is bathed by a salt solution. The accumulated toxic products diffuse out of the blood into the salt solution.

(d) "Peritoneal dialysis" – means dialysis of the blood by inserting a tube into a person's abdomen and instilling a sterile salt solution into the peritoneal cavity. Accumulated toxic products diffuse out of the blood through the semi-permeable membrane of the peritoneum into the salt solution. After a period of time for diffusion, the solution is allowed to drain from the peritoneal cavity.

(e) "Self-dialysis" – means carrying out dialysis on oneself, assuming primary responsibility for the dialysis procedure whether or not one has assistance.

(10) "Dialysis room" – means a room in which a patient undergoes dialysis.

(11) "Dose" – means the amount of drug to be administered at one time.

(12) "Drug facility" – means a room or area designed and equipped for drug storage and the preparation of drugs for administration.

(13) "Facilities" – means a room or area and/or equipment to serve one or more specific functions.

(14) Faucet controls:

(a) "Wrist control" – means water supply controls at least 4" overall horizontal length designed and installed to be operated by the wrists.

(b) "Elbow control" – means water supply controls at least 6" overall horizontal length designed and installed to be operated by the elbow.

(c) "Knee control" – means water supply controls, each operated by a mixing valve designed and installed to be operated by the knee.

(d) "Foot control" – means water supply controls, each operated by a mixing valve designed and installed to be operated by the foot.

(15) "Free hanging space for clothes" – means separated space in an enclosed wardrobe or closet with a rod which provides for daytime clothing to hang full length without touching the floor of the closet.

(16) "Functional abilities" – means the physical, mental, emotional, and social abilities to cope with the activities and affairs of daily living.

(17) "Grade" – means the level of ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least 10 feet from the wall of the building. From there

the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of 18 feet from the building.

(18) "Handwashing facility" – means a lavatory or a sink designed and equipped to serve for handwashing purposes.

(19) "He, Him, His and Himself" – are the pronouns used in reference to a person of either sex, male or female. This choice of pronouns has been adopted for the purpose of consistency and to facilitate reading of these rules and regulations and does not mean preference for nor exclude reference to either sex.

(20) "Immediate supervision" means supervision of the performance of one or more persons when both supervisor and the person(s) over whose performance he exercises supervision are on duty within the nursing home.

(21) "Kidney center" – means a health care facility which is designed, equipped, staffed, organized and administered to provide the following services:

(a) Medical, social and psychological evaluation and selection of persons eligible for maintenance dialysis or kidney transplantation by a formal review body.

(b) Dialysis.

(c) Kidney transplantation for patients with chronic renal failure, either directly or by appropriate referral where this form of therapy is medically indicated.

(d) Training program for physicians, nurses, technicians and members of other disciplines involved in the care and treatment of persons with chronic renal failure who receive dialysis.

(e) Self-dialysis training program for patients.

(f) Evaluation of situations or facilities and assistance in planning necessary alterations and installations to ensure safe and adequate facilities for maintenance dialysis.

(g) An organized system, by which patients undergoing dialysis at home or in a nursing home or other satellite facility procure the supplies and equipment necessary to safe and efficient administration of dialysis.

(h) Continued medical management and surveillance of care of patients receiving maintenance dialysis at home or in a nursing home or other satellite facility by means of outpatient clinic services and a continuing program of review, consultation and training.

(i) An in-hospital dialysis program which can provide the full gamut of services for diagnosis and treatment of persons with chronic renal disease. The in-hospital services may be provided by means of an association or affiliation with an in-hospital dialysis program.

(22) "Lavatory" – means a plumbing fixture designed and equipped to serve for handwashing purposes.

(23) "Legend drug" – means a drug bearing the legend, "Caution, federal law prohibits dispensing without a prescription."

(24) "Licensed nurse" – means either a registered nurse or a licensed practical nurse.

(25) "Licensed practical nurse" – means a person duly licensed under the provisions of the Licensed Practical Nurse Act of the state of Washington, chapter 18.78 RCW.

(26) "New construction" shall include any of the following, started after adoption of these rules and regulations by the state board of health.

(a) New buildings to be used as a nursing home.

(b) Additions to existing buildings to be used as a nursing home.

(c) Conversions

(ii) Buildings which have been licensed previously as nursing homes have not been used as such for a period in excess of one year.

(d) Alterations other than repairs, except where an exemption has been granted by the director under WAC 248-18-060.

(27) "Night light" - means a light fixture which is flush-mounted on the wall near the entrance doorway centered about fourteen inches above the floor providing from 0.5 to 1.5 footcandles of light measured on the floor at a distance of three feet from the light fixture.

(28) "Nursing home" - means any home, place or institution which operates or maintains facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more patients not related by blood or marriage to the operator, who, by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include, but not be limited to, any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. Nothing in this definition shall be construed to include general hospitals or other places which provide care and treatment for the acutely ill and maintain and operate facilities for major surgery or obstetrics or both. Nothing in this definition shall be construed to include any boarding home, guest home, hotel or related institution which is held forth to the public as providing, and which is operated to give only board, room and laundry, to persons not in need of medical or nursing treatment or supervision except in the case of temporary acute illness. Nothing in this definition shall be construed to include any facility licensed under chapter 71.12 RCW as a private establishment. The mere designation by the operator of any place or institution as a hospital, sanitarium, or any other similar name, which does not provide care for the acutely ill and maintain and operate facilities for major surgery or obstetrics, or both, shall not exclude such place or institution from the provisions of this chapter.

(29) "Nursing services" - means services designed to maintain or promote achievement of optimal independent function and health status; and planned, supervised and evaluated by a licensed professional nurse in the context of an overall individual plan of care.

(30) "Outpatient service" is any service to an outpatient.

(31) "Patient" - means a person who is receiving preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative health care services.

(a) "In-patient" - means a patient who is receiving health care services with board and room in a nursing home on a continuous 24-hour a day basis.

(b) "Out-patient" - means a patient who is receiving health care services at a nursing home which is not providing him these services with room and board on a continuous 24-hour a day basis.

(c) "Self-dialysis patient" - means a patient who performs self-dialysis.

(32) "Pharmacist" - means a person duly licensed by the Washington state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(33) "Pharmacy" - means a place, where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW by the Washington state board of pharmacy.

(34) "p.r.n. drug" - means a drug which a physician has ordered to be administered only when needed under certain circumstances.

(35) "Registered nurse" - means a person duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(36) "Respiratory isolation" - means the prevention of transmission of pathogenic organisms by means of droplets and droplet nuclei that are coughed, sneezed, or breathed into the environment.

(37) "Responsible party" is that legally responsible person to whom the rights of a client have legally devolved.

(38) "Self-dialysis training" - means a program of patient education in which a patient is taught how to perform self-dialysis safely and effectively and to care for dialysis equipment and supplies.

(39) "Shall" - means compliance is mandatory.

(40) "Should" - means a suggestion or recommendation.

(41) "Single unit" - means one, discrete pharmaceutical dosage form (e.g., one tablet or one capsule) of a drug. A single unit becomes a unit-dose, if the physician orders that particular amount of the drug for a person.

(42) "Stop order" - means a written policy that definitely prescribes the number of doses or the period of time after which administration of a drug to a patient must be stopped automatically, unless the physician's order for the drug specified the number of doses or the period of time the order was to be in effect.

(43) "Supervision" - means the process of overseeing the performance of one or more persons while having the responsibility and authority to guide or direct and critically evaluate performance of the person(s) and to take corrective action when indicated.

(44) "Toilet" - means a room containing at least one water closet.

(45) "Unit-dose" - means the ordered amount of a drug in a dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(46) "Unit-dose drug distribution system" - means a system whereby a pharmacist dispenses drugs in unit doses so the selection and issuance of individual doses of

drugs for administration are pharmacy based and controlled.

(47) "Usable floor space", as used in reference to new construction, excludes areas taken up by vestibules, closets, wardrobes, portable lockers and toilet rooms.

(48) "Water closet" - means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water. [Order 133, § 248-14-001, filed 8/11/76; Order 128, § 248-14-001, filed 5/26/76; Order 94, § 248-14-001, filed 1/9/74; Order 33, § 248-14-001, filed 7/2/70; Order 28, § 248-14-001, filed 6/27/69; § 248-14-001, filed 12/6/67; Regulation 14.001, effective 3/11/60.]

**WAC 248-14-010 Fire standards.** All nursing homes shall conform to the rules and regulations adopted by the Washington state fire marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire. The Washington state fire marshal standards are found at chapter 212-12 WAC. [Order 11, § 248-14-010, filed 1/2/69; Regulation 14.010, filed 4/17/64; Regulation 14.010, effective 3/11/60.]

**WAC 248-14-020 Fire approval.** The department, upon receipt of an application for a license, shall submit to the state fire marshal, in writing, a request for an inspection, giving the applicant's name and the location of the premises. Before a license can be issued hereunder, a written notice of approval by the Washington state fire marshal or those authorized by his office to give such approval, shall be submitted to the state department of health. [Regulation 14.020, effective 3/11/60.]

**WAC 248-14-030 Electrical standards.** All local electrical codes and the state electrical code shall apply to all electrical wiring. [Regulation 14.030, effective 3/11/60.]

**WAC 248-14-040 Other standards.** All local building, zoning, and plumbing codes apply. If no local plumbing code exists, the uniform plumbing code of the Western Plumbing Officials' Association shall be followed. [Regulation 14.040, effective 3/11/60.]

**WAC 248-14-050 Advertising.** Any advertisement of a nursing home or for patients to be housed in any nursing home covered by these regulations as defined by law in chapter 18.51 RCW, whether such advertisements be classified or display, radio or television or other, shall prominently contain the following words and abbreviations to be followed immediately by the license number of the home as issued by the Washington state department of health: "State Dept. of Health Lic. No. -----" [Regulation 14.050, effective 3/11/60.]

**WAC 248-14-055 Compliance with equivalent federal rules and regulations.** If a nursing home is certified as a Skilled Nursing Facility pursuant to Titles 18 or 19 of the Social Security Act 42 U.S.C., Sections 1395 et seq. and 1396 et seq. now or as hereafter amended, the Department may accept such certification as evidence of

satisfactory compliance with the following rules and regulations except for any portions thereof which pertain to new construction. This provision shall not apply in the inspection or licensure of any nursing home which is not so certified. Further, any denial, revocation or suspension of a nursing home license or any imposition of a fine or civil penalty shall be based on findings of non-compliance with rules and regulations contained in chapter 248-14 WAC, rather than on findings of non-compliance with equivalent federal rules and regulations.

(1) WAC 248-14-110(1) SITE AND GROUNDS.

(2) WAC 248-14-120(2) PATIENT ROOMS, except for those portions of subsection (d) which pertain to usable floor space per bed, ceiling height and space between beds.

(3) WAC 248-14-120(3) UTILITY AREA.

(4) WAC 248-14-120(4) DRUG FACILITIES, except for subsection (c) pertaining to a metric-apothecary conversion chart and a poison antidote chart.

(5) WAC 248-14-120(5) MISCELLANEOUS ROOMS AND AREAS, except for subsection (h) pertaining to facilities for disposal of infectious wastes.

(6) WAC 248-14-130 FLOORS, WALLS AND CEILINGS, except for the first regulation thereunder which pertains to surface of walls and ceilings and subsection (1)(a) pertaining to uncarpeted floors.

(7) Those portions of WAC 248-14-140 VENTILATION, which pertain to window ventilation and venting of inside toilets and bathrooms.

(8) Subsections (1) and (2) of WAC 248-14-160 LIGHTING.

(9) Subsection (2) of WAC 248-14-170 WATER SUPPLY.

(10) Subsections (1), (6), and (10) of WAC 248-14-180 PLUMBING, TOILET AND LAVATORY FACILITIES.

(11) Subsection (2) of WAC 248-14-190 PLANT OPERATION—MAINTENANCE.

(12) WAC 248-14-230 FOOD AND FOOD SERVICE, except for those portions of subsection (1)(b) which state the requirements for a substantial meal and require physician's orders for giving nutrient concentrates, subsection (1)(e), subsection (1)(f) and subsection (2).

(13) Subsections (1), (2), (3), (4), and (5) of WAC 248-14-240 PERSONNEL.

(14) Subsection (2) of WAC 248-14-250 PATIENT CARE—MEDICAL SERVICE.

(15) WAC 248-14-260 NURSING SERVICE, except for subsection (5)(b) and (5)(c) which pertain to the application of restraint and subsection (7) which pertains to a terminal patient being in a single room.

(16) WAC 248-14-270 RECORDS, except for subsection (1)(b) requiring a record of a patient's valuables and clothing and subsection (2) pertaining to a census register.

(17) WAC 248-14-285 PHARMACEUTICAL SERVICES except for subsection (4) which pertains to a unit dose drug distribution system. [Order 120, § 248-14-055, filed 7/17/75; Order 117, § 248-14-055, filed 5/23/75.]

**WAC 248-14-060 Exemptions.** (1) The state board of health may, in its discretion, exempt certain nursing homes from complying with parts of these regulations which pertain to health and sanitation, when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the safety or health of the patients in the nursing home involved in jeopardy.

(2) The assistant secretary, division of health, or his designee may upon written application:

(a) Exempt any nursing home from complying with the patient room size, ceiling height, and window area requirements when the room for which the exemption is requested does not place the safety or health of the patients in the room in jeopardy;

(b) Grant an exemption to any nursing home from the nursing home regulations requiring alterations to meet new construction standards when the proposed alteration will serve to correct deficiencies or will upgrade the facility in order to provide better patient care and will not create any additional deficiencies.

(3) The assistant secretary, division of health, or his designee may, upon written application, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated to his satisfaction to be at least equivalent to those prescribed.

All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the division of health and the nursing home. [Order 41, § 248-14-060, filed 10/14/70; Order 33, § 248-14-060, filed 7/2/70; Order 23, § 248-14-060, filed 6/27/69; § 248-14-060, filed 8/4/67; Regulation 14.060, filed 2/17/61; Rule 14.060, filed 3/11/60.]

**WAC 248-14-065 License expiration dates.** The department or the department and the approved health department shall issue nursing home licenses initially and reissue nursing home licenses as often thereafter as necessary to stagger license expiration dates throughout the calendar year so as to cause approximately one-twelfth of the total number of nursing home licenses to expire on the last day of each month, but no license issued pursuant to this chapter shall exceed twelve months in duration: *Provided*, That, when the annual license renewal date of a previously licensed nursing home is set by the department on a date less than twelve months prior to the expiration date of a license in effect at the time of issuance, the license fee shall be prorated on a monthly basis and a credit be allowed at the first renewal of a license for any period of one month or more covered by the previous license. If there is failure to comply with the provisions of chapter 18.51 RCW or this chapter, the department or the department and the approved health department may, in its discretion, issue a provisional license to permit the operation of the nursing home for a period of time to be determined by the department or the department and the approved health department, but not to exceed twelve months. [Order 67, § 248-14-065, filed 1/13/72.]

**WAC 248-14-070 Licensure—Application, information required.** An application for a nursing home license, or renewal thereof, shall be signed by the owner or his legal representative and by the individual or individuals under whose management or supervision the home is to be operated if this person be different from the owner, be sworn to before a notary public and may include therein the following:

(1) The name and address of the applicant if an individual, and if a firm or partnership, of every controlling member thereof (a husband and wife shall be construed to be a partnership), and in the case of a corporation or association, the name and address thereof and of its officers and board of directors and trustees.

(2) The name of the individual or individuals under whose management or supervision the home will be operated.

(3) The location of the home for which a license is sought, including, in the case of locations known only by postal route and box numbers, adequate geographical identification.

(4) The number of individuals for which nursing care is to be provided, which number shall not exceed that which is lawfully permitted under these regulations or local zoning, building or other such regulations.

(5) Such other information as the department may reasonably require for proper administration of these standards. [Regulation 14.070, effective 3/11/60.]

**WAC 248-14-080 Licensure—Disqualification.**

(1) Each and every individual named in an application for a nursing home license shall be considered separately and jointly as applicants, and if any one be deemed unqualified by the department in accordance with the law or these rules, regulations, and standards, the license shall be denied, suspended or revoked.

(2) Individuals who, in the state of Washington, have been previously denied a license to operate a hospital, nursing, maternity, or boarding home or other facility for the care of children, the aged, ill or infirm, or have been convicted of operating such a facility without a license, or have had their license to operate such a facility revoked, shall not be granted a license.

(3) Individuals who, in any place other than the state of Washington, have been previously denied a license to operate a hospital, nursing, maternity or boarding home or other facility for the care of children, the aged, ill or infirm, or have been convicted of operating such a facility without a license, or who have had their licenses to operate such a facility suspended or revoked, shall not be granted a license unless they affirmatively establish to the satisfaction of the department by clear, cogent and convincing evidence their ability to operate the home for which the license is sought fully in conformity with all applicable laws and rules and regulations.

(4) Any individual addicted to the use of narcotics or the excessive use of intoxicants, and individuals of poor credit reputation shall be disqualified even though the premises are adequate. Individuals convicted of a crime of moral turpitude or a felony may be disqualified by reason of such conviction if such conviction is reasonably related to the competency of the individual to exercise

responsibilities of ownership and/or operation of a nursing home and the department determines, after investigation, that such person has not been sufficiently rehabilitated subsequent to such conviction to warrant public trust. License shall also be denied, suspended or revoked for failure or refusal to comply with the requirements established by chapter 18.51 RCW or with these rules, regulations and standards promulgated pursuant thereto, and in addition, any of the following:

- (a) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation.
- (b) Permitting, aiding or abetting the commission of any illegal act on the nursing home premises.
- (c) Cruelty or indifference to the welfare of the patients.
- (d) Personnel insufficient in number or unqualified by training, experience, or temperament, properly to care for the proposed or actual number and type of patients.
- (e) Misappropriation of the property of the patients.
- (f) Failure or inability to meet financial obligations as they fall due in the normal course of business. [Order 80, § 248-14-080, filed 1/9/73; Regulation 14.080, effective 3/11/60.]

**WAC 248-14-090 Change of ownership.** When a change of a nursing home ownership is contemplated, the owner/operator (seller) and the prospective buyer shall each notify the Washington state department of health at least fifteen days prior to the proposed date of transfer.

Notification shall be in writing and shall contain the following information:

- (1) Name of the present owner and buyer.
- (2) Name and address of the nursing home being transferred.
- (3) Date of proposed transfer.
- (4) Kind of transfer, i.e. sale, lease, rental, etc.

The possession or ownership of a nursing home shall not be transferred until the transferee has been notified by the department that the transferee's application for a license has been approved. [Regulation 14.090, effective 3/11/60.]

**WAC 248-14-100 Physical plant—Approval of plans.** (1) When new construction is contemplated, preliminary plans shall be submitted, simultaneously, in duplicate to the department and in duplicate to the certified local health department for review. These plans shall be drawn to scale and shall include the plot plan, showing streets, entrance ways, sewage disposal system, and the arrangement of buildings on the site; and drawings giving the general arrangement within the building (existing and proposed), including the intended purpose and fixed equipment of each room. The preliminary plans shall be accompanied by a statement of source of water supply, and method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(2) In addition to specific requirements, the department and/or certified local health department may make recommendations designed to promote ease and efficiency of operation.

(3) Construction shall not be commenced until final plans drawn to scale and specifications, approved by applicable local authorities, have been submitted, in triplicate, to the Washington state department of health and approved. These plans and specifications shall show complete details to be furnished contractors for construction of buildings. These should include:

- (a) Plot plan;
- (b) Plans of each floor of the building, including intended purpose and fixed equipment of each room, and probable arrangement of beds in patients' rooms;
- (c) Elevations, sections, and construction details;
- (d) Schedule of floor, wall, and ceiling finishes, door and window sizes and types;
- (e) Plumbing, heating, and ventilating and electrical systems including fire protection system and devices;
- (f) Specifications fully describing workmanship and materials.

(4) Adequate provisions shall be made for the safety and comfort of patients if construction work takes place in or near occupied areas.

(5) A review of all plans submitted for approval in accordance with these regulations shall be mailed directly to the operator or returned to the operator through the certified local health department within 30 days of their receipt by the department and shall clearly show the items disapproved with a citation to the regulation violated. In the event that said review is not mailed or delivered to the operator within 30 days, the plans shall be deemed approved.

(6) Specifications fully describing workmanship and materials. If carpets are to be installed the following information must be provided:

- (a) A floor plan showing areas to be carpeted and adjoining areas. These areas shall be labeled, according to function, and the proposed carpeted areas coded on the plan and keyed to the appropriate carpet sample.
- (b) Three 3" x 5" samples of each carpet type, labeled to identify the following:
  - (i) Manufacturer.
  - (ii) Specific company designation (trade name and number).

(c) Information showing that proposed carpeting meets the specifications as listed in WAC 248-14-130(d). [§ 14.100(6), filed 8/4/67; Regulation 14.100, effective 3/11/60.]

**WAC 248-14-110 Physical plant—Site and communication.** (1) **Site and grounds.** Nursing homes shall be located on good roads kept open to automobile traffic at all times, properly drained and not subject to flooding.

It is recommended that the home be located where it is readily accessible by public transportation and where it is convenient for staff and doctors.

The nursing home shall not be located where excessive noise, odors, dust, smoke, or traffic interferes with patient comfort.

There should be adequate outdoor space for exercise and recreation of patients.

The grounds should include lawns, gardens, outdoor sitting and recreation areas; and space for automobile

parking. The building(s) should not cover more than one-half of the lot.

(2) **Telephones.** There shall be at least one telephone or extension in each wing, unit, and, if conditions indicate, additional telephones or extensions to summon help in case of fire or other emergencies, and these shall be so located as to be easily accessible from all parts of the building. A telephone shall be accessible for patient use.

(3) **Call systems.** There shall be some type of signaling system between patient and the nurse, unless the patient is physically or mentally incompetent to use the device properly. An electrical system with a call button at each patient's bedside is recommended. Handbells may be permitted if approved by the department. In new construction there shall be an electrical signaling system with a call button or cord provided at the bedside of each patient. Call buttons or cords are recommended for all toilets, bathrooms, dayrooms, and other locations used by patients. [Regulation 14.110, effective 3/11/60.]

**WAC 248-14-120 Required rooms and areas. (1) Corridors and doors.** In new construction, corridors shall be not less than seven feet in width except in service areas (minimum of five feet) or except where conditions of exit, as determined by the Washington state fire marshal, require eight feet in width; and doors to patient rooms shall be not less than three feet eight inches in width. Doors to patient bathrooms and toilets shall be not less than three feet in width, and the plumbing fixtures in these rooms shall be arranged to accommodate wheelchair patients.

These minimum corridor and door width specifications will not be required in alterations of existing nursing homes.

In new construction, no door shall open into the patient corridor except closet doors, unless otherwise required by the Washington state fire marshal.

All patients' toilet room doors not opening onto a patient corridor shall open outward, and it is recommended that toilet doors opening onto corridors be recessed and open outward. Doors to patient toilets and bathrooms having locks shall have readily available a means of unlocking same from the outside.

Handrails shall be provided along both sides of all corridors in new construction and are recommended in existing homes where width of the corridor permits. It is recommended that handrails be mounted 34 inches above the floor.

Stairways shall be provided with handrails on both sides, and all open stair wells shall be protected by guard rails, and be equipped with nonslip material on the treads.

**(2) Patient rooms.**

(a) Access to; traffic through. Rooms shall be so arranged that it will not be necessary for a patient to pass through a room occupied by a person of the opposite sex to reach hallways or toilet facilities.

In new construction, the building shall be so arranged as to avoid all traffic through patient rooms, and excessive or undesirable traffic through other rooms. Each patient bedroom shall have direct access from a corridor

and shall be so located as to minimize entrance of odors, noise and other disturbances.

(b) Window requirements. Every patient room shall be an outside room permitting entrance of natural light. The clear glass window area allowing for visibility by patients shall be not less than one-eighth the usable floor area. Rooms, any portion of which are below grade at required windows, shall have the clear window area equal to not less than one-fifth the entire floor area of the room. Opaque or translucent glass should not be used in exterior windows in patient rooms.

In new construction, no required window shall be located within 24 feet of another building or the opposite wall of a court or within ten feet of a property line, except on street sides. If the depth of the court is less than one-half the width, the width requirement will not apply. Where the sill of a window is less than five feet above a public sidewalk, the wall in which the window occurs shall be at least eight feet from the walk.

(c) Below grade rooms. No room, the floor of which is more than three feet, six inches below grade at any required window, shall be used for the accommodation of patients.

(d) Room size and shape; ceiling height. In new construction there shall be at least 85 square feet of usable floor space for each bed in a multi-bed room and there shall be at least seven and one-half feet ceiling height over this required area. There shall be at least 100 square feet of usable floor space for each one-bed room. There shall also be not less than seven and one-half feet ceiling height over this required area. In rooms classified as "new construction" prior to January 1, 1968, but after April 11, 1958, there shall be at least 90 square feet per bed in a one-bed room. In rooms classified as "new construction" prior to April 11, 1958, but after June 1, 1951, there shall be at least 80 square feet per bed in a one-bed room.

In existing construction, patient rooms shall provide not less than 70 square feet of usable floor space per bed. There shall be not less than seven and one-half foot ceiling height over this required area.

Patient rooms shall be of dimensions which allow not less than three feet between beds.

In new construction, all patient bedrooms shall provide at least a three foot space between the perimeter of the bed and walls, beds, and any fixed obstruction, provided that the above three foot requirement does not apply to the distance between the head of the bed and a wall.

In new construction, the maximum capacity of any patient bedroom shall be not more than four beds. No patient bedroom shall be more than three beds deep from an exterior window wall.

(e) In new construction, there shall be at least one isolation room for the care of patients in a terminal condition or requiring isolation for communicable disease control. Such isolation room shall contain a lavatory with either foot, knee, wrist or elbow control, and shall have its own adjoining bathing facility, and its own adjoining toilet equipped with a bedpan flushing attachment.

In new construction, one single bedroom with its own toilet and lavatory shall be provided for each additional 50 beds or fraction thereof. The lavatory may be within the patient bedroom or in the toilet room but shall be located adjacent to the exit from the single bedroom for which it is provided.

(3) **Utility area.** There shall be adequate space and facilities for the preparation, cleansing, sterilization, and storing of nursing supplies and equipment.

In all nursing homes a deep sink for the cleansing and sterilizing of utensils, and a work counter is required. A utensil sterilizer or some other equally effective facility for sanitization may be substituted for the deep sink.

In new construction, a separate, centrally located nurses' utility room shall be provided on each floor or nursing unit used for the accommodation of patients. The utility room shall be equipped with a plumbing fixture with a waste line of sufficient size (usually four inches) to dispose of wastes, a deep sink, a work counter, storage cabinets or shelving, and a lavatory or small sink mounted in or adjacent to the counter. It is also recommended that there be a utensil sterilizer.

(4) **Drug Facilities.**

(a) There shall be adequate drug facilities to provide for locked storage of all drugs without crowding and for the observance of safe procedures and techniques in the preparation of medicines for administration.

(i) Any room or area which serves as a drug facility shall serve clean functions only and shall be well illuminated and ventilated. When any mobile drug storage cabinet is not being used in the administration of medicines to patients, it shall be stored in a room which meets this requirement.

(ii) By January 1, 1975 each drug facility shall include a sink with hot and cold running water, a work counter and drug storage cabinets.

(iii) All drug storage cabinets (stationary or mobile) shall be designed and arranged so drug containers are readily accessible and shall be closed, locked cabinets unless they are stationary cabinets in a locked room which serves exclusively for storage of drugs and supplies and equipment used in the administration of drugs. Any mobile drug storage cabinet shall be a closed cabinet with locks to prevent access to drugs when the cabinet is unattended.

(iv) Drug storage cabinets, except those for schedule II controlled substances, within the same drug facility may be keyed alike. Locks and keys for one drug facility shall be different from those for any other drug facility and from any other locks and keys within the nursing home so that only the keys to a particular drug facility can be used to gain access to drugs stored within that drug facility.

(b) All drug storage shall be designed and finished so it can be cleaned easily and shall be kept clean.

(c) A metric-apothecary conversion chart and a poison antidote chart shall be posted conspicuously at each drug facility.

(5) **Miscellaneous rooms and areas.**

(a) **Laundry.** If laundry is washed on the premises, adequate laundry and drying facilities shall be provided.

(b) **Linen and clothing storage.** Adequate provisions shall be made for the storage of soiled linens and patients' soiled clothing. In new construction, this area shall be in a room separate and apart from the laundry facilities.

Adequate facilities shall be provided for the storage of clean linen.

In new construction, there shall be a separate, enclosed closet for each patient bed in every patient bedroom. The inside dimensions of each wardrobe or closet shall not be less than 22 inches deep (front to back) by 20 inches wide. The clothes rod shall provide at least five feet and not more than five feet six inches of free hanging space from the center of the clothes rod to the floor of the room.

(c) **Nurses' station.** In new construction, there shall be a nurses' station containing a facility for charting and storage of patients' records and a telephone.

(d) **Day room.** Well lighted, ventilated day room space (limited to lounge, solarium, dining room and/or recreation room) in accordance with the specifications below, which includes an outside room and which provides floor space in accordance with the following minimum specifications, shall be provided in all new construction:

Up to 15 beds	_____	150 square feet
16 to 25 beds,		
inclusive	_____	10 square feet
		per bed additional for each bed over 15
26 beds and over	_____	5 square feet
		per bed additional for each bed over 25

**Example:** A 37-bed nursing home.

First 15 beds require	150 square feet	_____	150
Second 10 beds require	10 square feet per bed		
	(10 x 10 = 100)	_____	100
Additional 12 beds require	5 square feet per bed		
	(12 x 5 = 60)	_____	60
			310
Total	_____		

A 37-bed nursing home requires 310 square feet minimum. Nursing homes which had a day room on July 1, 1957, shall not convert this area for other use unless an equivalent day room space is provided.

(e) **Equipment storage.** In new construction, adequate storage space for wheelchairs, walkers, patient lifts, and other equipment shall be provided.

(f) **Garbage can area.** In new construction, there shall be a separate room or outside area for the washing of garbage and refuse cans, hot and cold water and floor drain connected to sewerage system in this area. Garbage storage area shall be provided.

(g) In new construction, each multi-bed room shall have permanently installed cubicle curtain tracks or rods with flame-proof curtains which shall permit enclosure of the area around each bed. For patient safety and on written order by a physician, cubicle curtains may be removed. However, patient privacy shall be ensured.

(h) There shall be proper facilities for the disposal of infectious wastes.

(6) **Annex buildings.** Rooms in buildings for the accommodation of patients which are connected to the

main nursing home building by means of enclosed and heated passageways will be construed as portions of the main home. Other areas for patient occupancy on the same property will be construed as annex buildings and shall provide all the patient facilities required in the main nursing home building, with the exception of kitchen if adequate provisions are made for bringing food to the annex building. These required facilities include toilet, lavatory, and bathing areas, day room, utility room, linen storage, and nurses' station. The call signal shall register in the main building unless the annex building is separately staffed 24 hours per day.

(7) Every nursing home shall provide an approved area within the home for the purpose of preparing, serving and storing food and drink unless food service is provided from facilities which have been inspected and which have been found to be at least equal to the facilities required by these regulations. All equipment used in the preparation, serving or storing of food in nursing homes shall be of a type approved by the department or the certified department. [Order 94, § 248-14-120, filed 1/9/74; Order 65, § 248-14-120, filed 1/13/72; Order 27, § 248-14-120, filed 6/27/69; § 248-14-120, filed 12/6/67; Regulation 14.120, effective 3/11/60; Subsection (6), filed 2/17/61.]

**WAC 248-14-130 Required rooms and areas—Floors, walls, and ceilings.** (1) Surfaces. Walls and ceilings of all rooms shall have easily cleanable surfaces.

(a) All uncarpeted floors shall be smooth non-absorbent and easily cleanable.

(b) If carpets are used, they must meet the following requirements: Meet the specifications pursuant to WAC 248-14-130(1)(d); be used only in selected areas pursuant to WAC 248-14-130(1)(c); be installed pursuant to WAC 248-14-130(1)(e); and be cleaned routinely pursuant to WAC 248-14-190(2)(a).

(c) Carpets may be used in the following selected areas: Administrative; lobbies; lounges, chapels, dayrooms; waiting areas; nurses' stations; corridors (excluding stairways or stair enclosures); dining rooms, patient bedrooms (excluding toilet and bathrooms); equipment alcoves opening onto carpeted corridors or areas. Carpets may be used in other areas only upon written approval of such use by the department.

(d) Specifications for acceptable carpeting:

(i) Pile yarn fiber: Fibers which meet the standards of the state fire marshal (see RCW 18.51.140) shall be acceptable provided the fiber is easily cleanable.

(ii) Pile type: Round loop (cut pile acceptable in non-patient occupied areas.

(iii) Pile tufts per square inch: Minimum 64.

(iv) Rows: Minimum eight per inch.

(v) Pile height: Level pile, from a minimum height of .125 inches to a maximum of .255 inches.

(vi) Backing: Shall be water impervious or a water impervious pad shall be permanently bonded to the backing, provided that a non-impervious carpet with or without a separate pad may be installed in nonpatient occupied areas. [Order 14, § 248-14-130, filed 1/2/69; § 14.130, filed 8/4/67; Regulation 14.130, effective 3/11/60.]

**WAC 248-14-140 Required rooms and areas—Ventilation.** Ventilation of all rooms shall be sufficient to prevent all objectionable odors and excessive condensation. All patient rooms shall be ventilated by windows or by a positive mechanical device, and in such manner as to avoid direct drafts on the patients.

When window ventilation is used for patient rooms, the operable opening shall be not less than one-sixth of the required window area. Draft deflectors, or other effective window ventilators, are recommended as protection against dust and draft.

All inside toilets and bathrooms shall be vented by gravity ducts or mechanical exhaust system directly to the outside air. In new construction, all toilets and bathrooms shall be vented by a mechanical exhaust system. [Regulation 14.140, effective 3/11/60.]

**WAC 248-14-150 Required rooms and areas—Temperature.** The heating system shall be capable of maintaining the temperature in each room used by residents at a minimum of 76°F. measured 4 feet from the floor in the coldest weather. The temperature shall be maintained at approximately 72°F. unless the patient desires otherwise.

Reliable thermometers shall be available on each floor at all times, and shall be mounted 4 feet from the floor. [Regulation 14.150, effective 3/11/60.]

**WAC 248-14-160 Required rooms and areas—Lighting.** (1) Natural or artificial light of at least five foot-candles of general illumination shall be provided in every usable room, including storerooms, attic and basement rooms, when in use, and at all times in hallways, stairways, inclines, and ramps used by patients and personnel.

(2) Toilets and bathrooms shall be provided with a general illumination minimum of ten foot-candles of light.

(3) By July 1, 1970, a reading light shall be provided for each patient in his room. Lighting fixtures for reading in patient rooms shall provide at least twenty-five foot-candles of light on the reading surface, and light bulbs shall be shaded with an incombustible shade so as to prevent glare.

(4) Emergency lighting facilities such as flashlights or battery operated lamps shall be available and maintained in operating condition for each employee on night duty.

(5) An adequate number of approved electrical outlets shall be provided to permit the use of bed lamps, radios, and other electrical fixtures as required.

(6) In new construction there shall be not less than one duplex electrical receptacle located at least two feet above the floor at the head of each bed and at least two additional duplex electrical receptacles at separate, convenient locations in each patient room.

(7) In new construction, a night light controlled by a switch at the entrance door shall be provided in each patient room.

(8) In new construction, the following lighting intensities shall be provided:

Location	Light Level (Foot-Candles)
Corridors and interior ramps	20
Exit stairways and landings, on floor	5
Nurses station (general), ad- ministrative and lobby	50 day 20 night
Nurses desk for charts and records	70
Nurses medicine cabinet	100
Utility room	20 general 50 work counter
Physical therapy	20
Occupational therapy	30
Recreation area	30
Dining area	30
Patient room	10 general 30 reading light
Janitors' closet	15
Toilet and bathing facilities	30
Barber and beautician areas	50
Examination and treatment room	50 general 100 examining table
Laundry	50

[Order 29, § 248-14-160, filed 6/27/69; Regulation 14.160, effective 3/11/60.]

**WAC 248-14-170 Required rooms and areas—**  
**Water supply.** (1) There shall be an adequate supply of water, meeting the quality standards of, and obtained from, a water supply system the location, construction, and operation of which complies with the standards of the state department of health. Only such water shall be used in nursing homes. Hot and cold water under pressure shall be available at all times. In the event that an unsafe water supply is used for irrigation, fire protection, or other purposes, a separate system shall be provided, and there shall be no connection between the safe and the unsafe system.

(2) Hot water for general use should be between 110° and 140°F. Water which is too hot may scald patients. Minimum recommended pressure is 15 pounds per square inch. [Regulation 14.170, effective 3/11/60.]

**WAC 248-14-180 Required rooms and areas—**  
**Plumbing, toilet, and lavatory facilities.** (1) There shall be one inside flush-type water-closet for each 12 patients or fraction thereof. In new construction, there shall be one water-closet for each 8 patients or fraction thereof. Where urinals are provided for male patients, there shall be in addition at least one water-closet for each 15 male patients or fraction thereof. Where more than one water-closet is required for patient use, separate toilet rooms shall be provided for each sex.

(2) Lavatories shall be provided in the ratio of at least one for every 12 patients or fraction thereof. At least one lavatory shall be provided in each toilet room, except

when the toilet room opens into the patient room, then the lavatory may be in the patient room. In new construction, there shall be at least one lavatory for every 8 patients.

(3) At all lavatories paper towels shall be provided for the staff. Use of common towels is prohibited.

(4) Every home shall provide adequate and conveniently located toilet and lavatory facilities for its employees. In new construction, these shall be separate from patient facilities.

(5) Signs shall be posted in each toilet room used by employees directing such persons to wash their hands before leaving toilet room. Dishwashing or utility sinks shall not be accepted as handwashing facilities.

(6) Bathing facilities with hot and cold or tempered running water shall be provided in the ratio of one facility for each 15 patients or fraction thereof. There shall be at least one bathtub in the home. A shower in which a chair on wheels may be used and an elevated island tub are recommended.

(7) Handrails shall be provided at bathing facilities and toilets.

(8) There shall be a toilet, lavatory, and bathing facility on each patient floor.

(9) In new construction, each sex shall be provided with separate toilet and lavatory facilities.

(10) Drinking fountains are recommended, and when provided they shall be of the inclined jet, sanitary type, meeting standards of the department.

(11) All cross-connections are prohibited. A "cross-connection" is defined as any physical arrangement whereby the domestic or potable water supply system is connected directly or indirectly with any other water supply system, sewer, drain, conduit, pool, storage reservoir, plumbing fixture, or other device which contains or may contain contaminated water, sewage, or other waste or liquid which would be capable of imparting contamination to the domestic or potable water supply as a result of backflow. [Regulation 14.180, effective 3/11/60.]

**WAC 248-14-190 Plant operation—Maintenance.** (1) The premises, both inside and out, shall be maintained in a clean and sanitary condition and in good repair at all times.

(2) If carpets are used, a comprehensive housekeeping procedure must be developed and followed.

(a) The written housekeeping procedure for the maintenance of carpeting shall include statements regarding the following:

(i) All carpeting in patient areas shall be kept clean by thorough vacuuming.

(ii) Spotting: To maintain aesthetic appearance of the carpet surface, a regular spotting program must be maintained. Carpets contaminated by infectious discharge or waste shall be promptly cleaned and disinfected.

(iii) Periodic cleaning: The frequency of shampooing depends in general upon traffic and soiling conditions, but in no instance shall the frequency be less than semi-annually.

(iv) Cleaning between room occupancies: Rooms must be thoroughly vacuumed prior to occupancy by another patient.

(b) Vacuum equipment for maintenance of carpeting in patient occupied areas: Vacuum equipment is to meet the following specifications:

(i) Equipped with a filter capable of retaining particles 0.3 micron and larger in size.

(ii) Exhaust air diffused near top of machine at an upward angle.

(iii) Low sound operating level.

(iv) If a central vacuum system is used, a filter capable of retaining particles 0.3 micron and larger is to be installed forward of the exhaust outlet.

(3) Poisons and other nonmedicinal chemical agents whose containers carry a warning label shall be stored in separate locked storage facilities apart from drugs used for medicinal purposes. [Order 65, § 248-14-190, filed 1/13/72; Order 14, § 248-14-190, filed 1/2/69; § 14.190, filed 8/4/67; Regulation 14.190, effective 3/11/60.]

**WAC 248-14-200 Plant operation—Sewage, garbage, and refuse.** (1) **Sewage and liquid waste disposal.** All sewage and liquid wastes shall be discharged into a public sewage system where such system is available and is acceptable to the department; otherwise, sewage and liquid wastes shall be collected, treated, and disposed of in an independent sewerage system which meets with the approval of the department.

Discharge of sewage or liquid wastes directly on the surface of the ground or into bodies of water or directly into ground water is prohibited.

(2) **Garbage and refuse disposal.** A sufficient number of garbage containers of watertight construction, made of nonabsorbent material and provided with handles and tight-fitting covers, shall be provided in a suitable location. All garbage shall be kept therein pending its removal and disposal. Garbage containers shall be washed at frequent intervals. Garbage shall not be allowed to remain overnight in any room where food is prepared or eaten. Nonabsorbent and fire-resistant receptacles shall be used in toilet rooms for paper towels and other waste.

Garbage and refuse shall be disposed of at sufficiently frequent intervals so as not to create a nuisance. Final disposal shall be by an authorized garbage collection agency, or in some other manner satisfactory to the department. [Regulation 14.200, effective 3/11/60.]

**WAC 248-14-210 Plant operation—Laundry.** It is recommended that soiled linens and soiled patients' clothing be stored and sorted in a room separate and apart from laundry facilities. The washing and drying of linens shall not be done in patient areas, kitchen, or other places where this would result in objectionable conditions. If laundry facilities are maintained, an adequate supply of hot water at a temperature of 160°F. shall be available in the laundry area. [Regulation 14.210, effective 3/11/60.]

**WAC 248-14-220 Furniture, equipment, and supplies.** (1) A bed at least thirty-six inches wide, a clean,

firm, properly protected mattress at least four inches thick, and a pillow at least nineteen by twenty-five inches shall be provided for each patient. (Variable height beds are recommended.) Adjustable hospital-type beds shall be provided when necessary and when ordered by the physician in charge of the patient. (Low beds equipped with bed rails one-half length of beds are recommended.) A crib-style bed or beds provided with side rails or canvas crib sides shall be provided when necessary.

(2) Roll-away beds, cots, and davenports are not permitted for patient sleeping accommodations.

(3) A bedside cabinet shall be provided for each patient.

Bedside cabinets obtained as replacements in an existing nursing home or for furnishing a newly constructed nursing home shall have the following features: (a) portability; (b) an easily cleaned, hard surfaced top, with a minimum size of sixteen inches by twenty inches; (c) a drawer for storage of small, personal articles; and (d) a separate drawer or enclosed compartment for storage of individual bedside utensils.

By July 1, 1973 all bedside cabinets for patients in nursing homes shall have the preceding features.

(4) Flameproof cubicle curtains or portable screens shall be available and used whenever necessary to ensure patient privacy by July 1, 1970.

For patient safety and on written order by a physician, cubicle curtains or portable screens may be removed. However, patient privacy shall be ensured.

(5) A comfortable armchair shall be provided for each patient in his room by July 1, 1970.

(6) An individual drinking glass shall be provided for each patient. Drinking tubes shall be provided when required. Common drinking containers are prohibited. Single service paper cups are recommended.

(7) A supply of clean bed linen and blankets of proper size, washcloths, and towels shall be provided for each patient.

(8) Wheelchairs and walkers shall be provided for the general use of the home when necessary.

(9) There shall be individual wash basins, mouth-wash utensils, and bed pans for each bed patient. Individual urinals shall be provided for each male bed patient. Commodes and commode chairs are recommended.

(10) There shall be available oral and rectal thermometers, and these shall be sanitized after each use.

(11) Electric heating pads, electric blankets, and electric sheets shall not be used.

(12) Hot water bags and ice bags shall be provided when required. Hot water bags and ice bags shall be covered before placing in the bed. Special care must be taken that hot water bottles are not more than one hundred twenty degrees F. and that they do not leak.

(13) By July 1, 1970, there shall be for each patient separated, enclosed, reasonable sized storage facilities for patient clothing and personal belongings. These storage facilities shall include both free hanging space for clothes and drawer or shelf space. The storage facilities

for clothes shall be within the patient bedroom, if placement of these facilities within the bedroom will not reduce the usable floor space to less than the required area. For patient beds for which storage facilities for clothes cannot be placed within the patient bedroom, the storage facilities shall be placed in an area of the nursing home which is readily accessible to patients. [Order 26, § 248-14-220, filed 6/27/69; Order 2, § 248-14-220, filed 6/17/68; § 248-14-220, filed 12/6/67; Regulation 14.220, effective 3/11/60.]

**WAC 248-14-230 Food and food service.** (1) **Diets and Menus.** (a) A well balanced diet of good quality food, correctly prepared, attractively served and in sufficient quantity to meet the nutritional and physiological needs of the patient shall be provided. The well balanced diet shall meet the dietary allowances of the Food and Nutrition Board of the National Research Council adjusted to age, sex, and activity.

(b) At least three meals a day shall be served at regular intervals. There shall not be more than a 14-1/2 hour span between a substantial evening meal and the breakfast meal. The substantial meal shall be one that provides one-third to one-half of the protein requirement for the day plus fruits, vegetables and other foods to compose a meal that is acceptable and pleasing to the resident and contributes to his total dietary requirement. It is recommended that evening snacks be offered. Special nourishments as required shall be served. Nutrient concentrates shall be given only on the order of a physician.

(c) Food should be prepared in ways that conserve the nutritive value and be suitably cooked for the digestive capacity of the groups served. The food should be served in such a manner that it will be acceptable to the patients. Diets for the geriatric patient usually include relatively high quantities of protein, calcium, and vitamins. The following is intended as a guide of recommended minimum daily requirements for an adult patient:

- 1 pint of milk
- 2 servings of fruit, one being citrus
- 1 to 2 servings of meat, fish, poultry or eggs
- Cereals or bread as desired
- Potatoes or substitute as desired
- 2 servings of vegetables, one being leafy green or yellow vegetable in addition to potatoes
- Simple desserts such as fruit, custard, gelatin and puddings

(d) Special diets shall be provided as ordered by the physician.

(e) Menus shall be planned at least one week in advance and shall be posted and available for at least one year. There shall also be made available for review by the department, a record of kinds and amounts of food purchased for use in the home for a given period of time, and the number of people served during this period.

(f) Table service for the individual or group shall be available to all those who can and will eat at a table. Table service should be provided in a manner that will best serve the interest of the patients.

(2) Food service sanitation standards in both new and existing nursing homes shall be governed by chapter 248-84 WAC. [Order 77, § 248-14-230, filed 1/9/73; § 248-14-230, filed 12/6/67; Regulation 14.230, effective 3/11/60.]

**WAC 248-14-240 Personnel.** (1) The nursing service shall be supervised by a person licensed by the state of Washington to practice as a registered nurse or licensed practical nurse. This person shall be actively on duty at least 40 hours a week.

(2) A sufficient number of registered nurses, licensed practical nurses, or aides shall be employed to provide adequate nursing care for patients.

(3) Provision shall be made for sufficient personnel to be available for relief duty and vacation replacements.

(4) Active, full-time nursing care for the patients throughout the night shall be provided.

The department may approve hourly checks of the patients and the home when full-time night care is not indicated.

(5) There shall be a sufficient number of auxiliary personnel to carry out the functions involved with the dietary, housekeeping, maintenance and laundry activities.

(6) Each employee shall be in good health and free from communicable diseases. Each employee shall have on employment and annually thereafter a tuberculin skin test by the Mantoux method, except that an employee who is known to be a positive reactor shall have a chest x-ray examination in lieu of a required tuberculin skin test. A positive test will consist of ten mm. of induration read at 48-72 hours. Records of the results of Mantoux tests and chest x-ray examinations shall be kept on file in the nursing home.

(7) An employee who feels that the tuberculin skin test by the Mantoux method would present a hazard to his health because of conditions peculiar to his own physiology may present supportive medical data to this effect to the tuberculosis control program, Health Services Division, Department of Social and Health Services. The department will select three physicians expert in the management of tuberculosis and will submit the medical data to them. The three physicians will review and evaluate the data and thereafter recommend to the department whether the requirement of the tuberculin skin test should be waived for the individual employee. The department will consider the recommendation of the three physicians selected by it and will decide whether the waiver should be granted to the individual employee and will notify the employee accordingly. Any employee granted a waiver from the tuberculin skin test shall have a chest x-ray taken in lieu thereof.

(8) Any employee who gives direct patient care or treatment shall be at least 16 years of age.

(9) A copy of these regulations shall be readily available to all employees of the institution, and each employee should be familiar with the appropriate provisions of these rules and regulations. [Order 146, § 248-14-240, filed 3/22/77; Order 108, § 248-14-240, filed 1/13/75; Order 94, § 248-14-240, filed 1/9/74; Regulation 14.240, effective 3/11/60.]

**WAC 248-14-250 Patient care—Medical service.**

(1) All patients shall be under the care of a duly licensed physician. Arrangements shall be made for a physician to be available for emergency calls, and his name, address, and telephone number shall be readily available.

(2) Each patient admitted shall be examined by a physician immediately, prior to, or within 48 hours of admission, and the diagnosis, treatment, and medication ordered entered on the patient's chart and signed by the physician.

(3) The rules and regulations, Washington state board of health, relating to communicable disease read as follows:

"It shall be the duty of every physician or practitioner, every superintendent or manager of a dispensary, hospital or clinic, or any person in attendance on a case of a reportable disease or a case suspected of being a reportable disease, to report the case immediately to the local health officer, such report to include pertinent data regarding the patient and the circumstances involved as may be deemed necessary to determine the source of infection and mode of transmission. This data is to include name of patient, disease, address, age, sex, and date of onset. In case such patient is hospitalized or is receiving treatment through a dispensary, hospital or clinic, the superintendent or manager of such dispensary, hospital or clinic shall be responsible for reporting if the attending physician fails to do so." [Regulation 14.250, effective 3/11/60.]

**WAC 248-14-260 Patient care—Nursing service.**

(1) Adequate nursing service shall be supplied for the home at all times. Adequacy of nursing service is based on the general physical or mental welfare of the patient with encouragement toward self help.

(2) Criteria evidencing the adequacy of the nursing service are, the neat, clean appearance of the patients, their clothing, bed linen, and rooms, evidence of good nutrition, the absence of bed sores and skin irritations, the condition of the mouth and lack of offensive odors in the building.

(3) The nurse in charge shall be responsible for the establishment of procedures for general nursing care for the cleanliness, comfort, and welfare of the patients in accordance with the instructions of the attending physician.

(4) The nurse in charge shall be responsible for instructing all personnel in proper isolation techniques to prevent infection to themselves and the patients.

(5) Restraints may be applied only when they are necessary to prevent injury to the patient or to others and should be used only when alternative measures are not sufficient to accomplish these purposes. In applying restraints, the following regulations shall be complied with:

(a) No patients shall be restrained except on written order of a physician, provided that if a patient becomes suddenly disturbed so that he becomes a menace to himself or others, restraint may be applied by the person in charge, in which case the physician's order must be obtained within 12 hours.

(b) No form of restraint may be used or applied in such a manner as to cause injury to the patient.

(c) Careful consideration should be given to the methods by which the restraint can be removed speedily in case of fire or other emergency.

(d) No patient shall be locked in his room without special written permission from the physician.

(6) Every home shall have a definite understanding with respect to notification of the physician and next-of-kin, or responsible agency when there is a critical change in the patient's condition.

(7) The terminal patient shall be in a single room if possible, or well screened from the other patients. Next-of-kin or responsible agency should be consulted regarding personal belongings and arrangements for burial. [Regulation 14.260, effective 3/11/60.]

**WAC 248-14-270 Records.** The following records, containing the information outlined, shall be kept and shall be available to authorized representatives of the department. These records shall be either typewritten or recorded legibly in ink. Reports as requested shall be submitted to the state department of social and health services.

**(1) Patient records.****(a) Record of admission and discharge:**

Name	Attending physician
Home phone	Address
Previous address	Phone number
Sex	Diagnosis
Date of birth	Admission date
Place of birth	Discharge date
Occupation	Condition on discharge
Marital status	Address to which discharged
Religion	
Name, address, and telephone number of nearest relative or friend.	

**(b) Record of patient's valuables and clothing.****(c) Physician's record**

Diagnosis by physician  
Medication, diet, and treatment prescribed, date and signature of physician

Progress notes by physician

**(d) Referral sheet from home, hospital, physician, or agency sending patient.**

**(e) Nursing record:**

(i) Date of each physician's visit

(ii) A record shall be kept of all medications administered. The information to be recorded for each medication shall include the date, time, name of substance and dosage, method of administration and initials of the nurse who administered the medication. The full signature of the nurse shall be recorded on the same page as the initials.

(iii) Entries shall be made on the nursing records whenever medications are started or discontinued.

(iv) Date and time of all treatments and dressings.

(v) Record of all pertinent factors pertaining to the patient's condition. Charting of observations shall be done by the person who gives the care. They may be done daily, weekly, or at least monthly, as indicated by the patient's condition.

(vi) Record of all accidents occurring while patient is in the home.

(vii) Other significant observations, such as moods, delusions, hallucinations, judgment, orientation and behavior.

(2) **Census register.** A register shall be kept in a separate bound book, listing in chronological order the names and dates of admissions and discharges. This shall be kept in such a manner that total patient days and average yearly census can be calculated.

(3) **Personnel record.** A current personnel record shall be kept on file. These records shall be kept on file for five years.

(4) **Policy record.** All standing orders, rules, regulations, nursing procedures, and policies adopted for the nursing home by the medical staff shall be placed on file and be readily accessible in the home to personnel. [Order 94, § 248-14-270, filed 1/9/74; Order 65, § 248-14-270, filed 1/13/72; Regulation 14.270, effective 3/11/60.]

**WAC 248-14-285 Pharmaceutical services.** (1) Administration of pharmaceutical services.

(a) There shall be provision for timely delivery of drugs and biologicals from a pharmacy so a physician's orders for drug therapy can be implemented without undue delay.

(b) Unless the nursing home operates a pharmacy which is licensed by the Washington state board of pharmacy, the nursing home shall have a written agreement with a licensed pharmacist which provides for him to serve as a consultant on pharmaceutical services. A staff pharmacist or the consultant pharmacist shall regularly visit all nursing units and any other areas of the nursing home in which drugs are kept to review and make recommendations regarding methods and practices in ordering, storing, record keeping and disposing of drugs and biologicals. The pharmacist shall make such on-site reviews at least monthly. Signed, dated records of the pharmacist's on-site reviews with his recommendations shall be kept on file in the nursing home.

(c) There shall be a pharmaceutical and therapeutics committee, whose membership includes a staff or consultant pharmacist and at least one physician and the director of nursing or her designee, responsible for advising and assisting in the formulation of written policies and procedures pertinent to pharmaceutical services and for the review and approval of such policies and procedures.

(d) There shall be written policies and procedures which provide for the procurement, storage, control, use, retention, release and disposal of drugs and biologicals in accordance with applicable federal and state laws and regulations. Written policies and procedures shall be kept current and followed in practice, shall be reviewed at least annually by the pharmaceutical and therapeutics

committee, and shall be dated and signed by members of the committee.

(e) If an emergency drug kit is provided, the nursing home shall comply with the rules and regulations adopted by the Washington state board of pharmacy establishing minimum standards for emergency kits which are found in WAC 360-13-010 and WAC 360-13-020.

(2) Storage, labeling and control of drugs.

(a) All drugs shall be stored in an orderly fashion in locked cabinets or in cabinets in a locked room which serves exclusively for storage of drugs and supplies and equipment used in the administration of drugs. Drugs shall be accessible only to persons who are legally authorized to dispense or administer drugs and shall be kept in locked storage at any time such a legally authorized person is not in immediate attendance.

(b) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet; provided, however, schedule III controlled substances may be stored with schedule II controlled substances.

(c) Drugs for external use shall be stored apart from drugs for internal use on a separate shelf or in a separate compartment or cabinet. Any shelf, compartment or separate cabinet used for storage of external drugs shall be clearly labeled to indicate it is to be used for external drugs only.

(d) All drugs requiring refrigeration shall be stored in a separate, locked box or compartment within a refrigerator, or in a separate refrigerator which is locked or in a locked room and shall be accessible only to persons legally authorized to dispense or administer drugs. In each refrigerator in which drugs are stored, there shall be a thermometer located so it can be read easily. The inside temperature of a refrigerator in which drugs are stored shall be maintained within a 35° Fahrenheit to 50° Fahrenheit range.

(e) At all times, all keys to drug boxes, cabinets and rooms shall be carried by persons who are legally authorized to administer drugs and on duty on the premises. All drug administration shall be by persons legally authorized to administer drugs.

This shall not be interpreted to preclude the keeping of one set of reserve, duplicate keys to drug storage facilities, provided such a set is kept in a secure location that is known and available to only the nursing home administrator or a responsible person designated by the administrator.

(f) All drugs shall be obtained and kept in containers which have been labeled securely and legibly by a pharmacist, or in their original containers labeled by their manufacturers and shall not be transferred from the container in which they were obtained except for preparation of a dose for administration.

(g) The label for each legend drug which is not dispensed in a unit-dose in accordance with WAC 248-14-280(4) shall have: the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the patient's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; the controlled substances schedule, if any; the amount (e.g., number of

tablets or cc's) of the drug dispensed; and the expiration date, if a time-dated drug. In the case of a compounded drug which contains schedule II or III controlled substances, the quantity of each controlled substance per cc or teaspoonful shall be shown on the label.

A label on a container of drugs shall not be altered or replaced except by the pharmacist. Drug containers having soiled, damaged, incomplete, or makeshift labels shall be returned to the pharmacy for relabeling or disposal. Drugs in containers having no labels or illegible labels shall be destroyed.

(h) No drugs may be returned from the nursing home to a pharmacy except as provided in the preceding subsection (g) and the following subsection WAC 248-14-280(4) pertaining to unit dose drug distribution system.

(i) Drugs shall be released to a patient upon discharge only on written authorization of a physician. A receipt shall be secured for all legend drugs released to a patient or a responsible person who accepts the drug(s) for the patient. The patient, or other responsible person to whom the drugs are released, shall acknowledge receipt of the drugs by signing a statement in which the following data are included: the name of the patient; the date of the release of the drugs; the prescription number, name, strength, and amount of each drug; the signature of the person releasing the drugs and the signature of the person receiving the drugs. Signed acknowledgments of receipt of drugs shall be kept in the patient's record. The release record for any schedule II and III controlled substance shall be entered on the appropriate page for the given drug in the bound controlled substance record book. This entry shall include the date, the amount of the drug, the location to which the patient is going, the signature of the person releasing the drug, and the signature of the person receiving the drug.

(j) There shall be written policies establishing a reasonable period of time after which the administration of drugs must be stopped automatically unless a physician's order for a drug specified the number of doses or a definite period of time the order was to be in effect. Such automatic stop order times shall not exceed: three (3) days for narcotics and anticoagulants; seven (7) days for amphetamines, antibiotics, anti-inflammatories, antiemetics, antihistamines, anti-neoplastics, barbiturates, cold preparations, cortisones, cough preparations, sulfonamides and tranquilizers; and thirty (30) days for all other drugs.

(i) Patients' attending physicians shall be informed of stop order policies.

(ii) Prior to the time administration of a drug would be stopped automatically in accordance with policy, a licensed nurse shall notify the physician and review the patient's condition in conference with him so continuity in the patient's drug therapy will not be interrupted should the physician decide to renew his order. A statement about this notification of the physician and review of the patient's condition with him shall be entered in the patient's clinical record, dated and signed by the licensed nurse.

(k) All of an individual patient's drugs, including schedule III, IV, and V controlled substances, that are discontinued by the physician and remain unused, shall

be destroyed by a licensed nurse employee of the nursing home within six months after having been discontinued.

Any drug having an expiration date shall be removed from usage and destroyed immediately after the expiration date.

All of an individual patient's drugs, except those released to the patient on discharge and schedule II controlled substances, shall be destroyed by a licensed nurse immediately after discharge or death of the patient; provided, however, the nursing home may, for a period not to exceed one month, retain the individual drugs of a nursing home patient who has been hospitalized and may return directly to the nursing home upon discharge from the hospital.

(i) Drugs shall be destroyed by a licensed nurse in the presence of a witness in such a manner that they cannot be retrieved, salvaged, or used; they shall not be discarded with garbage or refuse.

(ii) For any drug which is destroyed or any drug which is retained for a hospitalized patient, there shall be an entry in the patient's record which shall include the following: the date, the name, strength, and quantity of the drug; a statement as to whether the drug was destroyed or retained; the signature of the licensed nurse who destroyed or retained the drug; and, for any drug destruction, the signature of the witness. In addition, a record of the destruction of any schedule III controlled substance shall be entered on the page for the particular prescription in the schedule III record book.

(3) Special requirements for controlled substances.

(a) All schedule II controlled substances shall be stored in separately keyed and locked, secure storage within a drug facility. This may be accomplished by maintaining a separately keyed and locked secure cabinet or metal-lined drawer or separately keyed and locked metal box securely fastened down within a locked drug cabinet.

(b) There shall be a schedule II controlled substances record book which shall be a bound book with numbered pages, in which each receipt and withdrawal of a schedule II controlled substance is recorded. The record for each prescription of a schedule II controlled substance shall be on a separate page. For each receipt of a schedule II controlled substance the following shall be recorded: the patient's full name; the prescription number; the name of the pharmacy; the name of the prescribing physician; the name, strength and number of dosage units of the drug received; the method of administration; the date of receipt and the signature of the licensed nurse who received the drug. For each withdrawal from a prescription container of a schedule II controlled substance, the following shall be recorded; the date and time, the signature of the nurse who withdrew the drug, the amount of the drug withdrawn, and the balance of the drug in the container after the withdrawal.

At least once a day, the amount (e.g., number of tablets, ampules or cc's) of the drug in each container of a schedule II controlled substance (including any for which a physician has ordered discontinuance of administration) shall be counted simultaneously by at least two persons who are legally authorized to administer drugs. A record of each count shall be entered on the page for

the particular prescription in the schedule II controlled substance record book and signed by persons who made the count or the daily count may be entered in a separate, bound record book and signed by the persons who made the count.

(c) There shall be a schedule III controlled substances record book which shall be a bound book with numbered pages in which each receipt and withdrawal of a schedule III controlled substance shall be recorded in the same manner as that required for schedule II controlled substances.

At least once a week, the amount (e.g., number of tablets, ampules or cc's) of the drug in each container of a schedule III controlled substance (including any for which a physician has ordered discontinuance of administration) shall be counted simultaneously by at least two persons who are legally authorized to administer drugs. A record of each count shall be entered on the page for the particular prescription in the schedule III controlled substance record book and signed by persons who made the count or the weekly count may be entered in a separate, bound record book and signed by persons who made the count.

(d) For any discrepancy between actual count and the record for any schedule II or schedule III controlled substance prescription, a signed entry describing the discrepancy shall be made on the record page for the particular prescription in which the discrepancy was found. The discrepancy shall be reported in writing immediately to the responsible supervisor who shall investigate. Any discrepancy which has not been corrected within seven calendar days shall be reported to the department or the Washington state board of pharmacy.

(e) Unused schedule II controlled substances for which a physician has ordered discontinuance of administration shall be returned to the drug enforcement administration within 60 days after having been discontinued.

(f) All schedule II controlled substances which remain after the discharge or the death of patients shall be returned to the drug enforcement administration at least once each month. They may be delivered in person by an authorized representative of the nursing home or sent by registered mail to:

District Supervisor  
Drug Enforcement Administration  
221 First Avenue West, Room 200  
Seattle, Washington 98119

Appropriate forms will be furnished by the drug enforcement administration. Receipts for drugs from the drug enforcement administration shall be kept on file in the nursing home, and readily accessible to authorized representatives of the department and the Washington state board of pharmacy.

(4) Unit dose drug distribution system. The following additional requirements shall apply to any unit dose drug distribution system.

(a) The nursing home shall have in effect a current written agreement with the pharmacy which supplies drugs for the unit dose drug distribution system. The agreement shall delineate the functions, responsibilities

and services of both the nursing home and the pharmacy, shall provide assurance of compliance with applicable federal and state laws and regulations and shall be dated and signed by individuals authorized to execute such an agreement on behalf of the nursing home and the pharmacy.

(b) There shall be policies and procedures, as required under WAC 248-14-280(1)(d), which are specific to the unit dose drug distribution system as well as policies and procedures pertaining to other components of the pharmaceutical services.

(c) Policies shall specify the kinds of drugs which will and the kinds of drugs which will not be dispensed under the unit dose drug distribution system.

(i) In specifying the kinds of drugs to be included or excluded, consideration shall be given to all forms of drugs such as liquids, injectibles, tablets, capsules, powders, ointments, drops, and suppositories.

(ii) Schedule II and III controlled substances may be included in the unit dose drug distribution system only if the methods of incorporating such drugs into the system are in compliance with applicable federal and state laws, rules and regulations and an accurate written description of such methods has been reviewed and approved in writing by the state board of pharmacy. A copy of this written description upon which the state board of pharmacy has recorded its approval shall be kept on file in the nursing home.

(d) There shall be a system for transmitting physicians' orders for administration of drugs from the nursing home to the pharmacist which ensures the transmission of orders is complete, accurate, and timely. This shall include provision for timely transmission of orders for newly admitted patients, changes in orders, discontinuance of orders and orders to be carried out immediately ("Stat").

(i) A direct copy (carbon copy, photocopy, or facsimile) of each physician's order for administration of drugs shall be sent to the pharmacy.

(ii) Any telephone transmittal of a physician's order by nursing home staff shall be by a licensed nurse to a licensed pharmacist and shall be followed by transmittal of a direct copy of the physician's order.

(e) Both the pharmacist and the nursing home shall maintain a complete, up-to-date, accurate record (drug profile) of each patient's drug orders.

(i) Each record (drug profile) shall include the following for each drug order which is currently in effect: the date of the order, the name and dose of the drug, the route or method of administration, the time or frequency of administration, and the number of doses to be administered or the date and time at which the administration of the drug is to be stopped according to the physician's order or stop-order policy.

For a drug which is ordered to be given only when necessary (p.r.n.) and not on a regular basis, the record (drug profile) shall clearly indicate the following instead of time and frequency: the minimum interval of time between doses, the maximum number of doses which may be administered, and the specific condition for which the drug is to be given.

(ii) The drug profile in the nursing home shall be designed and used for recording all administration of drugs to the patient.

(f) Each single unit or unit dose of a drug shall be packaged in a manner which protects the drug from contamination or deterioration and prevents escape of the drug until the time the package is opened deliberately.

(g) A clear, legible label shall be printed on or affixed securely to each package of a single unit or unit dose of a drug. Each drug label shall include: the name; strength and, for each unit dose package, the dosage amount of the drug; the expiration date for any time-dated drug; the lot or control number; and controlled substance schedule number, if any.

(h) Packages of single units or unit doses of drugs shall be placed, transported and kept in individual compartments so that drugs for one patient are segregated from drugs for another patient.

(i) Each individual drug compartment shall be labeled with the full name of the patient whose drug the compartment contains and the name of the patient's physician.

(ii) Packages of drugs shall be placed systematically in individual compartments so they may be located readily at the proper time for administration.

(i) Cabinets, carts and other equipment used to transport or store individual compartments of drugs for patients shall be designed to prevent loss or intermixing of drugs for different patients.

(j) After delivery of drugs to a nursing home, no single unit or unit dose package of a drug shall be removed from an individual patient's drug compartment and no single unit or unit dose package shall be opened until the time a nurse is ready to administer the drug to the patient.

(k) The schedule for drug delivery shall ensure that drugs are on nursing units ready for administration in accordance with physicians' orders at the established time for drug administration. Definite provision shall be made for timely delivery of drugs needed to implement changes in physicians' orders for drugs, drug orders for newly admitted patients, and orders for immediate administration of drugs ("Stat" orders).

If a supplemental use dose kit is provided, the nursing home shall comply with the rules and regulations adopted by the Washington state board of pharmacy establishing minimum standards for supplemental use dose kits which are found in WAC 360-13-030.

(l) There shall be an established system for recording and for reporting to the pharmacist any patient's untoward reaction to a drug and any errors, omissions or other variations in drug administration.

(m) There shall be an established system for determining the number of unit doses of each p.r.n. to be delivered for a particular patient each day so each p.r.n. drug is available when needed by a patient.

(n) Unopened single unit or unit dose packages of drugs which were not administered shall be left in the patient's individual drug compartments and returned to the pharmacy at the time of the next drug delivery. Single unit or unit dose packages of drugs which have been

opened but not administered to the patient shall be destroyed. There shall be an established system for sending written reports to the pharmacist regarding each loss or destruction of a drug. [Order 105, § 248-14-285, filed 10/4/74; Order 94, § 248-14-285, filed 1/9/74.]

#### WAC 248-14-290 Care of tuberculosis patients.

Any nursing home which provides services for patients who are being treated for tuberculosis shall be in compliance with the following additional requirements:

(1) Arrangements for admission of a patient for care and treatment for tuberculosis shall be made prior to the admission of the patient by or with the approval of the local health officer (or his designee) who is responsible for the control of tuberculosis within the local health jurisdiction. Prior to admission of the patient, the nursing home shall obtain from the local health officer (or his designee) a written signed statement as to whether or not the patient requires respiratory isolation.

(2) There shall be designated patient rooms for respiratory isolation.

(a) Any patient room used for the care of a tuberculosis patient for whom respiratory isolation is required shall be a private or semi-private room providing a handwashing facility, and shall have a separate adjoining toilet. A non-tuberculosis patient shall not share a semi-private room with a tuberculosis patient requiring respiratory isolation.

(b) Ventilation for respiratory isolation:

A negative pressure condition shall be maintained in the patient rooms, relative to adjacent spaces except bath and toilet areas. No air shall move out of the patient room space except to be discharged through duct work to outdoor atmosphere. The discharge of air shall be at least 25 feet from any air intake, window or opening to other occupied space. Ventilation shall be at the rate of twelve (12) air changes per hour, exhaust. Make-up or supply air may come from adjacent ventilated spaces with a minimum of two air changes being tempered outside air.

(3) There shall be written policies and procedures pertinent to care of patients with tuberculosis.

(a) These shall be developed by representatives of administrative, medical and nursing staff, and the local health department responsible for the control of tuberculosis.

(b) The policies and procedures shall be applicable within the nursing home, designed to ensure safe and adequate care to patients, and consistent with applicable laws and state board of health regulations.

(c) Policies shall be made known and readily available to medical and nursing staffs, shall be followed in the care of patients, and shall be kept current by periodic review and revision.

(d) Policies shall identify who will be responsible for surveillance of the skin testing and chest X-ray program for employees.

(4) There shall be a planned educational program provided for personnel having responsibility for services to the tuberculosis patient. The educational program shall give each employee the opportunity to develop understanding of the:

- (a) Nature and transmission of tuberculosis.
- (b) Methods of control of tuberculosis.
- (c) Treatment of tuberculosis.
- (d) Psychological aspects of isolation.
- (e) Community health aspects of tuberculosis.

A record shall be maintained of the education provided for the employee, which shall be sufficient to allow determination of whether or not the employee has received the education necessary.

(5) There shall be a planned program of patient education conducted with the advice and assistance of the local health department responsible for the control of tuberculosis.

(6) There shall be regular case conferences involving the patient's physician, pulmonary disease consultant, registered nurse, and the health officer or his designee from the patient's county of residence. Discharge conferences shall include a representative of the health department of the patient's county of residence.

(7) There shall be planning for discharge and continued care of each patient in accordance with the patient's needs and resources. This shall include:

(a) Transfer of pertinent written information to the health department of patient's county of residence upon discharge of the patient. Such information shall include: summary of the patient's course of treatment in the nursing home, nursing and dietary information useful in the care of the patient, and pertinent social information.

(b) Notification of the health department of the patient's county of residence at any time a patient is discharged. [Order 94, § 248-14-290, filed 1/9/74.]

**WAC 248-14-295 Outpatient services (OPS).** (1) Any nursing home desiring to offer outpatient services must notify the Chief of the Office of Nursing Home Affairs in writing of its intention. The facility will be reviewed for compliance with requirements for outpatient services.

(2) Clients of outpatient services (OPS) will be considered as clients of the nursing home, and all nursing home requirements will extend to cover outpatient services, with the following exceptions:

WAC 248-14-120(4) DRUG FACILITIES

WAC 248-14-220(1), (2), (3), (5), (6), (7), (9), (13) FURNITURE, EQUIPMENT, SUPPLIES

WAC 248-14-250(2) PATIENT CARE - MEDICAL SERVICE

WAC 248-14-285(2)(a), (b), (c), (e) STORAGE, LABELING AND CONTROL

WAC 248-14-285(3)(a), (b), and (c) SPECIAL REQUIREMENTS FOR CONTROLLED SUBSTANCES

(3) Any nursing home which provides outpatient services shall be in compliance with the following additional requirements:

(a) Policies and procedures consistent with applicable state laws and regulations, and specific to outpatient service, must be developed, implemented and maintained current. Such policies and procedures must reflect awareness of, and provision for meeting the total medical and psycho-social needs of clients, and the range of services available, including referral sources.

(b) The outpatient services may not accept or retain any client in need of professional rehabilitative or psychosocial services unless provision is made for the delivery of such services.

(c) All personnel are assigned duties consistent with their education and experience, and such assignments are based on the needs of the client population.

(d) Admission Data: Prior to admission of an applicant for outpatient service, the nursing home shall have obtained sufficient information to determine that the applicant's need for outpatient service can be met appropriately by the nursing home's program of outpatient service. Prior to or at the time a person is admitted to outpatient service, pertinent medical and social data about the person shall be available in the nursing home. Data available upon admission shall include:

(i) Identifying and sociological data.

(ii) The name, office address and telephone number of the person's attending physician and his physician's alternate.

(iii) All diagnoses.

(iv) Findings from current, complete history and physical examination.

(v) Diagnoses, findings of a physical examination, information on prior treatment, the frequency with which the person should be re-examined or have his condition checked by his attending physician, the estimated rehabilitation potential, treatment goals, and other data requiring medical judgment shall be authenticated by the signature of the responsible physician.

(e) Medical Orders: Prior to or at the time of admission, the nursing home shall obtain medical orders for an outpatient's medical treatment. Medical orders shall be written, dated and signed by the outpatient's attending physician and shall include the following:

(i) Physicians' orders shall be required for specific medications, treatments, diagnostic studies, dietary modifications or other services to be delivered by the nursing home and which require delivery by a licensed person under the direction of a physician.

(ii) Any medical restrictions on the level or types of activity in which the outpatient may engage.

(iii) Any special procedures or precautions required for the safety and well-being of the outpatient.

(f) Care Plans: For each outpatient, there shall be a current written individual plan of care which is designed to help the client attain and/or maintain his optimal health status and functional ability.

(i) The individual plan of care shall be based on:

(A) Information regarding other services the outpatient is receiving in his home or elsewhere in the community

(B) An assessment of the outpatient's functional abilities and physical, mental, social and emotional needs

(C) The outpatient's medical diagnoses

(D) The medical regimen prescribed by the outpatient's attending physician if applicable.

(ii) The ongoing plan shall include:

(A) Care and treatment plans

(B) Short and long range goals

(C) Provision for coordination of all services

(D) Provision for regular review and revision

(iii) The outpatient and his family shall be encouraged to participate in the initial development and subsequent review and modification of the individual plan of care to the extent they are able.

(g) Change in Condition. There shall be prompt reporting to an outpatient's physician regarding any significant injury, illness, or adverse change in an outpatient's medical condition.

(h) Activities: Provision is made for an ongoing program of meaningful activities appropriate to the needs and interests of patients, designed to promote opportunities for engaging in normal pursuits.

(i) The activities are designed to promote the physical, social and mental well-being of the patients, and

(ii) Are planned and supervised by a qualified activity director.

(i) Social services: The nursing home outpatient service shall have a well-defined system for identifying and assessing health related personal, family and social problems with which the outpatient and/or his family need assistance. Services to help the outpatient and/or his family cope with such problems shall be provided or arranged.

(j) Care of Medications:

(i) Any drug which an outpatient brings to the nursing home for self-administration is to be considered the client's personal property. EXCEPT THAT: All drugs must be regarded as toxic substances and provisions must be made for limiting access to the individual client.

(ii) An outpatient and his family shall be instructed not to transfer a drug from the container in which it was originally obtained except for preparation of a single dose for administration.

(iii) Any outpatient who brings drugs to the nursing home for self-administration shall be provided instruction and surveillance as necessary to ensure his drugs are not made available to other nursing home patients.

(iv) Drugs to be administered at the nursing home by nursing home personnel must be retained in the facility.

(v) Any day or night care client who administered his own drug therapy until the time he was admitted to the nursing home's outpatient service shall be permitted to continue self-administration of his drug therapy unless his physician orders otherwise.

(vi) A supervisory educational program on self-administration of drugs shall be provided unless the attending physician disapproves self-administration of drugs by the particular client. [Order 133, § 248-14-295, filed 8/11/76; Order 128, § 248-14-295, filed 5/26/76.]

**WAC 248-14-296 Facilities.** (1) All outpatient facilities should be contiguously located in a distinct area of the nursing home.

(2) There shall be a designated outpatient reception and waiting room or area with open space for accommodation of wheelchairs, walkers, and carts as well as appropriate chairs or other seats.

(3) Facilities shall be provided for interviewing and counseling individual outpatients and/or their families.

(4) Drug facilities for inpatient services may also be used for outpatient services: *Provided, however,* That the

inpatient drug facilities which are used for outpatients' drugs shall be on the same floor, close and convenient to the outpatient service area of the nursing home, and shall be sized, designed, equipped and used so outpatient drugs are kept in separately locked storage apart from inpatient drugs.

(5) Utility and storage facilities for inpatient services may also serve for outpatient services: *Provided, however,* That the inpatient utility and storage facilities are close and convenient to and on the same floor as the outpatient service and are sized, designed, and equipped to serve for proper care, handling and storage of personal belongings, supplies and equipment for both services (inpatient and outpatient).

(6) If a nursing home provides any meal service for outpatients, there shall be dining areas which are furnished and equipped to accommodate the total inpatients and outpatients at no more than two sittings.

(7) Tables used for outpatients' dining shall be sturdy and stable and designed to accommodate patients in wheelchairs.

(8) The facility makes available adequate space and a variety of supplies and equipment to satisfy the individual needs and interests of all its patients/clients.

(9) There shall be suitable facilities for day care patients' rest or nap periods.

(10) Rooms serving as sleeping accommodations for night care patients shall be in compliance with WAC 248-14-120(2). [Order 133, § 248-14-296, filed 8/11/76; Order 128, § 248-14-296, filed 5/26/76.]

**WAC 248-14-300 Dialysis services.** Any nursing home in which dialysis is performed shall be in compliance with the following additional requirements.

(1) Dialysis in a nursing home shall be limited to persons whom a kidney center has accepted as patients and for whom the kidney center has made arrangements for admission to the nursing home for maintenance dialysis on either an outpatient or inpatient basis.

(a) A dialysis patient shall have undergone medical evaluation and initiation of his maintenance dialysis program by a kidney center prior to his admission to the nursing home.

(b) A self-dialysis patient shall have received self-dialysis training at a kidney center prior to being accepted as a patient by a nursing home.

(c) Acute or sporadic dialysis shall not be administered in a nursing home.

(2) A dialysis patient who has an infectious condition, an acute complication or acute illness or an injury requiring medical care and treatment on an inpatient basis shall not be admitted or retained as a patient in a nursing home.

(3) The nursing home shall have in effect a current written agreement with each kidney center responsible for the medical management and surveillance of care of a patient who undergoes dialysis within the nursing home. The agreement shall delineate the functions, responsibilities, and services of both the kidney center and the nursing home, shall provide reasonable assurance of compliance with pertinent rules and regulations of the

board and shall be dated and signed by individuals authorized to execute such an agreement on behalf of the kidney center and the nursing home.

(4) The following services shall be provided by or under the direction and supervision of a kidney center in relation to the care and treatment of each dialysis patient:

(a) Selection and procurement of dialysis supplies and equipment.

(b) Specification of the purification process for treatment of water used as diluent in the dialyzing fluid.

(c) Physician's services.

(d) Clinical and chemical laboratory services.

(e) Nutritionist's services.

(f) Social and psychological supporting services.

(g) Preventive maintenance and emergency servicing of dialysis equipment.

(h) Periodic review and updating of the competencies of the self-dialysis patient.

(i) An in-hospital dialysis program for the care and treatment of a hemodialysis patient with a complication or acute condition necessitating hospital care.

(j) A program for regular, periodic, on-site review of the nursing home's dialysis facilities, staff, policies and practices relevant to the care of a dialysis patient. Such a review shall be made at least once every six months. A record of on-site reviews shall be kept on file at the nursing home and shall include the date and the names and titles of the persons making each on-site review.

(5) There shall be current written policies and procedures and emergency plans and orders pertinent to the care and treatment of patients receiving dialysis. These shall be developed by appropriate representatives of each kidney center responsible for the medical management and surveillance of care of a dialysis patient in cooperation with appropriate representatives of the nursing home administrative, medical and nursing staffs and the staffs of other services in accordance with the need for their involvement in the implementation of given policies and procedures. The policies, procedures and emergency plans shall be applicable to dialysis services in the given nursing home situation, shall be made known and readily available to the nursing home's medical and nursing staffs and other personnel involved in the dialysis services, shall be followed in the care of a dialysis patient, shall be reviewed and revised as necessary to keep them current, and shall be dated and signed by representatives of the nursing home's administrative, medical and nursing staffs and appropriate representatives of the kidney center(s). The written policies, procedures and emergency plans shall include the following.

(a) Procedures for dialysis and for the use of any special, medical equipment used by non-physician persons in administering dialysis or emergency care to a dialysis patient. These procedures shall be approved in writing by a physician representative of the kidney center(s).

(b) Policies and procedures for the selection, procurement, storage, handling, care and control of supplies and equipment for dialysis. These shall specify the functions and responsibilities of the nursing home and the kidney center(s) in relation to dialysis supplies and equipment and be designed to ensure the following.

(i) Ready availability of dialysis supplies and equipment.

(ii) Regular inspection and maintenance servicing of equipment to keep it in safe and operable condition. Definite provision shall be made for regular inspection of all electrical equipment in the immediate environment of a patient under-going dialysis as is required by WAC 248-14-300(17)(d)(ii).

(iii) Prompt servicing of faulty or inoperable equipment.

(iv) Anti-microbial processing of supplies and equipment by methods which avoid a residue of injurious chemicals on supply or equipment items and are designed to prevent the transmission of infection through use of supplies and equipment. All items whose surfaces come into contact with blood shall be sterile, disposable items except that a disposable dialyzer and accessory tubing may be reused for the same dialysis patient if, between uses, they are subjected to an anti-microbial process prescribed by the kidney center.

(v) Storage and handling of supplies and equipment in a place and manner that protects them from contamination prior to use.

(vi) Prevention of aberrant use of supplies and equipment.

(c) Policies and procedures which ensure timely exchange of information pertinent to the care of a dialysis patient between the nursing home and the responsible kidney center. These shall include specific provisions for the following.

(i) Immediate notification of the kidney center or the physician designated by the kidney center by a nurse responsible for supervising the patient's care in the nursing home should the patient present signs or symptoms of an infection, other complication or acute condition.

(ii) Prompt, written reports from the kidney center to the nursing home on any medical evaluation or treatment of the patient performed by or under the direction and supervision of the kidney center. These shall include a statement of the medical evaluation of the patient's condition, and signed medical orders for any changes in the care and treatment of the dialysis patient.

(d) Policies and procedures which ensure pertinent data on each dialysis treatment of a patient and observations of the patient's condition are recorded in the patient's clinical record in the nursing home.

(e) Policies, procedures and medical orders to govern the action to be taken should a dialysis patient present a medical emergency. These shall delineate the circumstances for which particular policies and medical orders are to be followed, provide for a physician to be called as rapidly as possible, and delineate the minimum qualifications or training of persons who may execute particular medical orders.

A medical order for the administration of a drug or other treatment during a medical emergency shall include: the date of the order; the name of the drug or description of the treatment which includes the name of each drug or other agent; the dosage, concentration or intensity of a drug or other agent; the route or method of administration; where pertinent, the time interval,

frequency or duration of administration; and the signature of the physician responsible for the order.

(f) A written plan for the management and care of any patient receiving dialysis in the event of a fire, electrical power failure, explosion, earthquake or other disaster. The plan shall provide for immediate evacuation of the dialysis patient when indicated and shall ensure provision for continuance of a patient's maintenance dialysis regimen should the nursing home's dialysis facilities be inoperable for a period of time.

(6) Prior to or at the time of admission of a dialysis patient on either an inpatient or outpatient basis, the following data shall be available in the nursing home.

(a) Social and identifying data which includes the patient's name, date of birth, social security number, marital status, home address, religion and the name, address and telephone number of the patient's next-of-kin or other responsible person.

(b) The name, address and telephone number of the physician responsible for the patient's medical care.

(c) Current medical information which includes a medical history, findings of a physical examination performed within five days of admission to the nursing home, medical diagnosis and a summary of the patient's prior care. These shall be dated and signed by the physician.

(d) A definitive treatment plan developed by a physician designated by the kidney center. This shall include specific medical orders (including any standing orders to be followed in the care of the patient) for medications, treatment, diet, and special medical procedures required for the safety and well-being of the particular patient. Medical orders shall be dated and signed by the physician.

(7) Continuing medical management and surveillance of the care of each patient receiving maintenance dialysis in a nursing home shall be provided by or under the direction and supervision of a kidney center.

(8) There shall be a physician, whom the kidney center has designated or approved for handling medical problems of the dialysis patient, on-call at all times. A current schedule of the names and telephone numbers of on-call physicians or call service(s) through which on-call physicians can be contacted rapidly, shall be posted in the appropriate nurses' station in the nursing home.

(9) Each person who has responsibility for supervising or assisting in the administration of dialysis or for the care and maintenance of dialysis supplies and equipment shall have been prepared for his respective functions, duties and responsibilities through a planned training program provided by the kidney center or reviewed and approved in writing by an appropriate representative of the kidney center.

(a) For each such person, the kidney center shall provide a written, dated, signed certification which delineates the functions, responsibilities and tasks the person is qualified to assume and specifies which the person may assume independently and which are to be carried out under supervision.

(b) If the kidney center limits the certification of an individual to serving as a dialysis assistant to a given

patient, the certification shall also include the full name of the dialysis patient whom the person is qualified to assist.

(c) A continuing education program, provided or approved by the kidney center shall be provided. All persons having a responsibility for dialysis services shall be provided the continuing education and training the kidney center deems necessary for them to maintain and improve relevant knowledge and skills as well as to learn new procedures and techniques pertinent to their respective duties and responsibilities.

(d) For each person who has responsibility for directing, supervising, or assisting in the administration of dialysis or the care and maintenance of dialysis supplies and equipment, there shall be on file in the nursing home a record of his training and continuing education and a copy of his certification by the kidney center.

(10) At all times a patient is undergoing dialysis within the nursing home, a registered nurse, who has completed a training program on dialysis treatment and the care of dialysis supplies and equipment, shall be on duty within the nursing home and responsible for the supervision of the patient's care and treatment and the care of dialysis supplies and equipment. Delegation of functions, responsibilities and tasks involved in dialysis services to other persons shall be in accord with their respective certifications by the kidney center.

(11) A self-dialysis patient shall be assisted as indicated in preparing for and administering self-dialysis. The nurse call signal of a patient undergoing self-dialysis shall be answered immediately.

(12) A self-dialysis patient shall be supervised and assisted in the cleaning and other care of dialysis supplies and equipment following self-dialysis as necessary to ensure that facilities and equipment used in common with other dialysis patients are in a safe condition for subsequent dialysis.

(13) Self-dialysis shall be in accord with the following:

(a) The patient shall have received self-dialysis training at a kidney center prior to his admission to the nursing home as either an inpatient or outpatient.

(b) The patient shall be physically, mentally and emotionally able to administer dialysis to himself.

(c) At any time a self-dialysis patient manifests a significant adverse change in his physical, mental or emotional condition, he shall be seen by the physician and his ability to administer dialysis to himself shall be reviewed together by the physician and a registered nurse member of the nursing home staff who is responsible for the care of dialysis patients. If the review decision is that the patient is to continue self-dialysis, a new, medical order shall be entered in the patient's clinical record, dated and signed by the physician.

(14) Observation and evaluation of each dialysis patient's condition and response to dialysis shall be made by persons competent to recognize and evaluate significant signs and symptoms and take appropriate action. Observations shall be recorded in the patient's clinical record and signed by the person who made them. There shall be timely reporting of significant observations to

the kidney center or the responsible physician in accordance with the indicated need for further medical evaluation or medical intervention.

(15) The form (dry or aqueous) and the composition of the dialysis bath concentrate shall conform to the written specifications of the responsible physician designated by the kidney center and shall be obtained from the kidney center or an established vendor approved by the kidney center.

(a) The closures for containers for dialysis bath concentrate shall be designed to prevent contamination or loss of content and preclude accidental or deliberate adulteration.

(b) The labels on containers of dialysis bath concentrate shall include: the name of the preparation, the name and metric weight of each ingredient, the total ionic content, the name and address of the manufacturer, the identifying lot number and the directions for storage.

(16) Water for the dialyzing solution shall be obtained from a potable water source which can maintain a minimum flow of five gallons per minute through a one-half inch pipe.

(a) A water purification system shall be installed and maintained for treatment of water as specified by the kidney center.

(b) A detailed report on any additives to the natural water supply shall be obtained from the water supplier prior to the selection of the water purification system.

(c) An analysis of water from the supply source shall be performed by the kidney center or a laboratory approved by the kidney center prior to the selection of the water purification system, at least once every quarter during the first year of operation of dialysis facilities, and at least annually thereafter. A repeat water analysis shall not be necessary if the kidney center already has laboratory reports on analysis of water obtained from the same water supply source at the required times and intervals.

(d) Copies of the water supplier's reports on additives and laboratory reports on water analyses shall be kept on file in the nursing home as well as the kidney center.

(17) All rooms and areas which are used for dialysis services shall be on the same floor of the nursing home and shall be functionally located in relation to one another to provide for safe and efficient operation of the dialysis service. The location and arrangement of rooms and areas used for dialysis services shall be such as to minimize traffic of patients, visitors and personnel from other services of the nursing home.

(a) Dialysis rooms

(i) Any dialysis room shall be reserved exclusively for use by dialysis patients whenever the nursing home has a dialysis patient (inpatient or outpatient) who uses the room periodically.

(ii) The maximum capacity of any room in which patients are dialyzed shall not exceed four beds.

(iii) Each room in which patients are dialyzed shall open directly from a nursing unit corridor, shall be located to prevent through traffic and to minimize entrance of odors, noise and other nuisances and shall be

an outside room having a clear glass window area of not less than one-eighth of the usable floor area.

(iv) There shall be at least 85 square feet of usable floor space per bed area in each multi-bed room and 100 square feet of usable floor space per bed area in each one-bed room. Each bed area shall be designed to permit a clearance of four feet on at least one side of the bed. The bed shall be located in the room in such a way that connections may be made to either arm or leg of a patient.

(v) There shall be a lavatory in each multi-bed room and in each single bed room which does not have a private adjoining toilet which contains a lavatory.

(vi) In each multi-bed room, there shall be permanently installed cubicle curtain tracks or rods with flame-proof curtains which permit enclosure of the area around each bed for visual privacy.

(vii) Each patient bed shall be adjustable and in good repair. Electrically operated beds shall not be used for patients undergoing dialysis.

(viii) There shall be a separate, enclosed closet for each patient bed in each room.

(ix) In each room there shall be a separate drawer or compartment space for the storage of each dialysis patient's underclothing, toilet articles and other personal articles. An individually keyed, locked drawer or compartment is recommended.

(x) For each bed there shall be a reading light and an electrical nurse call signal device, which, when activated, registers by light at the corridor door, the appropriate nurses' station and in other appropriate nursing work areas such as utility rooms.

(xi) At each bed used by a patient during dialysis, there shall be an emergency signal device, located to be within easy reach of a patient undergoing dialysis and designed to activate an audio alarm which can be heard throughout a major section of the nursing home in which nursing personnel are on duty at all times. The emergency audio alarm system for dialysis patients shall be distinct and different from other audio signals or alarm systems in the nursing home so an emergency alarm from a dialysis patient can be identified readily.

(xii) At each bed used for self-dialysis, there shall be a telephone located for use by a patient during dialysis.

(xiii) There shall be properly grounded, single phase electrical circuits of 30 amperes or more as is required by the equipment used. There shall be a minimum of two (2) duplex 110 volt receptacles convenient to each bed.

(xiv) Plumbing for each patient bed area shall be designed to provide a minimum water flow pressure of 40 pounds per square inch with the waste line serving the dialysis equipment designed to prevent back flow and necessary check valves and shut off valves appropriately located in the plumbing system.

(b) There shall be a patient toilet directly accessible from each dialysis room which shall be reserved exclusively for use by dialysis patients whenever the nursing home has a dialysis patient (inpatient or outpatient) who uses the adjoining toilet room periodically.

(i) At each water closet there shall be grab bars and an electrical nurse call signal device which, when activated, registers by light at the corridor door, the appropriate nurses' station and in other appropriate nursing work areas such as utility rooms.

(ii) There shall be specific provision for personnel to gain immediate access to patient toilets should there be an emergency need to gain access to a patient who is in a toilet to which the door is locked. This provision shall be made known to all nursing home personnel.

(c) There shall be an adequate electric power distribution system. This system shall be designed to protect against macroshock and fire hazards, and to minimize microshock hazard to a dialysis patient due to a conductive or capacitive path from the patient's body to some grounded object which may be established accidentally or through instrumentation directly connected to the patient.

(i) All electrical equipment connected to or used in caring for a dialysis patient shall be served by one or more single phase electrical circuits of 30 amperes or more as is required by the equipment installed.

(ii) Emergency electrical service shall be provided for dialysis room lighting. The emergency electrical service shall be automatic and not require any manual action to put it into operation after failure of the primary power distribution system. The emergency power system shall share the same common ground as the primary power distribution system. A separate grounding conductor, sized in accordance with the National Electrical Code, Article 250-95 shall be installed with wiring to all receptacles.

(iii) Each patient bed shall be served by a minimum of two duplex, three wire grounded hospital grade electrical receptacles.

(iv) Wall receptacles that are loose, in poor repair, damaged or inoperative shall be reported immediately and shall not be used until they have been repaired.

(d) The following precautions shall apply not only to dialysis equipment, but also to lights, radios, televisions, call buttons and other electrically operated devices connected to the power line and used in close proximity to a dialysis patient.

(i) Any electrical equipment used in connection with a dialysis patient shall have plugs designed for use in three wire electrical receptacles and shall be plugged into one of those receptacles.

(ii) All electrical equipment including telephones shall be in good repair and be inspected for electrical safety at least once a month by technical personnel qualified to detect leakage currents from equipment or electrical circuitry and determine whether they are properly grounded and performing according to manufacturer's specifications.

(iii) "Cheater" adaptors, multiple outlet adaptors and extension cords shall not be used.

(iv) Use of any electrical equipment shall be discontinued until it can be properly checked and the defect corrected in the event of any of the following conditions: a person has received a shock in connection with its use; the equipment is overheating as evidenced by odor or

touch; there is damage to the power cord, plug, insulation or chassis housing; or a cable connector switch, control knob, pilot light or meter is malfunctioning.

(v) The use of non-conductive surfaces on bedside equipment and devices is recommended to the extent reasonably possible.

(vi) A record shall be kept of the dates and findings of inspections of electrical equipment.

(e) There shall be utility and storage facilities which are designed and equipped to provide for the care, handling and storage of supplies and equipment in a manner that ensures segregation of clean and sterile supplies and equipment from those that are contaminated.

(i) There shall be a clean utility room, which serves the dialysis service exclusively, for storage and assembly of clean supplies and small equipment. This room shall contain a work counter, a sink and closed storage units (e.g., shelves, drawers) for clean or sterile supplies and equipment.

(ii) If dialyzers other than disposable dialyzers of a type which have an impervious shell are used, a separate soiled utility room for the cleaning of dialysis equipment shall be provided for the dialysis service. This soiled utility room shall have: a sink with two compartments (each of which is at least 22 inches wide, 22 inches long and 13-1/2 inches deep) mounted in or integral with a work counter of at least three lineal feet length on each side of the sink; storage for cleaning agents and chemical disinfectants; and adequate space for waste receptacles and soiled linen hampers. Storage for cleaning agents and chemical disinfectants shall be closed, locked facilities. Only equipment used in a dialysis procedure may be collected or cleaned in this soiled utility room. It shall not be used for the care and handling of other types of patient care equipment.

(iii) If dialyzers of a type, which have an impervious external shell are used exclusively, a separate soiled utility room shall be required only if there is no other soiled utility room on the same floor of the nursing home and convenient to the dialysis service. In this case, the soiled utility room for the dialysis service shall provide hand-washing facilities, work counter or cart space for the collection of dirty equipment, and space for soiled linen hampers and waste receptacles. [Order 94, § 248-14-300, filed 1/9/74.]

**WAC 248-14-999 Legal authority of the state board of health.** RCW 18.51.070 [section 8, chapter 117, Laws of 1951]. [Regulation 14.999, effective 3/11/60.]

## Chapter 248-16 WAC BOARDING HOMES

### WAC

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#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-16-010	Interpretation of adjectives and adverbs. [Order 116, § 248-16-010, filed 5/23/75; Regulation .16.010, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-020	Compliance with local regulations. [Regulation .16.020, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-025	License expiration dates. [Order 68, § 248-16-025, filed 1/13/72.] Repealed by Order 147, filed 6/29/77.
248-16-100	Electrical and lighting utilities. [Regulation .16.100, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-125	Exemptions. [Order 48, § 248-16-125, filed 12/11/70; Order 24, § 248-16-125, filed 6/27/69; Order 15, § 248-16-125, filed 1/2/69.] Repealed by Order 147, filed 6/29/77.
248-16-200	Structural hazards. [Regulation .16.200, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-210	Plans and specification for construction. [Regulation .16.210, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-220	Medical care. [Order 16, § 248-16-220, filed 1/2/69; Regulation .16.220, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.

**WAC 248-16-001 Definitions.** For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Ambulatory resident" means a resident who physically and mentally is capable of walking unaided or is capable of independent mobility with the use of a cane, crutches, a walkerette, a walker, a wheelchair or artificial limb. "Ambulatory resident" shall not be interpreted to include a person who needs the assistance of another person in order to get into and out of bed, to transfer to a chair or water closet or to move from place to place and it shall be interpreted to mean a person who is able to walk or traverse a normal path to safety unaided.

(2) "Area" (except when used in reference to a major section of a boarding home) means a portion of a room

which contains the equipment essential to carry out a particular function and is separated from other facilities of the room by a physical barrier or adequate space.

(3) "Bathing facility" means a bathtub or shower and it does not include sitz baths or other fixtures designated primarily for therapy.

(4) "Bathroom" means a room containing at least one bathing facility.

(5) "Board" as used in subsection 2, of section 2, chapter 253, Laws of 1957, RCW 18.20.020(2) means the provision of daily meal service and lodging.

(6) "Domiciliary care" means the care offered an individual in his or her place of lodging which includes the assumption of a general responsibility for the safety and well-being of the individual and provision of assistance in the activities of daily living, as needed.

(7) "Facilities" means a room or area and/or equipment to serve a specific function.

(8) "Free hanging space for clothes" means separated space in an enclosed wardrobe or closet with a rod which provides for clothing to hang full length without touching the floor of the closet.

(9) "Functional abilities" means the physical, mental, emotional and social abilities to cope with the affairs and activities of daily living.

(10) "General health supervision" means provision of the following services in accordance with an individual's particular needs:

(a) Encouraging a resident to self-administer medically prescribed drugs and treatments;

(b) Encouraging a resident to follow any modified diet and rest or activity regimen which has been medically prescribed for him or her;

(c) Encouraging and assisting a resident to keep appointments for health care services, such as appointments with physicians, dentists, visiting nurse service or clinics;

(d) Encouraging a resident to see his or her physician if the resident manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment seem indicated.

(11) "Infirmity" means a disability which materially limits normal activity but does not cause an individual to need inpatient medical or nursing care of a type provided by institutions licensed under the provisions of chapters 18.46, 18.51, 70.41 or 71.12 RCW. An infirmity may be based on conditions including, but not limited to, physical handicap, mental illness, developmental disability, chemical addiction or habituation or mental confusion, disability or disturbance.

(12) "Lavatory" means a plumbing fixture designed and equipped to serve for handwashing purposes.

(13) "Lodging" means the regular provision of living accommodations.

(14) "Medication service" means the procurement and administration of drugs in accordance with the orders of a physician or other health care practitioner who is legally authorized to prescribe drug therapy and acting within the scope of his or her license in prescribing such therapy.

(15) "New construction" means any of the following started after promulgation of these rules and regulations:

- (a) New buildings(s) to be used as a boarding home;
- (b) Addition(s) to existing building(s) to be used as a boarding home;
- (c) Alteration(s) other than minor alteration(s) to a boarding home.

"Minor alterations" means any structural or functional modification within an existing boarding home which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department, however, this does not constitute a release from applicable requirements contained in chapter 248-16 WAC.

(16) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor, thereof.

(17) "Resident" means an individual who receives domiciliary care.

(18) "Room" means a space set apart by floor to ceiling partitions on all sides with all openings provided with doors or windows.

(19) "Sit down shower" means a shower which has a molded seat, fold-down type of seat, or an equivalent means for sitting and is designed for bathing while in a sitting position.

(20) "Through traffic" means traffic for which the origin and destination are outside the room or area which serves as a passageway.

(21) "Toilet" means a room containing at least one water closet.

(22) "Water closet" means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water. [Order 147, § 248-16-001, filed 6/29/77; Order 97, § 248-16-001, filed 4/5/74; § 248-16-001, filed 10/3/67; Emergency Regulation filed 8/4/67; Regulation .16.001, effective 3/11/60; Subsec. 6, Rule 1 and Subsec. 7, Rule 2, filed 5/31/61.]

**WAC 248-16-030 Application for license, information required.** (1) An application for a boarding home license shall be submitted on forms furnished by the department.

(2) The applicant shall submit such additional information as the department may require for proper administration of chapter 248-16 WAC. [Order 147, § 248-16-030, filed 6/29/77; § 248-16-030, filed 10/3/67; Emergency Regulation, filed 8/4/67; Regulation .16.030, effective 3/11/60.]

**WAC 248-16-035 Qualifications of administrator.**

(1) There shall be an administrator who is at least 21 years of age and manages the boarding home effectively.

(2) Any administrator who has not been an administrator of a boarding home licensed under chapter 248-16 WAC prior to the implementation of these regulations shall have at least a high school education or equivalent.

(3) At any time the administrator is not on duty or on call, there shall be on duty or on call an individual to whom the administrator has delegated the authority and responsibility to act in his or her place. Any individual to whom the administrator's authority and responsibility

are delegated shall be at least 21 years of age and not a resident of the boarding home. [Order 147, § 248-16-035, filed 6/29/77; § 248-16-035, filed 10/3/67; Emergency Regulation, filed 8/4/67.]

**WAC 248-16-040 Licensure, denial, suspension or revocation.** (1) Disqualified applicants. Before granting a license, the department shall consider the ability of each person named in the application to operate the home in accordance with the law and chapter 248-16 WAC. Such persons shall be considered separately and jointly as applicants and if any one be deemed disqualified by the department in accordance with chapter 18.20 RCW or chapter 248-16 WAC, the license may be denied, suspended or revoked.

(a) Any individual engaging in drug abuse or excessive use of alcohol shall be disqualified even though boarding home premises are adequate.

(b) Individuals convicted of a felony shall be disqualified by reason of such conviction if such conviction is reasonably related to the competency of the person to exercise responsibilities for ownership, operation and/or administration of a boarding home and the department determines, after investigation, that such person has not been sufficiently rehabilitated subsequent to such conviction to warrant public trust.

(c) Individuals who, in this state or elsewhere, have been denied a license to operate a hospital, nursing home, boarding home or other facility for the care of children or ill, aged or infirm persons, or who have had a license to operate such a facility suspended or revoked shall not be granted a license until they affirmatively establish to the department by clear, cogent and convincing evidence their ability to operate the boarding home for which the license is sought in full conformity with all applicable laws and rules and regulations.

(2) A boarding home license shall be denied, suspended or revoked for failure to comply with the provisions of chapter 18.20 RCW or any of the following reasons:

(a) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(b) Permitting, aiding, or abetting the commission of any illegal act on the boarding home premises;

(c) Cruelty or indifference to the welfare of the residents;

(d) Insufficient personnel to care properly for the number and types of residents;

(e) Misappropriation of the property of the residents; and

(f) Failure or inability to exercise fiscal responsibility and accountability in respect to an individual resident, the department or the business community. [Order 147, § 248-16-040, filed 6/29/77; Order 79, § 248-16-040, filed 1/9/73; Regulation .16.040, effective 3/11/60.]

**WAC 248-16-045 Personnel.** (1) There shall be sufficient staff, who are not of the resident population, to provide the services needed by residents and properly maintain the boarding home.

(2) At least one staff member who is capable of assisting residents shall be in a boarding home at all times when residents are present, or may return, to the facility.

(3) There shall be a written job description for each position classification within the boarding home: *Provided, however,* That this requirement shall not apply to a boarding home having a capacity for 20 or less residents which is owned and administered by one and the same individual or husband/wife partnership.

(4) A planned orientation shall be provided to each new employee to acquaint him or her with the: Organization of the boarding home; the physical plant layout; his or her particular duties and responsibilities; the policies, procedures and equipment which are pertinent to those duties and responsibilities; and the emergency procedures which boarding home staff will carry out.

(5) Each employee shall be provided needed training for the performance of the specific functions, duties, and procedures for which he or she is responsible.

(6) Each employee shall have a tuberculin skin test every two years unless contraindicated.

(7) Employees with a communicable disease in an infectious stage shall not be on duty in the boarding home.

(8) For each employee there shall be a personnel record (on file) which includes the employee's education or training and work experience. [Order 147, § 248-16-045, filed 6/29/77; § 248-16-045, filed 10/3/67; Emergency Regulation, filed 8/4/67.]

**WAC 248-16-050 Location.** Boarding homes shall not be located where excessive noise, odors, dust, smoke, or traffic would adversely affect the boarders' health and/or safety. [Regulation .16.050, effective 3/11/60.]

**WAC 248-16-052 Advertising.** Any advertisement of a boarding home or for residents to be housed in any boarding home as defined in chapter 18.20 RCW and subject to chapter 248-16 WAC, whether such advertisements be classified or display or by radio, television or other means, shall fairly represent the physical plant and services offered by the facility. Copies of all advertisements or the text of verbal communications for the previous year shall be submitted to the department with the annual application for the renewal of the boarding home license. [Order 147, § 248-16-052, filed 6/29/77.]

**WAC 248-16-055 New construction.** (1) When new construction is contemplated, the following shall be submitted to the department for review:

(a) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations;

(b) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, the water supply and sewage disposal systems, grade and location of building(s) on the site; and plans of each floor of the building(s), existing and proposed, which designate the function of each room and show all fixed equipment. The preliminary plans shall be accompanied by a general description of construction and materials.

(2) Duplicate sets of final plans (which are drawn to scale) and specifications shall have been submitted to

and approved by the department before construction is started. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(a) Plot plan;

(b) Plans of each floor of the building(s) which designate the function of each room and show all fixed equipment and the planned location of beds and other furniture in residents' sleeping rooms;

(c) Interior and exterior elevations, building sections and construction details;

(d) A schedule of floor, wall and ceiling finishes, and the types and sizes of doors and windows;

(e) Plumbing, heating, ventilating, and electrical systems; and

(f) Specifications which fully describe workmanship and finishes.

(3) Adequate provisions shall be made for the safety and comfort of residents if construction work takes place in or near occupied areas.

(4) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review. Only those changes which have been approved by the department may be incorporated into the construction project. [Order 147, § 248-16-055, filed 6/29/77.]

**WAC 248-16-056 Change of ownership.** (1) When a change of boarding home ownership is contemplated, the licensee (seller) and the prospective licensee (buyer) shall each notify the department at least fifteen days prior to the proposed date of transfer. Notification shall be in writing and shall contain the following information:

(a) Full names of the present licensee and the prospective licensee;

(b) Name and address of the boarding home concerned;

(c) The date of the proposed transfer; and

(d) The kind of transfer which is to be made (i.e., sale, lease, rental, etc.).

(2) Possession or ownership of a boarding home shall not be transferred until the transferee's application for a boarding home license has been approved by the department. [Order 147, § 248-16-056, filed 6/29/77.]

**WAC 248-16-058 Required approval for occupancy after completion of new construction.** Prior to occupancy and use of a building or any room or other portion of a building which constitutes the whole or part of new construction project, a boarding home shall have obtained written authorization for such occupancy from the department. [Order 147, § 248-16-058, filed 6/29/77.]

**WAC 248-16-060 Communication systems.** There shall be at least one "nonpay" telephone in each boarding home; and if conditions require there shall be additional telephones or extensions to summon help in case

of fire or other emergency, so located as to be easily accessible from all parts of the building(s). A telephone, which may be a "pay-phone", shall be accessible for personal use by the boarders. [Order 147, § 248-16-060, filed 6/29/77; Regulation .16.060, effective 3/11/60.]

**WAC 248-16-070 Water supply.** Water used for domestic purposes in boarding homes shall meet the standards of the department. In the event that an unsafe or nonpotable water supply is used for irrigation, fire protection or other purpose, it shall be adequately color-coded or labeled so as to lessen any chance of its being used for domestic purposes. Cross connections of any kind are prohibited. Hot and cold water under pressure shall be readily available at all times. Hot water at lavatories, bathtubs and showers shall not exceed 120° fahrenheit. [Order 147, § 248-16-070, filed 6/29/77; Regulation .16.070, effective 3/11/60.]

**WAC 248-16-080 Sewage and liquid waste disposal.** All sewage and liquid wastes shall be discharged into a public sewerage system where such system is available and is acceptable to the department; otherwise sewage and liquid wastes shall be collected, treated and disposed of in an independent sewerage system which meets the requirements of the department. Discharge of sewage or liquid wastes directly on the surface of the ground, or into bodies of water, or directly into ground water is prohibited. [Order 147, § 248-16-080, filed 6/29/77; Regulation .16.080, effective 3/11/60.]

**WAC 248-16-090 Garbage and refuse disposal.** (1) **Storage pending disposal.** There shall be provided and maintained, in a suitable location, a sufficient number of garbage containers of watertight construction, made of nonabsorbent material and provided with handles and tight-fitting covers; and all garbage shall be kept therein pending its removal and disposal. Garbage containers shall be washed at frequent intervals. The premises shall at all times be maintained in a clean, sanitary condition; and rodents, flies and other insects shall be excluded therefrom, and their breeding places eliminated.

(2) **Disposal.** Garbage and refuse shall be disposed of at sufficiently frequent intervals so as not to create a nuisance. Final disposal shall be by an authorized garbage collection agency or by some other method satisfactory to the department. [Order 147, § 248-16-090, filed 6/29/77; Regulation .16.090, effective 3/11/60.]

**WAC 248-16-110 Heating system.** (1) **Heating plant capacity.** Boarding homes shall be equipped with an approved heating system capable of maintaining a comfortable, healthful temperature during the coldest weather conditions ordinarily encountered in the home's particular area.

(2) **Room temperatures.** Temperature shall be maintained at a comfortable level. [Order 147, § 248-16-110, filed 6/29/77; Regulation .16.110, effective 3/11/60.]

**WAC 248-16-120 Boarders' rooms and room furnishings.** (1) **Sleeping rooms, occupancy limitations.**

Sleeping rooms, if for one person only, shall contain not less than 80 square feet of usable floor space; and if for more than one person, not less than 70 square feet of usable floor space for each person: *Provided, however,* That no portion of a room having less than 7 feet 6 inches ceiling height may be counted as part of the required area. No more than 4 persons may be housed in any one sleeping room in any boarding home established after adoption of these rules and regulations.

Doors or entry ways to sleeping rooms shall be legibly numbered or lettered in conformance with the numbering or lettering systems shown on approved floor plans.

(2) **Sleeping rooms, restriction on location, access.** Only rooms having unrestricted direct access to a hallway, livingroom, or other acceptable common-usage area shall be used as sleeping rooms. No beds are to be permitted in corridors, halls, livingrooms, dining rooms, or kitchens. A basement room may not be used as a sleeping room if the floor in such room is more than 3 feet 6 inches below the ground abutting the exterior wall of such room measured horizontally for a distance of 10 feet.

(3) **Sleeping rooms, window requirements.** Sleeping rooms shall be outside rooms with a window area of clear glass not less than one-eighth of the floor area, except in basement rooms where the window area shall be not less than one-fifth of the floor area. Rooms shall not be considered to be outside rooms if such required window area opens into a window-well, enclosed porch, light-shaft, ventilation-shaft, or other enclosure of a similarly confining nature. Windows shall operate freely.

(4) **Sleeping rooms, lighting requirements.** Each sleeping room shall have adequate and satisfactory artificial light, and at least one duplex electric convenience outlet for each two beds. Electric cords shall not be strung from a ceiling fixture. There shall be an electric wall switch in each sleeping room to control at least one light in the room. Bedside lamps and night lights shall be provided if residents request same.

(5) **Sleeping rooms, storage and protection of personal articles.** Each resident shall be provided with sufficient storage facilities, either in or immediately adjacent to his or her sleeping room, to adequately store a reasonable quantity of clothing and personal possessions. Hardware on closet doors shall be of a type to prevent persons being locked in.

(6) **Sleeping rooms, furniture and furnishings.** Each resident shall be provided with a comfortable bed, not less than 36 inches wide, with springs and mattress in good condition. All beds shall be spaced at least 3 feet apart. This may be a standard household bed, studio couch, or day-bed, but may not be a folding bed, roll-away bed, cot, or davenport. Each sleeping room shall be provided with at least one suitable chair for each resident occupying said room. There shall be at least one incombustible waste basket in each sleeping room. If carpets or other floor coverings are used, they shall either be securely fastened to the floor or have nonskid backing, and shall not be permitted to become hazardous because of curling edges or tattered sections: *Provided, however,* That nothing in this regulation shall be interpreted to prohibit a resident from providing his or her

own furniture, as long as the use of that furniture is consistent with the health and safety of residents.

(7) **Cooking in rooms.** (a) Cooking or any use of coffee makers or other heating equipment or appliances for the preparation of food or beverages shall be permitted in any room or area of the boarding home which has been approved for such usage by the state fire marshal and the department.

(b) Staff of the boarding home shall ascertain if a resident has the functional ability to use cooking facilities safely. When a resident becomes unable to use cooking facilities safely, appropriate action (e.g., disconnecting or removing stove or appliances, or transfer of a resident to different accommodations) shall be taken immediately to ensure that the resident does not have access to, or use of, cooking facilities at any time that a responsible person is not in constant attendance. [Order 147, § 248-16-120, filed 6/29/77; Regulation .16.120, effective 3/11/60.]

**WAC 248-16-130 Toilet and bathing facilities.** (1) **Toilet and bathing facilities, number and types required.** Toilet and bathing facilities shall be provided in accordance with the following requirements for all persons who reside in the facility, including staff and staff's family members if they do not have private toilet and bathing facilities for their exclusive use.

(a) There shall be water closets and lavatories available to both sexes in the ratio of one water closet and one lavatory for each 8 persons or fraction thereof. Any toilet containing more than one water closet shall be reserved for use by one sex only. Not more than one required water closet shall be in any room containing a bathing facility. There shall be a lavatory in each room containing a water closet, except when the toilet opens into the resident's room, then the lavatory may be in the resident's room.

(b) There shall be at least one bathing facility for every 12 persons or fraction thereof. Any bathroom containing more than one bathing facility shall be reserved for use by one sex only. A bathroom containing only one bathing facility and not more than one water closet may be used by both sexes. Bathtubs shall be available to boarders of both sexes in the ratio of one bathtub per 48 boarders or fraction thereof who do not have bathtubs in bathrooms opening directly into their sleeping rooms. At least one-half of the total required bathing facilities shall be either bathtubs or sit-down showers.

(2) **Toilet and bathing facilities, access to.** Except for facilities serving individual rooms, toilets (water closets) shall be so located as to be reasonably accessible from a common hall or area, to all boarders residing on the floor served. Except for facilities serving individual rooms, bathtubs and showers shall be so located as to be reasonably accessible, from a common hall or area, to all boarders served, without traveling more than one story up or down. No toilet or bathroom for boarder use shall be so located that access thereto requires passage through the establishment's kitchen, pantry, food preparation, food storage, or dishwashing areas: *Provided, however,* That this restriction shall not be construed as prohibiting the use of a toilet room adjacent to the above

named areas by personnel engaged in the food services of the home. In no case shall it be necessary for an occupant of one bedroom to pass through any other bedroom to reach a water closet or bath, nor to pass through a room containing a water closet or bath to reach a bedroom.

(3) **Toilet and bathing facilities, construction and accessories.** Toilet and bathroom floors shall be of water-resistant material, smooth enough to be easily cleaned yet not highly glossed or slippery. Walls shall be washable to height of splash or spray. Suitable grab-bars shall be installed at toilets, tubs and showers in such numbers and locations that accidental falls will be minimized. Plumbing fixtures shall be of sanitary design and in good repair. All toilet seats shall be constructed of nonabsorbent material, shall be free from cracks, and kept clean. In new construction they shall be of open front type in public water closets.

All toilet rooms and bathrooms shall be adequately lighted, and be provided with a suitable mirror for each lavatory.

All toilet rooms and bathrooms shall be adequately ventilated to the outside air. [Order 147, § 248-16-130, filed 6/29/77; Order 99, § 248-16-130, filed 6/10/74; Order 97, § 248-16-130, filed 4/5/74; Regulation .16.130, effective 3/11/60.]

**WAC 248-16-140 Food storage, preparation and service.** (1) All food service facilities and practices shall be in compliance with chapter 248-84 WAC, Rules and Regulations of the State Board of Health governing Food Service Sanitation except that in boarding homes with ten or less occupants a separate handwashing sink in the kitchen may be omitted with department approval.

(2) **Food services, number of meals.** A minimum of three meals in each 24-hour period shall be provided, except that when a specific written request has been made to, and approved in writing by, the department, deviation may be made from this minimum. The time interval between breakfast and the evening meal shall be not less than ten (10) hours.

(3) **Food services, quality of food.** The diet shall be well-balanced, palatable, properly prepared, and attractively served, and sufficient in quality and quantity to meet the Dietary Allowances of the Food and Nutrition Board, National Research Council. If modified diets are to be served, they shall be prepared and served to meet the physician's prescription which is given in writing and signed by the physician, and shall meet the Dietary Allowances of the Food and Nutrition Board, National Research Council. Nutrient concentrates shall be served only on the written approval of a physician.

(4) **Menus.** Menus for the general (or house) diets and for the modified diets shall be prepared one week in advance and shall be retained for inspection for at least one year.

(5) **Food services, dining areas.** An adequate, approved dining area shall be provided. [Order 147, § 248-16-140, filed 6/29/77; § 248-16-140, filed 10/3/67; Emergency Regulation, filed 8/4/67; Regulation .16.140, effective 3/11/60.]

**WAC 248-16-150 Day room.** Suitable day room or living room space, comfortably furnished, adequately heated and adequately lighted, shall be provided which has space adequate for the usual functions of daily living and which includes an area for social and diversional activities. Floor space requirements shall be related to the number of residents as follows: 1 to 50 beds, inclusive, 10 square feet per bed; 51 beds and over, 5 square feet per bed in addition to the first 500 square feet; except that no boarding home shall provide less than 150 square feet. In arriving at the total square footage available for day room or living room usage, solariums, enclosed sun porches, recreation rooms, dining rooms, etc., may be included as part of the required floor space. Residents' rooms, entry-ways, corridors and hallways shall not be considered as day room or living room space. [Order 147, § 248-16-150, filed 6/29/77; § 248-16-150, filed 10/3/67; Emergency Regulation, filed 8/4/67; Regulation .16.150, effective 3/11/60.]

**WAC 248-16-160 Laundry room.** Unless all laundry is sent out, every boarding home shall be provided with a laundry room equipped with adequate laundry facilities. The laundry room and storage and sorting areas shall be located in rooms not used for food storage, preparation or serving. [Regulation .16.160, effective 3/11/60.]

**WAC 248-16-162 Laundry service.** The boarding home shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods. [Order 147, § 248-16-162, filed 6/29/77.]

**WAC 248-16-170 Storage spaces.** Adequate storage space shall be provided for excess supplies, unused equipment, stored personal possessions of residents, linens and similar items. Storage space shall be such that it does not constitute a fire or accident hazard, and will not be in the way of residents or staff. A separate storage space which can be locked shall be provided for disinfectants and for poisonous compounds. [Regulation .16.170, effective 3/11/60.]

**WAC 248-16-180 Stairs.** All stairways used by boarders shall have nonskid treads of not less than nine inches wide and have risers not more than eight inches high. Stairways with triangular or winding treads shall not be approved. [Regulation .16.180, effective 3/11/60.]

**WAC 248-16-190 Guard rails, hand rails.** Hand rails may be required in halls and corridors if conditions indicate a need therefor. All inside and outside stairs shall be equipped with sturdy hand rails on each side. [Regulation .16.190, effective 3/11/60.]

**WAC 248-16-202 Maintenance and housekeeping.** (1) The boarding home structure, its component parts, facilities, equipment and furnishings shall be kept clean

and in good repair and maintained in the interest of residents' safety and well-being. No hazard shall exist from structural conditions.

(2) All bedrooms occupied or used by residents shall be kept in a sanitary condition at all times. It shall be the responsibility of the administrator or his or her designee to supervise the maintenance of bedrooms. If a resident is unable to care for his or her own room, such maintenance shall be provided by staff of the boarding home. [Order 147, § 248-16-202, filed 6/29/77.]

**WAC 248-16-213 Admission, placement and retention of residents.** (1) Prior to admission of an applicant for residency in a boarding home, the boarding home shall have obtained sufficient information about the applicant's current ability to function to determine if the applicant can be properly placed (housed) in the boarding home.

(2) Admission of individuals as residents shall be limited to those who can be accommodated by the physical plant facilities, space, furniture, equipment, staff and program of domiciliary care in accordance with these rules, regulations and standards, chapter 248-16 WAC.

(3) Only persons who are ambulatory, as defined in WAC 248-16-001 shall be admitted and retained as residents.

(4) Accommodations for individuals who, though capable of independent mobility with the use of a cane, crutches, a walkerette, a walker, a wheelchair or artificial limb, are not capable of walking unaided shall be restricted to sections (or areas) of a boarding home which have been specifically approved for occupancy by such individuals by the state fire marshal, unless the state fire marshal has approved the entire boarding home for occupancy by such individuals.

(5) The following shall not be admitted or retained as residents:

(a) Persons who are manifesting overt behavior which is assaultive, suicidal, or otherwise destructive in nature;

(b) Persons who are not ambulatory, as defined in WAC 248-16-001;

(c) Persons who are in need of inpatient care in a hospital, a nursing home, or other facility licensed under the provisions of chapters 70.41, 71.12 or 18.51 RCW;

(d) Persons who need nursing care over and above the following:

(i) Simple nursing care, of a type ordinarily given in a private home by lay persons, to one who has a mild, temporary illness which does not exceed fourteen days in duration;

(ii) Visiting nurse service from a community health agency;

(iii) Medication service as defined in WAC 248-16-001.

(6) A person needing medication service shall not be admitted or retained as a resident unless the boarding home makes provision for medication services in accordance with these regulations, chapter 248-16 WAC.

(7) At the time of admission, the boarding home administrator or his or her designee shall make definite arrangements with the resident regarding the physician to be called in case the resident becomes ill or, in the

case of a resident who is opposed to medical treatment because of religious affiliation, the individual to be called if the resident becomes ill. [Order 147, § 248-16-213, filed 6/29/77.]

**WAC 248-16-215 Services to be provided.** (1) Each resident shall be provided with at least one comfortable pillow and adequate, clean, light weight, warm bedding, and at least two clean sheets, a pillow case, towels and washcloths each week.

(2) Each resident shall be treated in a manner that respects his or her individual identity and human dignity and fosters constructive self-esteem.

(3) A resident's rights to observe the tenets of his or her faith shall be respected. A resident's care shall be adapted to accommodate the resident's religious beliefs and practices insofar as is reasonable.

(4) A resident shall be regularly observed for changes in physical, mental and emotional functioning which may reveal that he or she has unmet needs for services or that his or her condition has changed to the extent that transfer to a facility providing another type or level of service is indicated. When observations reveal the resident has need for services which the boarding home does not provide, the administrator or his or her designee shall bring such observations to the attention of the resident and any individual or agency who is responsible for the resident. The administrator or designee shall provide assistance, as indicated, in planning and carrying out action (e.g., referral, transfer, etc.) through which the resident may receive the type or level of service needed.

(5) Basic domiciliary care services shall be conducted so as to promote each resident's independence to the highest degree compatible with individual safety and welfare. Residents shall be encouraged to participate as fully as their conditions permit in activities in both the boarding home and the community. The following services shall be provided to a resident when he or she has need for such services:

(a) General health supervision, as defined in WAC 248-16-001;

(b) Guidance, supervision or assistance to a resident in personal hygienic care, dressing, grooming, and other activities of personal care which are not directed primarily toward the treatment of disease or disability;

(c) Reminding, guiding or assisting a resident in the maintenance of functional aids or equipment which he or she uses (e.g., glasses, hearing aids, canes, crutches, walker, wheelchair, etc.);

(d) Reminding, guiding or assisting a resident in the maintenance of clothing and other personal effects;

(e) Reminding, guiding or assisting a resident in maintaining his or her own living quarters in a manner conducive to safety and comfort; and

(f) Encouraging, guiding or assisting a resident to participate in social, recreational, diversional, vocational, church or other activities within the boarding home and the community in accordance with his or her interests, tolerance and abilities.

(6) Whenever a resident becomes ill or sustains a significant injury, the administrator or designee shall immediately notify the physician or other individual

designated by the resident, unless the resident is able to notify such physician or other individual. During a period that an ill or injured resident remains in the boarding home, the boarding home shall be responsible for providing temporary care. [Order 147, § 248-16-215, filed 6/29/77; Order 116, § 248-16-215, filed 5/23/75; § 248-16-215, filed 10/3/67; Emergency Regulation, filed 8/4/67.]

**WAC 248-16-222 First aid services.** (1) Staff having the responsibility for resident care services shall have basic first aid training and shall be oriented to written emergency policies.

(2) There shall be written policies to guide the action of resident care staff should a resident present a medical emergency.

(3) An adequate first aid kit and a first aid manual shall be kept in a specific location in the boarding home and readily available to all staff who have responsibility for resident care services. [Order 147, § 248-16-222, filed 6/29/77.]

**WAC 248-16-223 Notification regarding change in residents' condition.** A resident's next of kin, guardian or other individual or agency responsible for the resident shall be notified as rapidly as possible should a serious change in the resident's condition, transfer of the resident to a hospital or death of a resident occur. [Order 147, § 248-16-223, filed 6/29/77.]

**WAC 248-16-226 Safety measures.** (1) Any accident or incident which jeopardized the health or life of a resident shall be investigated to ascertain the circumstances of the accident or incident and appropriate measures instituted to prevent similar occurrences in the future insofar as is possible.

(2) There shall be provision for staff members to gain rapid access to any bedroom, toilet, shower, bathroom or other room occupied by residents should an emergency need arise. This provision shall be made known to all staff members who have a responsibility for resident care.

(3) Methods for the cleaning, disinfecting or sterilizing, handling and storage of supplies and equipment used in services to residents shall be such as to prevent the transmission of infection. [Order 147, § 248-16-226, filed 6/29/77.]

**WAC 248-16-227 Self-administration of drugs (medications) by residents.** Self-administration of drugs by a resident shall be in accordance with the following:

(1) The resident shall be physically and mentally capable of administering his own drug properly.

(2) Prescription drugs, over-the-counter drugs purchased independently by the resident and other medicinal materials used by a resident shall be kept so they are not available to other residents. [Order 147, § 248-16-227, filed 6/29/77.]

**WAC 248-16-228 Medication services.** A boarding home which makes provision for medication service to a resident shall comply with the following requirements:

## (1) Supervision of Medication Service.

(a) A registered nurse shall be responsible for planning, directing and supervising the medication service to residents.

(b) The registered nurse responsible for the direction and supervision of a resident's medication service shall review a resident's condition and drug therapy regimen at regular intervals. This review shall be documented and shall include appropriate instruction in self medication.

(c) Any drug administered to a resident shall be documented in the resident's health record.

(2) Administration of Drugs (Medicines). There shall be written orders, signed by a physician or other legally authorized practitioner acting within the scope of his or her license, for all drugs administered to a resident.

(3) Pharmaceutical Services. There shall be provision for timely delivery of necessary drugs and biologicals from a pharmacy so that a physician's orders for drug therapy can be implemented without undue delay.

(4) Only persons licensed to prescribe or administer medications may relay physicians' orders to a pharmacy to obtain drugs (medicines).

There shall be written policies and procedures which provide for the procurement, storage, control, use, retention, release, and disposal of drugs and biologicals in accordance with applicable federal and state laws and regulations: *Provided*, That nothing in this section shall require that a boarding home make provision for medication services and that if such services are provided, they are to be provided by health care professionals or health care agencies in conformity with RCW 18.20-.160. [Order 147, § 248-16-228, filed 6/29/77.]

**WAC 248-16-230 Register and health records.** (1) Resident register. There shall be a permanent, current register of all individuals admitted as residents in a boarding home. This shall contain the following data for each resident: Date of admission, full name, and date of birth, and the address at which the resident lived prior to admission.

## (2) Record system.

(a) A systematic secure method of identifying and filing residents' records so each record can be located readily shall be provided.

(b) Entries in residents' records shall be either typewritten or written legibly in ink.

(c) A resident's record shall include the following data:

(i) Full name and former address of the resident;

(ii) Date of admission and date of discharge;

(iii) Name, address and telephone number of next of kin, or other responsible person;

(iv) Name, address and telephone number of the resident's personal physician;

(v) Dates and descriptions of all illnesses or accidents and changes in functional abilities which the individual had while a resident of the boarding home including action(s) taken;

(vi) A signed written prescription by the resident's physician for any modified diet provided for the resident. [Order 147, § 248-16-230, filed 6/29/77; Order 116, §

248-16-230, filed 5/23/75; § 248-16-230, filed 10/3/67; Emergency Regulation, filed 8/4/67; Regulation .16.230, effective 3/11/60; Subsection 1, filed 5/31/61.]

**WAC 248-16-900 Exemptions.** The state board of health, may in its discretion, exempt a boarding home from complying with parts of these rules pursuant to the procedure set forth in WAC 248-08-595. [Order 147, § 248-16-900, filed 6/29/77.]

**WAC 248-16-999 Legal authority of the state board of health.** RCW 18.20.090 [Section 9, chapter 253, Laws of 1957.] [Regulation .16.999, effective 3/11/60.]

## Chapter 248-17 WAC

## AMBULANCE RULES AND REGULATIONS

## WAC

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**WAC 248-17-010 Declaration of purpose.** The primary purpose of this chapter is to promote safe and adequate prehospital care for victims of motor vehicle accidents, suspected coronary illnesses and other acute illness or trauma through the development of rules and regulations for the licensing and inspection of facilities and personnel providing emergency medical care. To accomplish these purposes, this chapter sets out standards governing, among other matters, the following: The licensing of ambulances, first aid vehicles, ambulance operators, ambulance directors, first aid vehicle operators, and first aid directors; the training and certification of advanced first aid qualification and of emergency medical technicians; communication equipment and emergency medical communications and liability insurance. [Order 1150, § 248-17-010, filed 9/2/76.]

**WAC 248-17-020 Definitions.** For the purpose of these regulations, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Ambulance" means an emergency vehicle designed and used to transport the ill and injured and to provide facilities and equipment to treat patients before and during transportation.

(2) "First aid vehicle" means a vehicle primarily designed and used to carry first aid equipment and individuals trained in first aid or emergency medical procedures.

(3) "Emergency medical technician" means a person who has successfully completed a prescribed course of instruction and who has achieved a demonstrable level of performance and competence to treat victims of severe injury or other emergent conditions.

(4) "Advanced first aid" means a course of instruction recognized by the American Red Cross, Department of Labor and Industry, the U.S. Bureau of Mines, or Fire Services training program.

(5) "Standard first aid" means such a prescribed course of instruction recognized and offered by the American Red Cross, Department of Labor and Industries, the U.S. Bureau of Mines, or Fire Services training program.

(6) "Ambulance driver" means that person who drives an ambulance.

(7) "Ambulance attendant" means that person who has responsibility for the care of patients both before and during transportation.

(8) "Ambulance operator" means a person who owns one or more ambulances and operates them as a private business.

(9) "Ambulance director" means a person who is a director of a service which operates one or more ambulances provided by a volunteer organization or governmental agency.

(10) "First aid vehicle operator" means a person who owns one or more first-aid vehicles and operates them as a private business.

(11) "First aid director" means a person who is a director of a service which operates one or more first aid vehicles provided by a volunteer organization or governmental agency.

(12) "Communications system" means a radio or landline network connected with a dispatch center which makes possible the alerting and coordination of personnel, equipment and facilities.

(13) "Department" means the Department of Social and Health Services.

(14) "Shall" means compliance is mandatory.

(15) "Should" means a suggestion or recommendation, but not a requirement.

(16) "Committee" means the Emergency Medical and Ambulance Review Committee. [Order 1150, § 248-17-020, filed 9/2/76.]

**WAC 248-17-030 License(s) required.** (1) After July 1, 1976, no person or governmental unit shall operate an ambulance or first aid vehicle without possessing all licenses required by this chapter. Under this chapter

the following must be licensed: Ambulances, first aid vehicles, ambulance operators, ambulance directors, first aid vehicle operators, and first aid directors.

(a) Application for ambulance operators, first aid vehicle operators, ambulance director and first aid director licenses and renewals, fees: An application for license shall be made to the department upon forms provided by it, and shall contain such information as the department reasonably requires which may include affirmative evidence of ability to comply with standards, rules and regulations as are lawfully prescribed hereunder. An application for renewal of license shall be made to the department upon forms provided by it and submitted thirty days prior to the date of expiration of the license. Each application for license or renewal thereof shall be accompanied by a triennial fee of ten dollars: *Provided*, That no fee shall be required from ambulance directors or first aid vehicle directors.

(b) Application for ambulance license first aid vehicle license and renewals, fees. An application for license shall be made to the department upon forms provided by it, and shall contain such information as the department reasonably requests which may include affirmative evidence of ability to comply with standards, rules and regulations as are lawfully prescribed hereunder. An application for renewal of license shall be made to the department upon forms provided by it, and submitted thirty days prior to the date of expiration of the license. Each application for license or renewal thereof shall be accompanied by an annual fee of five dollars: *Provided*, That no fee shall be required for vehicles operated by ambulance directors or first aid vehicle directors.

(c) Licenses shall not be transferable. [Order 1150, § 248-17-030, filed 9/2/76.]

**WAC 248-17-040 License expiration dates.** Ambulance Operator – Ambulance Director – First Aid Operator – First Aid Vehicle Director. The department shall issue an ambulance operator, ambulance director, first aid vehicle operator or first aid vehicle director's license initially and reissue licenses as often thereafter as necessary to stagger license expiration dates throughout a three-year period so as to cause approximately one-third of the total number of ambulance operator, ambulance director, first aid vehicle operator and first aid vehicle director licenses to expire on the last day of each year; but no license issued pursuant to this chapter shall exceed three years in duration: *Provided*, That when the triennial license renewal date of a previously licensed operator or director is set by the department on a date less than thirty-six months after date of initial issue, credit will be allowed at the first renewal of a license for that period covered by the previous license fee which falls short of the full 36-month period. [Order 1150, § 248-17-040, filed 9/2/76.]

**WAC 248-17-050 License expiration dates.** Ambulance and First Aid Vehicle. The department shall issue an ambulance and first aid vehicle licenses initially and reissue licenses as often thereafter as necessary to stagger license expiration dates throughout a one-year period so as to cause approximately one-twelfth of the total

number of ambulance and first aid vehicle licenses to expire on the last day of each month but no license issued pursuant to this chapter shall exceed twelve months in duration: *Provided*, That when the annual license renewal date of a previously licensed ambulance or first aid vehicle is set by the department on a date less than twelve months prior to the expiration date, the license fee shall be prorated on a monthly basis and a credit be allowed at the first renewal of a license for any period of one month or more covered by the previous license. [Order 1150, § 248-17-050, filed 9/2/76.]

**WAC 248-17-060 Denial, suspension, revocation of license—Hearings.** The department is authorized to deny, suspend or revoke any license issued pursuant to this chapter in any case in which it finds that there has been a failure to comply with the requirements of the Emergency Medical Care and Transportation Services Act, chapter 18.73 RCW, and with the standards, rules, and regulations established pursuant to this law. The department shall issue an order to the applicant or licensee giving notice of any denial, revocation, or suspension, which order shall become final thirty days after the date of mailing: *Provided*, That the applicant or licensee does not, within thirty days from the date of mailing of the department's order of denial, revocation, or suspension of license, make written application to the department for a hearing. Upon receipt of such a written application for a hearing, the department shall proceed to conduct a hearing on the denial, suspension, or revocation of license. Such hearings shall be conducted in accordance with the Administrative Procedure Act, chapter 34.04 RCW and with the rules of practice and procedure issued by the department thereunder. [Order 1150, § 248-17-060, filed 9/2/76.]

**WAC 248-17-070 Ambulance vehicle and equipment.** (1) Identification. All ambulance vehicles shall be clearly identified by appropriate emblems and markings on the front, side and rear of the vehicle. Physical characteristics:

(a) Tires, spare tire, tire changing tools shall meet the following requirements:

(i) Tires shall be in good condition with not less than 2/32 usable tread, appropriately sized to support the weight of the vehicle when loaded.

(ii) One inflated spare tire shall be furnished and stored in a protected area which provides access without removal of the patient.

(iii) Tire changing tools shall be furnished. Minimum tools shall include a jack, jack handle, and wheel-nut wrench. The jack shall be capable of raising any wheel of the loaded ambulance to an adequate height.

(b) The electrical system shall be to accepted automotive standards in design, workmanship and material. There shall be reasonable access for checking and maintenance.

(i) Interior lighting in the driver compartment shall be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or his line of vision

from instrument panel, switch panel, or other areas which may require illumination while the vehicle is in motion.

(ii) Interior lighting in the patient compartment shall be adequate throughout the compartment, and provide an intensity of 20 foot-candles at the level of the patient. Lights should be controllable from the patient compartment and the driver compartment.

(iii) Exterior lights shall comply with the appropriate section of Federal Motor Vehicle Safety Standard 108, and include body-mounted flood light(s) over the rear door which provide adequate loading visibility.

(iv) Warning lights (emergency) shall be provided in accordance with RCW 46.37.380, as administered by the State Commission on Equipment.

(c) The exhaust system shall be designed to permit the engine to be idled while vehicle is standing with maximum of 25 PPM CO exhaust fumes entering the vehicle. Air pollution produced by the vehicle must comply with Federal standards as established for the calendar year in which the motor vehicle is completed.

(d) Windshield wipers and washers shall be dual, electric, multi-speed, and maintained in good condition.

(e) Battery and Generated System:

(i) The battery shall have a minimum 70 ampere hour rating. It must be located in a ventilated area sealed off from the vehicle interior, and completely accessible for checking and removal.

(ii) The generating system shall be capable of supplying the maximum built-in DC electrical current requirements of the ambulance. Extra fuses shall be provided.

(f) Seat belts shall comply with Federal Motor Vehicle Safety Standards 207, 208, 209, and 210. Restraints shall be provided in all seat positions in the vehicle, including the attendant station.

(g) Mirrors shall be provided on the left side and right side of the vehicle. The location of mounting must be such as to provide maximum rear vision from the driver's seated position. There may be an interior rear-view mirror to provide the driver with a view of occurrences in the patient compartment.

(h) One ABC 2-1/2 pounds fire extinguisher shall be provided.

(i) Ambulance Body.

(i) The length of the patient compartment shall be at least 112 inches in length, measured from the partition to the inside edge of the rear loading doors. This length shall provide at least 20 inches, and not more than 30 inches, of unobstructed space at the head of the primary patient, measured from the technician's seat back rest to the forward edge of the cot.

(ii) The width of the patient compartment, after cabinet and cot installation, shall provide at least 9 inches of clear walkway between cot(s) or the squad bench. It is recommended that at least 25 inches width of kneeling space along side the primary cot be provided, measured at the floor for a height of 9 inches, from the forward leading edge (corner) half of the length back of the primary cot.

(iii) The height of the patient compartment shall be at least 53 inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment.

(iv) There shall be secondary egress from the curb side of the patient compartment.

(v) The back doors shall open in a manner to increase the width for loading patients without blocking existing working lights of the vehicle.

(vi) Steps may be provided at door openings if the floor is more than 18 inches above the ground. Steps shall be of a design to prevent the accumulation of mud, ice or snow, and shall have a non-skid surface.

(vii) The floor shall be at the lowest level permitted by clearances. It shall be flat and unencumbered in the access and work area. There shall be no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting and/or unsanitary conditions.

(viii) Floor covering shall be applied to the top side of the floor surface. It shall withstand washing with soap and water or disinfectant without damage to the surface. All joints in the floor covering shall have the minimum void between matching edges and shall be cemented with a suitable water and chemical proof cement to eliminate the possibility of joints loosening or lifting.

(ix) All interior fasteners, latches, hinges, etc., should be of a flush-type design. When doors are open, the hinges, latches, and door checks shall not protrude into the access area. All hangers or supports for equipment or other items should be flush with the surrounding surface when not in use. The finish of the entire patient compartment must be impervious to soap and water and disinfectants to permit washing and sanitizing.

(x) Exterior surfaces shall be smooth, with appurtenances kept to a minimum.

(xi) Restraints shall be provided for all litters if the litter is floor supported on its own support wheels, a means shall be provided to secure it in position.

These restraints shall permit quick attachment and detachment for quick transfer of patient.

(j) Ambulance Vehicle Maintenance. Mechanical and electrical equipment shall be in good working order. The mechanical condition of the vehicle brakes, tires, regular and special electrical equipment (lights and warning devices), windshield wipers, heating and cooling units, safety belts, and window glass, shall be considered as basic in the determination of mechanical adequacy.

(2) Medical equipment and supplies shall be provided as follows:

(a) Resuscitation Equipment.

(i) An oxygen supply of at least 3,000 liters shall be provided and be accessible for replacement, preferably from outside the patient compartment working space. The tanks must be securely mounted and restrained.

The oxygen cylinder should be accessible from inside the vehicle, preferably from the technician's seat at the head of the patient, and also from the site where the cylinder change is accomplished.

(ii) A portable oxygen unit of 300-liter capacity shall be carried. It shall be equipped with a yoke, pressure gauge, flow meter (not gravity dependent), delivery tube,

nasal prongs and venturi flow-through oxygen mask. The unit shall be capable of delivering an oxygen flow of at least 10 liters/minute. An extra 300-liter capacity cylinder shall be available for reserve.

(iii) Portable suction shall be provided.

(iv) Suction shall be provided in the patient compartment which shall be powerful enough to provide an air-flow of over 30 liters per minute at the end of the delivery tube and a vacuum of over 300 mm Hg to be reached within 4 seconds when the tube is clamped. The suction force shall be controllable for use on children and intubated patients. Glass suction bottles shall not be used.

(v) Space near the patient's head shall be provided for the following required equipment and supplies:

(aa) Self-inflating bag-valve mask unit capable of delivering 50 percent concentration oxygen.

(bb) Venturi or flow-through oxygen mask inhalation unit capable of delivering 25 - 35 percent oxygen.

(cc) Rigid pharyngeal suction tip.

(dd) Suction rinsing water bottle.

(ee) Oral pharyngeal tubes (airways). Two each infant, child, adult.

(ff) Tongue Blades (six).

(gg) Towels.

(hh) Pediatric mask for bag-valve mask unit.

(ii) Sterile suction tips and catheters for naso-tracheal suctioning.

(jj) Clear mouth - face ventilating mask.

(b) Basic Equipment and Supplies which shall be carried.

(i) Each ambulance shall be provided with one made-up adjustable wheeled litter. Space requirements in the patient compartment for the wheeled litter is based on size of the litter and access space necessary to patient care in transit.

(ii) Folding collapsible litters of sufficient number to accommodate patient-carrying capacity of the ambulance.

(iii) Linen supplies (in addition to made-up litter described in (i)).

(aa) One spare pillow.

(bb) Two pillow cases.

(cc) Two spare sheets.

(dd) Four blankets.

(ee) Four towels.

(iv) Emesis basins.

(v) Disposable tissues.

(vi) Bed pan.

(vii) Urinal.

(viii) Disposable drinking cups.

(ix) Two sand bags, minimum 4" X 6", filled, or comparable material.

(x) Aneroid blood pressure manometer.

(xi) Stethoscope.

(c) For immobilization of fractures: The following equipment and supplies shall be provided:

(i) One lower extremity traction splint.

(ii) Boards, metal splints, or cardboard splints for upper and lower extremities, fractures immobilization to include at least:

2 splints each for arm fractures

2 splints each for leg fractures  
Inflatable lower extremity splints may be provided, but not substituted.

- (iii) Ten triangular bandages.
- (iv) Long backboard. Straps are recommended.
- (v) Cervical collars, 1 each, small, medium and large.
- (d) Wound dressing. The following supplies shall be provided:

- (i) 24 sterile gauze pads 4" X 4".
- (ii) 6 universal dressings, 8" X 30".
- (iii) 12 soft-roller self-adhering bandages, assorted sizes.

- (iv) 2 rolls 1" adhesive tape.
- (v) 2 sterile burn sheets.
- (vi) Bandage scissors.
- (vii) 1" adhesive bandages.
- (viii) 2 dressings for sucking chest wounds.
- (ix) Safety pins.
- (e) Poison Control. The following supplies and information shall be provided: 2 oz. Ipecac, location and number of nearest recognized Poison Control Centers, drinking water, and snake bite kits when appropriate.

(f) Emergency Childbirth. An obstetric kit shall be provided, sterile, and packaged in one unit. The following items may be substituted, if maintained in sterile condition:

- (i) 1 large bandage scissors.
- (ii) 2 umbilical cord clamps.
- (iii) 18 inch umbilical cord tape.
- (iv) 10 - 4 X 4 gauze sponges.
- (v) 2 baby blankets.
- (vi) 4 safety pins.
- (vii) 2 "peri" pads (sanitary napkins).
- (viii) 2 towels.
- (ix) 1 ear syringe.
- (x) 1 sterile sheet.
- (xi) 2 pair sterile gloves.

(g) Medical equipment shall be in good working order. The condition of medical equipment, which includes oxygen cylinders, resuscitators, suction units, splints, backboards, and other mandatory equipment shall be considered as basic in the determination of mechanical adequacy. [Order 1150, § 248-17-070, filed 9/2/76.]

**WAC 248-17-080 Extrication equipment.** Each ambulance shall carry equipment for extricating the injured from automobiles and other trapped conditions. Extrication equipment shall include:

- (1) One 12-inch wrench, with adjustable open end.
- (2) One screwdriver, 12-inches long, with regular blade.
- (3) One screwdriver, 12-inches long, with Phillips blade.
- (4) One hacksaw with 12 blades.
- (5) One pair pliers, 10-inch, vise-grip type.
- (6) One 5-pound hammer with 15-inch handle.
- (7) One axe.
- (8) One 24-inch wrecking bar.
- (9) One crowbar, 51-inches, with pinch point.
- (10) One bolt cutter with 1-1/4 inch jaw opening.
- (11) One shovel.
- (12) One double action tin snip, 8-inches minimum.

(13) Two ropes, each 50 feet long, with breaking strength equal to 3/4" manila rope.

(14) One ABC 2-1/2 pound fire extinguisher.

(15) A commercial extrication device (K-Bar-T tool or similar) may be substituted for Items (8) and (9). [Order 1150, § 248-17-080, filed 9/2/76.]

**WAC 248-17-090 Variances.** Each ambulance vehicle shall be exempted from carrying comparable extrication equipment when documented proof is offered that extrication services are available within ten minutes upon request in the service area of the licensee. [Order 1150, § 248-17-090, filed 9/2/76.]

**WAC 248-17-100 Radio communications equipment—Ambulance vehicle.** (1) Ambulance vehicles shall be equipped with mobile radio equipment which meet the following basic requirements:

(a) The equipment shall provide direct two-way radio communications between the ambulance vehicle and the system control point of the vehicle.

(b) Equipment shall provide direct two-way radio communication with the hospital(s) within the service area of the vehicle. Appropriate encoding and selective signaling devices shall be incorporated into the mobile radio.

(c) Radio equipment shall provide optimum system operations within a 20-mile radius of the vehicle base of operation.

(d) Equipment shall provide control (microphone and loudspeaker) capabilities in the driver's compartment.

(2) Equipment shall be operated in conformance with Federal Communication Commission rules and regulations.

(3) Mobile equipment shall be kept in good working order. [Order 1150, § 248-17-100, filed 9/2/76.]

**WAC 248-17-110 First aid vehicle and equipment.** (1) First aid vehicles shall meet the following requirements:

(a) A portable oxygen unit of 300-liter capacity equipped with a yoke, pressure gauge, flow meter (not gravity dependent), delivery tube, nasal prongs and venturi flow-through oxygen mask. The unit shall be capable of delivering an oxygen flow of at least 10 liters per minute. An extra 300-liter capacity cylinder shall be available on the first aid vehicle.

(b) Self-inflating bag-valve mask unit capable of delivering 50 per cent concentration oxygen.

(c) Venturi or flow-through oxygen mask inhalation unit capable of delivering 25-35 per cent oxygen.

(d) Portable suction with non-glass suction bottles.

(e) Rigid pharyngeal suction tip.

(f) Oral pharyngeal tubes (airways), two each, infant, child and adult sizes.

(g) Six tongue blades.

(h) Towels.

(i) Pediatric mask for bag-valve mask unit.

(j) Sterile suction tips and catheters for nasal-tracheal suctioning.

(k) Clear mouth-face ventilating mask.

(l) Four blankets.

(m) One each aneroid blood pressure manometer and stethoscope.

(n) One lower extremity traction splint.

(o) Boards, metal splints or cardboard splints for upper and lower extremities to include at least two splints for arm fractures and two splints for leg fractures. Inflatable splints may be provided, but not substituted.

(p) Ten triangular bandages.

(q) Long backboard.

(r) Cervical, collars, one each: small, medium and large.

(s) 24 sterile gauze pads, 4 X 4.

(t) 6 universal dressings, 8 X 30.

(u) 12 soft-roller, self-adhering bandages, assorted sizes.

(v) 2 rolls 1" adhesive tape.

(w) 2 sterile burn sheets.

(x) Bandage scissors.

(y) 1-inch adhesive bandages, 12 each.

(z) Two dressings for sucking chest wounds. [Order 1150, § 248-17-110, filed 9/2/76.]

**WAC 248-17-120 Extrication equipment.** (1) Each first aid vehicle shall carry equipment for extricating the injured from automobiles and other trapped conditions. Extrication equipment shall include:

(a) One 12-inch wrench, with adjustable open end.

(b) One screwdriver, 12-inches long, with regular blade.

(c) One screwdriver, 12-inches long, with Phillips blade.

(d) One hacksaw with 12 blades.

(e) One pliers, 10-inch, vise grip type.

(f) One 5-pound hammer with 15-inch handle.

(g) One axe.

(h) One 24-inch wrecking bar.

(i) One crowbar, 51-inches, with pinch point.

(j) One bolt cutter with 1-1/4 inch jaw opening.

(k) One shovel.

(l) One double action tin snip, 8-inches minimum.

(m) Two ropes, each 50 feet long, with breaking strength equal to 3/4" manila rope.

(n) One ABC 2-1/2 pounds fire extinguisher.

(o) A commercial extrication device (K-T tool or similar) may be substituted for Items h and i. [Order 1150, § 248-17-120, filed 9/2/76.]

**WAC 248-17-130 Variances.** Each first aid vehicle shall be exempt from carrying extrication equipment when documented proof is offered that extrication services are available within ten minutes upon request in the service area of the licensee. [Order 1150, § 248-17-130, filed 9/2/76.]

**WAC 248-17-140 Radio communications equipment.** First Aid Vehicle. (1) First aid vehicles shall be equipped with mobile radio equipment which meet the following requirements.

(a) Equipment shall provide direct two-way radio communications between the first aid vehicle and the system control point of the vehicle.

(b) Equipment shall provide optimum system operation within a 20-mile radius from the vehicle base of operation.

(c) Equipment shall be operated in conformance with Federal Communications Commission rules and regulations.

(2) Mobile equipment shall be kept in good working order. [Order 1150, § 248-17-140, filed 9/2/76.]

**WAC 248-17-150 Variances from the requirements of this chapter.** The Secretary may, upon written application by an ambulance operator, ambulance director, first aid vehicle operator, or first aid director, grant variances from compliance with the provisions of this chapter of the Washington Administrative Code. Variances from the provisions of this chapter shall be granted only when compliance can be expected to create prohibitive costs or cause substantial reduction or loss of existing service. Variances may be granted for a period of not more than one year. The variance may be renewed by the Secretary upon approval by the committee. [Order 1150, § 248-17-150, filed 9/2/76.]

**WAC 248-17-160 Ambulance operator, ambulance director record requirements.** (1) Each ambulance operator or ambulance director shall have an organized record system which shall include the following minimum data:

(a) Records showing training levels of ambulance personnel.

(b) Records showing make and model of each ambulance.

(c) Records of each ambulance run which shall include, but not be limited to:

(i) Name of driver.

(ii) Name of attendant.

(iii) Date and time of medical emergency.

(iv) Length of time of ambulance in service.

(d) Types of injury/illness in the following categories:

(i) General trauma.

(ii) Heart emergencies.

(iii) Burn emergencies.

(iv) Head and/or spinal.

(v) Psychiatric emergencies.

(vi) Childbirth/infant emergencies.

(vii) Poison/drug emergencies.

(e) Name of hospital(s) where patient was delivered. [Order 1150, § 248-17-160, filed 9/2/76.]

**WAC 248-17-170 Liability insurance.** Each ambulance operator or ambulance director shall provide proof of current liability insurance coverage of ambulance vehicle(s) operated: *Provided*, That this requirement shall not apply to self-insured public bodies. [Order 1150, § 248-17-170, filed 9/2/76.]

**WAC 248-17-180 First aid vehicle operator, first aid vehicle director requirements.** (1) Each first aid vehicle operator or first aid vehicle director shall have an organized record system which shall include the following minimum data:

(a) Records of each emergency response which shall include, but not be limited to:

- (i) Records showing training levels of personnel.
- (ii) Name(s) of responding personnel.
- (iii) Date and time of emergency.
- (iv) Length of time first aid vehicle is in service.
- (v) Name of service providing transportation (if needed).

(2) Each first aid vehicle operator or first aid vehicle director shall provide written information showing method(s) of coordination with transportation (ambulance) services which provide additional patient care. [Order 1150, § 248-17-180, filed 9/2/76.]

**WAC 248-17-190 Personnel requirements.** Any ambulance operated by an ambulance operator or ambulance director shall operate with sufficient personnel for adequate patient care, at least one of whom shall be an emergency medical technician under standards promulgated by the secretary. The emergency medical technician shall have responsibility for its operation and for the care of patients both before they are placed aboard the vehicle and during transit. If there are two or more emergency medical technicians operating the ambulance, a nondriving emergency medical technician shall be in command of the vehicle. The emergency medical technician in command of the vehicle shall be in the patient compartment and in attendance to the patient.

The driver of the ambulance shall have at least a certificate of advance first aid qualification recognized by the secretary.

Any first aid vehicle operated by a first aid vehicle operator or first aid director shall provide at least one person currently trained and certified in advanced first aid. That person shall be in attendance to the patient. [Order 1150, § 248-17-190, filed 9/2/76.]

**WAC 248-17-200 Advanced first aid training.** (1) A person shall be designated certified in advanced first aid upon successful completion of an advanced first aid training program provided by the American Red Cross, Department of Labor and Industry, or Fire Services Training, Commission for Vocational Education. No fees shall be required, other than fees charged by the provider. [Order 1150, § 248-17-200, filed 9/2/76.]

**WAC 248-17-210 Emergency medical technician training.** (1) Unless indicated otherwise by WAC 248-17-220 a person shall be designated certified as an emergency medical technician by the department upon completion of the following requirements:

- (a) Each applicant shall have successfully completed a basic first aid training program as a prerequisite for entry into the emergency medical technician training program, and
- (b) shall complete seventy-one hours of classroom training, and
- (c) shall complete ten hours of in-hospital observation and training, and
- (d) shall successfully complete a written and practical examination at the conclusion of the training program.

Both the examination and the training program must be approved by the Department of Social and Health Services.

(e) A physician, endorsed by the committee, shall be responsible for overall supervision of the training program.

(2) Certification shall be valid for three years from the date of certification.

(3) Recertification shall be granted upon presenting written evidence of participation in a minimum of twenty hours of physician-directed or supervised training during the course of the three years the certification is in effect, and successful completion of written and practical tests which must be approved by the department.

(4) A fee of \$1.00 shall be required for certification or recertification: *Provided*, That no fee shall be required for active volunteer personnel. [Order 1150, § 248-17-210, filed 9/2/76.]

**WAC 248-17-220 Revocation, suspension or modification of certificate.** (1) Grounds for denial, revocation, or suspension of an emergency medical technician certificate include but are not limited to proof that such emergency medical technician:

(a) Has been guilty of misrepresentation in obtaining the certificate;

(b) Has engaged or attempted to engage in, or represented himself as entitled to perform, any service not authorized by the certificate;

(c) Has demonstrated incompetence or has shown himself otherwise unable to provide adequate service; or

(d) Has violated or aided and abetted in the violation of any provision of chapter 18.73 RCW or the rules and regulations promulgated thereunder.

(e) Has demonstrated unprofessional conduct in the course of providing services. [Order 1150, § 248-17-220, filed 9/2/76.]

**WAC 248-17-230 Appeal, revocation, suspension or modification of certificate.** (1) No certificate issued pursuant to this chapter shall be revoked or suspended without formal written notification to the respondent from the Head, Emergency Medical Services. Such written notification shall state the cause of the revocation or suspension and shall advise the respondent of the right to appeal the revocation or suspension.

(2) No certificate of an emergency medical technician shall be denied, revoked, or suspended without formal written notification to the applicant or holder of the certificate from the department. The denial, revocation, or suspension shall become final thirty days after the date of mailing: *Provided*, That the applicant or holder of the certificate does not within thirty days from the date of mailing of the department's order of denial, revocation or suspension make written application to the department for a hearing. Upon receipt of a written application for a hearing, the department shall proceed to conduct a hearing in accordance with the requirements of the Administrative Procedure Act, chapter 34.04 RCW and the rules of practice and procedure issued by the department thereunder. [Order 1150, § 248-17-230, filed 9/2/76.]

**WAC 248-17-240 Inspections and investigations.** Periodically the department shall inspect licensed ambulances at the location of the ambulance station and licensed first aid vehicles at the location of the first aid vehicle station. Inspections shall include adequacy and maintenance of mechanical equipment and supplies and the mechanical condition of the vehicle, including mechanical and electrical equipment. [Order 1150, § 248-17-240, filed 9/2/76.]

### Chapter 248-18 WAC HOSPITALS

#### WAC

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#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-18-050	Physical plant and operation—Water supply. [Regulation 18.050, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-200	Patient care services—Orders, techniques, and procedure. [Order 91, § 248-18-200, filed 10/3/73; Regulation 18.200, effective 3/11/60; Subsec. 8, effective 1/11/61.] Repealed by Order 119, filed 5/23/75.
248-18-210	Patient care services—Specialized. [Order 83, § 248-18-210, filed 4/9/73; Regulation 18.210, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-340	Pharmacy—Definitions. [Regulation 18.340, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-350	Pharmacy—Functions. [Regulation 18.350, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-360	Pharmacy—Organization, administration and staffing. [Regulation 18.360, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-370	Pharmacy—Facilities. [Regulation 18.370, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-380	Pharmacy—Purchase, storage, labeling, and control, of drugs. [Regulation 18.380, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-390	Pharmacy—Bulk compounding of pharmaceuticals. [Regulation 18.390, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-400	Pharmacy—Distribution or issuance of drugs. [Regulation 18.400, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-410	Pharmacy—Handling of narcotics, barbiturates and tax free alcohol. [Regulation 18.410, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-420	Pharmacy—Access to pharmacy. [Regulation 18.420, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-430	Pharmacy—Responsibilities of pharmacist. [Regulation 18.430, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-450	Records and reports—Facilities. [Regulation 18.450, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-460	Records and reports—Medical records. [Regulation 18.460, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-470	Records and reports—Patient's basic medical records. [Regulation 18.470, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.
248-18-480	Records and reports—Other records and reports. [Regulation 18.480, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

- 248-18-535 Nursing unit—Special design features of specialized facilities. [Regulation 18.560, § 4, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-540 Nursing unit—Patient room and equipment. [Regulation 18.560, §§ 5-6, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-545 Nursing unit—Patient toilet and bathing facilities. [Regulation 18.560, § 7, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-550 Nursing unit—Miscellaneous facilities and equipment. [Regulation 18.560, §§ 8-28, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-570 Surgery suite—Major operating room. [Regulation 18.590, § 2, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.
- 248-18-575 Surgery suite—Minor operating room. [Regulation 18.590, § 3, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.
- 248-18-580 Surgery suite—Fracture room. [Regulation 18.590, § 4, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.
- 248-18-585 Surgery suite—Cystoscopy facilities. [Regulation 18.590, § 5, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.
- 248-18-590 Surgery suite—Scrub-up area. [Regulation 18.590, § 6, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.
- 248-18-595 Surgery suite—Miscellaneous. [Regulation 18.590, §§ 7-16, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.
- 248-18-620 Newborn nursery facilities—Full term nursery unit. [Order 19, § 248-18-620, filed 2/11/69; Regulation 18.610, § 2, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-625 Newborn nursery facilities—Premature nursery unit. [Regulation 18.610, § 3, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-630 Newborn nursery facilities—Observation (or suspect) nursery unit. [Regulation 18.610, § 4, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-635 Newborn nursery facilities—Facilities for janitors, maids and nursery personnel. [Regulation 18.610, §§ 5-6, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-715 General design requirements—Building codes. [Regulation 18.770, § 1, filed 1/25/62.] Repealed by Order 50, filed 12/17/70.
- 248-18-720 Specific design requirements—Vector control. [Regulation 18.770, § 2, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-725 Specific design requirements—Elevators. [Regulation 18.770, § 3, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-730 Specific design requirements—Stairways, ramps and corridors. [Regulation 18.770, §§ 4, 5, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-735 Specific design requirements—Doors, windows and screens. [Order 106, § 248-18-735, filed 1/13/75; Order 83, § 248-18-735, filed 4/9/73; § 248-18-735, filed 10/3/67; Regulation 18.770, §§ 6-8, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-740 Specific design requirements—Floor finishes, wall surfaces and ceiling. [Order 9, § 248-18-740, filed 1/2/69; Regulation 18.770(9), filed 8/4/67; Regulation 18.770, §§ 9-11, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-745 Specific design requirements—Plumbing and sewerage. [Regulation 18.770, § 12, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-750 Specific design requirements—Heating. [Regulation 18.770, § 13, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-755 Specific design requirements—Ventilation. [Regulation 18.770, § 14, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-760 Specific design requirements—Incineration facilities. [Regulation 18.770, § 15, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-765 Specific design requirements—Electrical systems and emergency electrical service. [Order 83, § 248-18-765, filed 4/9/73; Regulation 18.770, §§ 16-17, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-770 Specific design requirements—Miscellaneous. [Order 83, § 248-18-770, filed 4/9/73; Regulation 18.770, §§ 18-23, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.
- 248-18-800 Single license to cover two or more buildings—When permissible. [§ 248-18-800, filed 12/6/67.] Repealed by Order 119, filed 5/23/75.
- 248-18-810 Hospital license to cover attached nursing home building—When permissible. [Order 50, § 248-18-810, filed 12/17/70.] Repealed by Order 119, filed 5/23/75.

**WAC 248-18-001 Definitions.** For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Accredited" means approved by the Joint Commission on Accreditation of Hospitals or the Bureau of Hospitals of the American Osteopathic Association.

(2) "Acute cardiac care unit" means an intensive care unit for patients with heart problems.

(3) "Agent", when used in a reference to a medical order or a procedure for a treatment, means any power, principle or substance, whether physical, chemical or biological, which is capable of producing an effect upon the human body.

(4) All adjectives and adverbs such as adequate, approved, qualified, reasonable, reputable, satisfactory, sufficiently, or suitable, used in these rules and regulations to qualify a person, a procedure, equipment or building shall be as determined by the Washington State Department of Social and Health Services.

(5) "Board" means the Washington State Board of Health.

(6) "Department" means the Washington State Department of Social and Health Services.

(7) "He, him, his or himself" means a person of either sex, male or female, and does not mean preference for nor exclude reference to either sex.

(8) "Hospital" means any institution, place, building or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this act does not include hotels, or similar places furnishing only food and lodging, or simply domiciliary care; nor does it include clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which come within the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital, or institution specifically intended for use in the diagnosis and care of

those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this act or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denomination.

(9) "Intensive care unit" means a special physical and functional unit for the segregation, concentration and close or continuous nursing observation and care of patients who are critically, seriously or acutely ill and in need of intensive, highly skilled nursing service.

(10) "Legend drugs" are those drugs bearing the manufacturer's legend, "Federal law prohibits dispensing without a prescription".

(11) "Licensed practical nurse", abbreviated L.P.N., means a person duly licensed by the Washington State Board of Practical Nurse Examiners to practice practical nursing.

(12) "May" means permissive or discretionary with the Department.

(13) "Medical staff" means those physicians appointed by the governing authority to practice in the hospital.

(14) "New construction" means any of the following started after adoption of these rules and regulations:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversion of existing buildings or portions thereof for use as hospitals;

(d) Alterations other than minor alterations to existing hospitals except where an exemption has been granted by the Secretary of the State Department of Social and Health Services or his designee under WAC 248-18-010(4)(b).

(15) "Nursing home unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but who are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(16) "Patient" means a person who is receiving (or has received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the hospital.

(17) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(18) "Pharmacy" refers to the central area in a hospital where drugs are stored and are issued to hospital departments or where prescriptions are filled.

(19) "Pharmacist" refers to one currently registered as a pharmacist in the state of Washington under the provisions of chapter 18.64 RCW.

(20) "Physician" means a doctor of medicine or a doctor of osteopathy duly licensed in the State of Washington.

(21) "Physician's Assistant" means a person who is not a physician but is practicing medicine in accordance

with the provisions of chapter 18.71A RCW and the rules and regulations promulgated thereunder or in accordance with provisions of chapter 18.57A RCW and the rules and regulations promulgated thereunder.

(22) "Prescription" means an order for drugs for a specific patient given by a duly licensed physician, dentist or other person legally authorized to write prescriptions, transmitted to a pharmacist for dispensing to the specific patient.

(23) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of mental patients (a part of which may be "open" and a part locked), as distinguished from "seclusion rooms" which are part of the general nursing unit in which psychiatric care and treatment are not the primary service.

(24) "Referred outpatient diagnostic service" means a service which is: provided to a person who is receiving his medical diagnosis, treatment and other health care services from one or more sources outside the hospital; limited to diagnostic tests and examinations which do not involve the administration of a parenteral injection, the use of a local or general anesthesia or the performance of a surgical procedure; and ordered by a health care practitioner, legally permitted to order such tests and examinations, to whom the hospital reports the findings and results of the tests and examinations.

(25) "Registered nurse" means a graduate or professional nurse duly licensed under the provisions of the law regulating the practice of registered nursing in the State of Washington and is practicing in accordance with the rules and regulations promulgated thereunder.

(26) "Respiratory isolation" means the prevention of transmission of pathogenic organisms by means of droplets and droplet nuclei that are coughed, sneezed, or breathed into the environment.

(27) "Restraint" means any apparatus used for the purpose of preventing or limiting free body movement. This shall not be interpreted to include a safety device as defined herein.

(28) "Safety device" means a device used to safeguard a patient who because of his developmental level or condition is particularly subject to accidental self-injury.

(29) "Shall" means compliance is mandatory.

(30) "Should" means a suggestion or recommendation, but not a requirement.

(31) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering and involving any of the following: incision, excision, or curettage of tissue or an organ; suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture; extraction of tissue including the premature extraction of the products of conception from the uterus; an endoscopic examination with use of a local or general anesthesia; or assisting a woman during the birth of a child and expulsion of the afterbirth.

(32) "Tuberculous patient" means a person who is receiving diagnostic or treatment services because of suspected or known tuberculosis. [Order 135, § 248-18-001, filed 12/6/76; Order 119, § 248-18-001, filed

5/23/75; Order 106, § 248-18-001, filed 1/13/75; Order 91, § 248-18-001, filed 10/3/73; Order 83, § 248-18-001, filed 4/9/73; Order 50, § 248-18-001, filed 12/17/70; Regulation 18.001, effective 3/11/60.]

**WAC 248-18-010 Exemptions.** (1) If a hospital that is required to be licensed under this act, does not normally provide a particular service or department, the section or sections of these regulations relating to such service or department will not be applicable.

(2) The state board of health may, in its discretion, exempt certain hospitals from complying with parts of these regulations which pertain to health and sanitation, when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the safety or health of the patients in the hospitals involved in jeopardy.

(3) The secretary of the department of social and health services or his designee may, upon written application:

(a) Exempt any hospital from complying with the patient room size, ceiling height, and window area requirements when the room for which the exemption is requested does not place the safety or health of the patients in the room in jeopardy;

(b) Grant an exemption to any hospital from the hospital regulations requiring alterations to meet new construction standards when the proposed alteration will serve to correct deficiencies or will upgrade the facility in order to provide better patient care and will not create any additional deficiencies.

(4) The secretary of the department of social and health services or his designee may, upon written application, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated to his satisfaction to be at least equivalent to those prescribed.

All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the department and the hospital. [Order 142, § 248-18-010, filed 2/8/77; Order 119, § 248-18-010, filed 5/23/75; Order 50, § 248-18-010, filed 12/17/70; Order 22, § 248-18-010, filed 6/27/69; Order 10, § 248-18-010, filed 1/2/69; Regulation 18.010, effective 3/11/60; Subsection (3), filed 2/17/61.]

**WAC 248-18-015 License expiration dates.** The department shall issue hospital licenses initially and re-issue hospital licenses as often thereafter as necessary to stagger license expiration dates throughout the calendar year so as to cause approximately one-twelfth of the total number of hospital licenses to expire on the last day of each month, but no license issued pursuant to this chapter shall exceed twelve months in duration: *Provided*, That, when the annual license renewal date of a previously licensed hospital is set by the department on a date less than twelve months prior to the expiration date of a license in effect at the time of issuance, the license fee shall be prorated on a monthly basis and a credit be allowed at the first renewal of a license for any period of one month or more covered by the previous license. If

there is failure to comply with the provisions of chapter 70.41 RCW or this chapter, the department may, in its discretion, issue a provisional license to permit the operation of the hospital for a period of time to be determined by the department, but not to exceed twelve months. [Order 119, § 248-18-015, filed 5/23/75; Order 69, § 248-18-015, filed 1/13/72.]

**WAC 248-18-017 Single license to cover two or more buildings—When permissible.** When an applicant and the hospital facility for which such application is submitted meet the licensure requirements of chapter 70.41 RCW and chapter 248-18 WAC, the department may issue a single hospital license to include two or more buildings, provided such buildings are connected by an enclosed and heated passageway which has been approved by the department. Such passageway shall be so constructed as to permit the transfer of patients, equipment, and supplies between the buildings. [Order 119, § 248-18-017, filed 5/23/75.]

**WAC 248-18-018 Hospital license to cover attached nursing home building—When permissible.** A building meeting the requirements of chapter 248-14 WAC and which has been approved by the department as a nursing home may be licensed as a part of a hospital by means of a hospital license rider provided:

(1) The hospital makes application for license of the nursing home facility as a part of the hospital;

(2) The hospital and nursing home facility organization, administration and operation are integrated;

(3) The nursing home facility is connected to the hospital by an enclosed, heated passageway which has been approved by the department for the transport of patients, equipment and supplies; and

(4) The hospital establishes and maintains a mechanism whereby placement and retention of patients in the nursing home facility are reviewed by a professional group representative of the hospital's administrative, medical and nursing staffs to assure that use of the nursing home facility is limited to patients who require nonacute, convalescent or chronic care only.

And further provided that where requirements of chapter 248-14 WAC affecting only the maintenance and operation of the nursing home facility are in conflict with chapter 248-18 WAC, then such conflicts may be resolved by each hospital individually: *Provided*, That maintenance and operation of the facility meet either chapter 248-14 WAC or chapter 248-18 WAC. [Order 119, § 248-18-018, filed 5/23/75.]

**WAC 248-18-020 Approval of plans.** (1) Plans and specifications for new construction other than minor alterations, shall be prepared by or under the direction of an architect duly registered in the state of Washington. It is strongly recommended that a narrative description of any proposed construction or alterations be submitted to the department prior to the preparation of any preliminary drawings.

(2) All new construction, other than minor alterations, shall be done in accordance with at least the specific

minimum requirements of the board covering new construction in hospitals, including submission of preliminary plans and the submission and approval of final working drawings and specifications.

(3) Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes. [Order 119, § 248-18-020, filed 5/23/75; Regulation 18.020, effective 3/11/60.]

**WAC 248-18-025 Required approval for occupancy after completion of new construction.** (1) Prior to occupancy and use of a building or any room or other portion of a building which constitutes the whole or part of a new construction project, a hospital shall have obtained written authorization for such occupancy from the Department.

(2) The hospital shall notify the Department when either of the following has been substantially completed: an entire new construction project, or any room or other portion of a new construction project which the hospital plans to occupy before the entire new construction project is finished. Upon receipt of such notification, the Department shall confer with an appropriate representative of the hospital for mutual determination of the date(s) upon which the new construction project or the room or other portion of the project is to be inspected to determine if approval for occupancy may be granted.

(3) The Department shall authorize occupancy if the new construction has been completed in accordance with chapter 248-18 WAC and the Department has received written approval of such occupancy from the State Fire Marshal.

(4) The Department may authorize occupancy of a building or any room or other portion of a building when the new construction is deficient in relation to chapter 248-18 WAC: *Provided*, That the Department has determined, after thorough investigation and consideration, that the deficiencies will not impair services to patients or otherwise jeopardize the safety or health of patients, the hospital has provided written assurance of completion or correction of deficient items within a period of time acceptable to the Department, and the Department has received written approval of such occupancy from the State Fire Marshal. [Order 123, § 248-18-025, filed 3/18/76.]

**WAC 248-18-030 Organization and staff—Medical staff.** (1) Rules, regulations and policies covering the activities of the medical staff shall be established.

(2) It is recommended that the organization and functions of the medical staff be in accordance with the standards of the joint commission on accreditation of hospitals or the bureau of hospitals of the American Osteopathic Association.

(3) Each person admitted to the hospital shall be under the professional care of a member of the medical staff.

(4) Arrangements shall be made to have a physician on call at all times for emergencies. [Order 119, § 248-

18-030, filed 5/23/75; Regulation 18.030, effective 3/11/60.]

**WAC 248-18-035 Infection control program.** The hospital shall have a continuing infection control program. The responsibility for the infection control program shall be vested in an infection control committee which shall include the hospital administrator or his designee and representatives of the medical staff and the nursing department.

(1) The infection control committee shall establish and maintain:

(a) A current system for discovering, reporting, investigating and reviewing infections among patients and personnel and maintaining records on such infections;

(b) A current system for surveillance of food handling practices, care and handling of medical supplies and equipment, laundry, housekeeping and maintenance in relation to potential for transmission of infection;

(c) Current written policies and procedures designed to ensure adherence to recognized standards of medical asepsis in all patient care services;

(d) Current written policies and procedures designed to ensure observance of recognized standards of isolation technic [technique] in the care of any patient with a known or suspected communicable disease (including infected lesions or wounds); and

(e) A current system for reporting communicable diseases in accordance with regulations of the State Board of Health, chapter 248-100 WAC.

(2) The infection control committee shall meet on a regular basis not less than quarterly and shall hold special meetings when necessary to meet their responsibilities in dealing with infection control problems.

Written minutes of all meetings of the infection control committee shall be kept on file. [Order 119, § 248-18-035, filed 5/23/75; Order 107, § 248-18-035, filed 1/13/75.]

**WAC 248-18-040 Personnel.** (1) There shall be sufficient qualified personnel to properly operate each department of the hospital.

(2) The department of nursing shall be under the direction of a registered nurse. There shall be an adequate number of registered nurses on duty at all times.

(3) All nonprofessional employees performing nursing service functions shall be under the direct supervision of a registered nurse.

(4) Each employee shall have on employment and annually thereafter a tuberculin skin test by the Mantoux method. A positive test will consist of ten mm. of induration read at 48-72 hours.

(5) Exceptions.

(a) An employee who is known to be a positive reactor and who has not taken chemoprophylaxis shall have a chest x-ray in lieu of a tuberculin skin test.

(b) An employee who feels that the tuberculin skin test by the Mantoux method would present a hazard to his health because of conditions peculiar to his own physiology may present supportive medical data to this

effect to the tuberculosis control program, Health Services Division, Department of Social and Health Services. The department will select three physicians expert in the management of tuberculosis and will submit the medical data to them. The three physicians will review and evaluate the data and thereafter recommend to the department whether the requirement of the tuberculin skin test should be waived for the individual employee. The department will consider the recommendation of the three physicians selected by it and will decide whether the waiver should be granted to the individual employee and will notify the employee accordingly. Any employee granted a waiver from the tuberculin skin test shall have a chest x-ray taken in lieu thereof.

(6) Employees with a communicable disease in an infectious stage shall not be on duty. [Order 121, § 241-18-040, filed 9/18/75; Order 119, § 248-18-040, filed 5/23/75; Order 91, § 248-18-040, filed 10/3/73; Order 76, § 248-18-040, filed 1/9/73; Regulation 18.040, effective 3/11/60.]

**WAC 248-18-055 Water supply.** (1) There shall be an adequate supply of hot and cold water under pressure which conforms to the quality standards of the department.

(2) Hot water supplied for bathing and handwashing purposes shall be at a safe temperature. [Order 119, § 248-18-055, filed 5/23/75.]

**WAC 248-18-060 Plumbing.** The water supply plumbing, the fixtures, and the waste and drainage system of the hospital shall be of such construction and shall be maintained so as to avoid insanitary conditions. [Order 119, § 248-18-060, filed 5/23/75; Regulation 18.060, effective 3/11/60.]

**WAC 248-18-070 Staff facilities.** (1) Adequate and conveniently located toilet and lavatory facilities shall be provided for employees separate from patient facilities.

(2) Paper towels in a satisfactory dispenser or some other acceptable type of single use towels and a satisfactory receptacle for used towels shall be provided at all plumbing fixtures used for handwashing.

(3) Dressing rooms for surgical, delivery, and nursery department personnel should be provided within these areas to facilitate changing to scrub uniforms. [Order 119, § 248-18-070, filed 5/23/75; Regulation 18.070, effective 3/11/60.]

**WAC 248-18-080 Storage.** There shall be a sufficient amount of suitable storage space throughout the hospital for all supplies and equipment. [Order 119, § 248-18-080, filed 5/23/75; Regulation 18.080, effective 3/11/60.]

**WAC 248-18-090 Heating.** All heating systems shall be constructed, maintained and operated in a manner to provide a comfortable temperature for patients and personnel and to conform with the regulations of the Washington state fire marshal. [Order 119, § 248-18-090, filed 5/23/75; Regulation 18.090, effective 3/11/60.]

**WAC 248-18-100 Lighting and wiring.** All usable rooms and areas of the hospital shall be lighted adequately by natural and/or artificial light. Appropriate electrical service shall be provided in all areas of the hospital adequate to meet the electrical demand of the equipment or fixtures used in these areas. [Order 119, § 248-18-100, filed 5/23/75; Regulation 18.100, effective 1/11/61.]

**WAC 248-18-110 Emergency light and power.** (1) Flashlights or battery-operated lamps shall be available to employees on night duty and kept in operating condition.

(2) Adequate emergency lighting equipment shall be available in the surgery suite, delivery suite, and emergency room. Such equipment shall meet the requirements of the state electrical code. [Order 119, § 248-18-110, filed 5/23/75; Regulation 18.110, effective 3/11/60.]

**WAC 248-18-120 Ventilation.** All patient rooms, all rooms in which personnel routinely work and the rooms which, because of use, might have objectionable odors and/or excessive condensation shall be adequately ventilated by windows, ducts or mechanical means. [Order 119, § 248-18-120, filed 5/23/75; Regulation 18.120, effective 1/11/61.]

**WAC 248-18-130 Corridors and doors.** (1) Corridor and door widths shall be adequate to permit the free movement of patients on standard size wheeled stretchers.

(2) Doors shall not swing into the corridors so as to constitute a hazard. [Order 119, § 248-18-130, filed 5/23/75; Regulation 18.130, effective 3/11/60.]

**WAC 248-18-135 Carpets.** (1) Carpets may be used in the following nonpatient occupied areas: Administrative areas; lobbies, lounges; waiting area; chapels, nurses' station; dining rooms; corridors not within patient care areas (excluding stairways or stair enclosures); equipment alcoves opening onto carpeted corridors. Carpets may be used in other areas only upon written approval of such use by the department.

(2) Specifications for carpeting in the above nonpatient occupied areas:

(a) Pile yarn fiber: Fiber which meets the standards of the state fire marshal (see RCW 70.41.080) shall be acceptable provided the fiber is easily cleanable.

(b) Pile tufts per square inch: Minimum 64.

(c) Rows: Minimum eight per inch.

(d) Pile height: From a minimum height of .125 inches to a maximum of .312 inches.

(e) Pad: May be separate pad.

(3) Carpets may be used in the following patient occupied areas: Patient rooms (excluding toilets and bathrooms); coronary care units; recovery rooms (not within surgical suites); labor rooms (not within delivery suites); corridors within patient occupied areas; dayrooms in nursing home units; equipment alcoves opening onto carpeted corridors. Carpets may be used in other areas

only upon written approval of such use by the department.

(4) Specifications for carpeting in the above patient occupied areas:

(a) Pile yarn fiber: Fibers which meet the standards of the state fire marshal (see RCW 70.41.080) shall be acceptable provided the fiber is easily cleanable.

(b) Pile type: Round loop.

(c) Pile tufts per square inch: Minimum 64.

(d) Rows: Minimum eight per inch.

(e) Pile height: Level pile, from a minimum height of .125 inches to a maximum of .255 inches.

(f) Backing: Shall be water impervious or a water impervious pad shall be permanently bonded to the backing.

(5) Installation of carpet material:

(a) Bonded pad carpet must be cemented to the floor with waterproof cement.

(b) Edges of carpet must be covered and cove or base shoe used at all wall junctures. Seams are to be bonded together with manufacturer recommended cement.

(c) Safety of patients or occupants shall be assured during installation. Rooms must be well ventilated and not be used by occupants or patients during installation. The room may not be returned to use until the room is free of volatile fumes and odors from adhesives. [Order 119, § 248-18-135, filed 5/23/75; Order 9, § 248-18-135, filed 1/2/69; Regulation 18.135, filed 8/4/67.]

#### **WAC 248-18-140 Stairways, ramps, and elevators.**

(1) When vertical transportation of patients is necessary, adequate elevators or ramps shall be provided.

(2) All stairways and ramps shall have nonskid surfaces.

(3) Stairways and ramps shall have handrails on both sides.

(4) Open stairs and ramps shall have adequate protection. [Order 119, § 248-18-140, filed 5/23/75; Regulation 18.140, effective 3/11/60.]

**WAC 248-18-150 Maintenance.** (1) The hospital structure, its component parts, facilities, and equipment shall be kept clean and in good repair and be maintained with consideration for the safety and well-being of the patient.

(2) Housekeeping equipment shall be kept in a clean and sanitary condition.

(3) Dust control methods shall be employed in cleaning throughout the hospital.

(4) All necessary means shall be provided to maintain the premises free from rodents and insects.

(5) If carpets are used, a comprehensive housekeeping procedure must be developed and followed.

(a) The written housekeeping procedure for the maintenance of carpeting shall include statements regarding the following:

(i) Daily care: All carpeting shall be thoroughly vacuumed daily.

(ii) Spotting: To maintain aesthetic appearance of the carpet surface a regular spotting program must be

maintained. Carpets contaminated by infectious discharge or waste shall be promptly cleaned and disinfected.

(iii) Periodic cleaning: The frequency of shampooing depends in general upon traffic and soiling conditions, but in no instance shall the frequency be less than semiannually.

(iv) Cleaning between room occupancies: Rooms must be thoroughly vacuumed prior to occupancy by another person.

(b) Vacuum equipment for maintenance of carpeting in patient occupied areas. Vacuum equipment is to meet the following specifications:

(i) Equipped with a filter capable of retaining particles 0.3 micron and larger in size.

(ii) Exhaust air diffused near top of machine at an upward angle.

(iii) Low sound operating level.

(iv) If a central vacuum system is used, a filter capable of retaining particles 0.3 micron and larger is to be installed forward of the exhaust outlet. [Order 119, § 248-18-150, filed 5/23/75; Order 9, § 248-18-150, filed 1/2/69; Regulation 18.150, filed 8/4/67; Regulation 18.150, effective 3/11/60.]

**WAC 248-18-160 Laundry.** The hospital shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods. [Order 119, § 248-18-160, filed 5/23/75; Regulation 18.160, effective 3/11/60.]

**WAC 248-18-170 Sewage, garbage, and waste.** (1) All sewage, garbage, refuse, and liquid wastes shall be collected and disposed of in a manner to prevent the creation of an insanitary condition or nuisance.

(2) Contaminated dressings, used dressings, surgical and obstetrical wastes, and other similar materials shall be handled in a satisfactory manner and finally disposed of in an incinerator which will provide complete combustion or by another approved method. [Order 119, § 248-18-170, filed 5/23/75; Regulation 18.170, effective 3/11/60.]

**WAC 248-18-180 Food and food service.** Food service sanitation standards in both new and existing hospitals shall be governed by chapter 248-84 WAC. [Order 119, § 248-18-180, filed 5/23/75; § 248-18-180, filed 12/6/67; Regulation 18.180, effective 3/11/60.]

**WAC 248-18-190 Patient care services, general.** (1) Nursing Services Facilities.

(a) Nurses' station. A nurses' station of adequate size with chart desk and telephone shall be provided in a suitable location on each nursing unit.

(b) Utility room or space. On each nursing unit an adequate, properly equipped, utility space or area shall be provided for the preparation, cleaning and storage of nursing supplies and equipment which is carried out on the nursing unit. This utility space shall be so arranged as to provide for separation of clean and soiled supplies and equipment.

(c) Toilet and bathing facilities.

(i) There shall be at least one water closet, lavatory and bathing facility reserved for patient use on each patient floor, and such additional toilets, lavatories, and bathing facilities to adequately meet the needs of the patients on each nursing unit.

(ii) Grab bars properly located and securely mounted shall be provided at patient bathing facilities and water closets.

(iii) Some means of signalling by the patient while in the toilet room or bath room shall be provided in a proper location.

(iv) A lavatory shall be provided in or convenient to every toilet room.

(v) Paper towels in a satisfactory dispenser or some other acceptable type of single use towel and a satisfactory receptacle for used towels shall be provided at all lavatories.

(d) Isolation room or unit.

(i) There shall be a suitable room or unit which shall be used to carry out isolation technic [technique] for care of the patients with known or suspected communicable diseases, including patients with wound infections.

(ii) This room or unit shall contain a lavatory with elbow, knee or foot faucet control.

(e) Seclusion room. When special accommodations are provided for seriously disturbed patients, the layout, design of details, equipment, and furnishings shall be such that patients may be under close observation and will not be afforded opportunities for hiding, escape, injury to self or others, or suicide.

(f) Storage and handling of drugs.

(i) Medicines, poisons, and other drugs shall be stored in a specifically designated and well illuminated medicine cupboard, closet, cabinet, or room accessible only to persons authorized to administer or dispense drugs. Separate compartments shall be provided for the storage of drugs for internal use and those for external use.

(ii) A separate locked drawer, compartment, cabinet, or safe shall be provided for the storage of narcotics.

(iii) Suitable facilities including ample light, running water and sufficient work area shall be provided for the preparation of dosages for patients.

(iv) All drugs shall be plainly labeled with the name of the drug, the strength and the date of issue. Individual prescriptions shall be labeled with the prescription number, the patient's name, the name of the drug, the strength, the date of issue, and the name of the physician who prescribed the drug.

(g) Patient room facilities.

(i) All patient rooms shall be outside rooms with adequate windows of clear glass.

(ii) Single rooms shall contain at least 80 square feet and multi-bed rooms shall contain at least 70 square feet per adult bed and youth bed or crib, 60 square feet per crib of 5 feet or less in length, and 40 square feet per bassinets for pediatric bassinets.

(iii) Rooms shall have at least 7-1/2 foot ceiling height over the required area.

(iv) No room, the floor of which is more than 3 feet, 6 inches below grade, shall be used for the accommodation of patients.

(v) There shall be at least 3 feet between beds.

(vi) Rooms shall be arranged so as to permit the movement of a wheeled stretcher to the side of each bed.

(vii) There shall be sufficient and satisfactory storage space for clothing, toilet articles and other personal belongings of patients.

(viii) Sufficient electrical outlets shall be provided to permit the use of bed lamps, radios and other electrical equipment as required.

(h) Patient room furnishings.

(i) A hospital type bed with suitable mattress, pillow and necessary coverings shall be provided for each patient.

(ii) There shall be a bedside stand or cabinet and chair for each patient.

(iii) Means for signalling nurses shall be provided within easy reach of each bed when appropriate.

(iv) A sufficient number of cubicle curtains or screens shall be available to assure privacy for patients when indicated.

(v) A properly designed bed lamp shall be provided at each bed when appropriate.

(2) Supplies and Equipment for Patient Care.

(a) There shall be sufficient equipment and supplies for patient care.

(b) Each patient shall be provided with individual bedside utensils.

(c) All supplies and equipment used in patient care shall be properly cleaned and/or sterilized between use for different patients.

(d) Methods for cleaning, handling and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use.

(e) After discharge of a patient, the bed, mattress, cover, bedside furniture, and equipment shall be properly cleaned.

(f) Mattresses, blankets, and pillows, assigned to patients, shall be in a sanitary condition. The mattress, blankets and pillows used for a patient with an infection shall be sanitized in an acceptable manner before they are assigned to another patient.

(3) Orders, Techniques, and Procedures.

(a) Written orders signed by a member of the medical staff shall be required for all medications and treatments given to patients.

(b) A recognized standard procedure for the administration of medications shall be established and carried out. This procedure shall be written and readily available to all personnel responsible for medications.

(c) A standard isolation technique shall be established and practiced in caring for patients with known or suspected communicable diseases.

(d) There shall be a reliable method for personal identification of each patient.

(e) A recognized standard procedure for the handling and administration of blood shall be established to insure the safety of the patient. This procedure shall be written and readily available to all personnel responsible for the administration of blood.

(f) There shall be provision for personnel to gain immediate access to patient rooms, toilets, showers, and

bathrooms should any emergency occur to a patient in any one of these areas.

(g) The hospital shall establish safety policies and procedures for the care of the patients who because of their age or condition are not responsible for their acts.

(h) Adequate nursing care shall be provided to all patients.

(i) There shall be written policies governing smoking by personnel, patients, visitors and others within the hospital. Policies shall be designed to prohibit smoking where or when smoking may cause discomfort to a patient or constitute a safety hazard. [Order 119, § 248-18-190, filed 5/23/75; Regulation 18.190, effective 3/11/60.]

**WAC 248-18-215 Pediatric services.** (1) Hospitals admitting children shall have proper facilities for their care apart from the obstetrical facilities.

(2) Children should not be placed in rooms with adult patients. [Order 119, § 248-18-215, filed 5/23/75; Order 83, § 248-18-215, filed 4/9/73.]

**WAC 248-18-220 Obstetrical department.** Any hospital which provides obstetrical services shall be in compliance with the following additional requirements.

(1) General.

(a) The obstetrical labor rooms, delivery suite, postpartum rooms and newborn nursery facilities shall be located and arranged to minimize traffic of patients, visitors and personnel from other services or departments and prevent through traffic in a delivery suite, delivery room, patient room or a newborn nursery unit.

(b) At least one patient room and such additional patient rooms as are necessary to provide a number of beds at least equal to the average daily obstetrical census shall be reserved for obstetrical patients exclusively.

(c) Obstetrical patients shall not be placed in rooms with other types of patients: *Provided, however,* That recovery room care of an obstetrical patient immediately following delivery may be in an inpatient recovery unit used for other types of patients who have no known or suspected infectious conditions.

(d) There shall be at least one water closet and lavatory and additional water closets and lavatories as are necessary to provide one water closet and lavatory per every six obstetrical beds or fraction thereof. Any water closet which is being used by an obstetrical patient shall be reserved for obstetrical patients exclusively.

(e) Any obstetrical patient or newborn infant who has a known or suspected infectious condition shall be segregated from other patients and receive care in an isolation room which has handwashing facilities.

(f) When any member of the nursing staff provides care to other types of patients as well as obstetrical patients or newborn infants, strict handwashing and gowning technic [technique] shall be employed in giving nursing care to an obstetrical patient or newborn infant. Gowns which have been worn outside the obstetrical service or in the care of non-obstetrical patients shall not be worn in the care of obstetrical patients or newborn infants.

(g) There shall be written policies and procedures which supplement the hospital's basic policies and procedures and are specific to the obstetrical service. Policies and procedures shall be designed to guide personnel in: the observation and care of obstetrical patients during labor, delivery and the postpartum period; the observation and care of newborn infants; the use of special equipment and supplies employed in the care of obstetrical patients or newborn infants and control of traffic within the obstetrical department. Policies and procedures shall be reviewed and revised as necessary to keep them current, dated, and approved in writing by appropriate representatives of the nursing and medical staffs.

(2) Labor and delivery.

(a) A registered nurse shall be in attendance during labor and delivery of a patient.

(b) Rooms used for patients in labor shall be single or two-bed rooms within or close to the obstetrical delivery suite. Labor rooms within a delivery suite shall be used exclusively for patients in labor: *Provided, however,* That such labor room which have outside windows may be used for other obstetrical patients if the hospital's usual, daily obstetrical census is less than the approved number of beds in these labor rooms.

(c) Obstetrical delivery facilities in operation or approved for construction prior to February 21, 1975 shall be in a separate, segregated delivery suite which services obstetrical patients exclusively and contains delivery rooms in the ratio of at least one for every 700 deliveries or fraction thereof per year and ancillary facilities.

(i) The minimum dimension of a delivery room shall be at least 15 feet. A delivery room shall have a minimum area of at least 270 square feet and be properly equipped for the care of mothers and their newborn infants.

(ii) There shall be scrub-up, clean-up, sterilizing, storage, housekeeping and staff facilities which shall be in accord with WAC 248-18-600(1)(c), (d), (e), (f), (g), (h), (i) and (k).

This shall not be interpreted to constitute rescindment of State Board of Health exemptions from requirements for delivery room facilities which were granted prior to February 21, 1975.

(3) Exemptions to the requirement for a separate, segregated delivery suite.

The Secretary of the Department or his designee may, upon written application by a hospital, exempt a hospital from compliance with WAC 248-18-220(2)(c) to permit a hospital to close its obstetrical delivery suite and use surgery suite facilities for obstetrical deliveries or to permit a hospital to use obstetrical delivery suite facilities for surgical operations, providing the following requirements are met:

(a) The use of the hospital's obstetrical suite facilities prior to the granting of the exemption shall have averaged less than 400 obstetrical deliveries per delivery room per year.

(b) The need for continuation of obstetrical services by the hospital shall have been determined by means of the Comprehensive Health Planning and Certificate of Need process established under the provisions of chapter 70.38 RCW.

(c) The hospital shall establish a policy governing the use of obstetrical delivery and operating rooms which ensures that any patient who presents an obstetrical emergency, which requires immediate medical intervention to preserve the health and life of a mother or her infant, is given priority over other obstetrical and non-emergency surgical patients.

(d) The hospital's infection control committee shall establish policies and procedures designed to prevent the transmission of infection through the combined use of surgery or obstetrical delivery suite facilities and shall maintain a system for discovery, reporting and investigation of all infections occurring in surgical patients, post-partum patients and neonates. A record of reports and investigations of all such infections shall be kept on file.

(e) A hospital which is permitted to use facilities in the obstetrical delivery suite for surgical operations shall:

(i) Reserve for obstetrical deliveries exclusively at least one delivery room and such additional delivery rooms as are necessary to provide one delivery room for every 700 obstetrical deliveries or fraction thereof per year.

(ii) Give priority to any obstetrical patients for whom delivery is imminent when the number of such obstetrical patients and patients scheduled for surgery in the delivery suite exceed the number of patients that can be accommodated in the obstetrical delivery rooms available.

(iii) Exclude the following categories of surgery from the obstetrical delivery suite: surgery performed on persons who have a known or suspected infection (acute or chronic), are known carriers of a communicable disease, or who are known to have been exposed to a communicable disease within a recent period which is less than the maximum incubation period of the disease; change or removal of a cast; mouth, nose, or throat surgery; and intestinal, rectal, anal or perianal surgery other than an incidental appendectomy.

(f) A hospital may be permitted to use one operating room for both surgical operations and obstetrical deliveries, provided the hospital has only one operating room in its surgery suite and averages fifty or less obstetrical deliveries per year and 75 or less surgical operations per year, excluding minor emergency surgical procedures which are performed outside the surgery suite. Any other hospital which is permitted to close its obstetrical suite and use facilities in the surgery suite for obstetrical deliveries shall:

(i) Reserve for obstetrical deliveries exclusively at least one operating room and such additional operating rooms as are necessary to provide an operating room for every 700 obstetrical deliveries or fraction thereof per year.

(ii) Give priority to any obstetrical patients for whom delivery is imminent when the number of such obstetrical patients and the number of patients scheduled for non-emergency surgery exceed the number of patients that can be accommodated in the operating rooms available.

(iii) Exclude from operating rooms used for obstetrical deliveries the categories of surgery which are excluded from an obstetrical delivery suite by the preceding WAC 248-18-220(3)(e)(iii).

(g) Any hospital to which an exemption from WAC 248-18-220(2)(c) has been granted shall establish policies and procedures and maintain appropriate equipment and supplies for rapid conversion of a labor room to an emergency delivery room should an obstetrical delivery be imminent at a time that all obstetrical delivery rooms or operating rooms are in use.

(4) Nursery.

(a) A properly equipped nursery shall be provided for the care of the newborn and shall not be used for any other purpose.

(b) A nursery room shall provide a minimum of 20 square feet per bassinets.

(c) Bassinets should be spaced at least two feet apart unless there are six or less bassinets in a nursery room.

(d) The nursery shall have window area equal to at least one-eighth of the floor area, or shall be provided with complete air conditioning to control temperature, humidity and air motion.

(e) There shall be work and examining space of adequate area preferably in a separate room, adjacent to a nursery or pair of nurseries.

(f) There shall be running water in the work room and in the nursery with foot, knee, or elbow faucet control; knee or foot faucet control are preferable.

(g) There shall be a glass observation window in the nursery area.

(h) The nursery shall be maintained at a temperature of approximately 75 degrees F. The nursery shall have a reliable thermometer mounted four feet from the floor.

(i) Adequate facilities shall be provided for the care of premature infants.

(j) Only such persons necessary to the care of the infant or the nursery unit shall be admitted to the nursery.

(k) The nursing care of the newborn infant shall be under the immediate supervision of a registered nurse.

(l) Nurses and other personnel regularly assigned to the nursery shall wear short-sleeved scrub dresses or uniforms covered with a clean, long-sleeved gown.

(m) All persons not regularly assigned to the nursery shall wear clean long-sleeved gowns before handling infants or coming in contact with clean equipment such as bassinets, incubators and examining tables.

(n) Handwashing.

(i) Prior to touching infants or clean equipment such as bassinets, incubators and examining tables, all persons must wash their hands.

(ii) The handwashing procedure shall be that approved by the infection control committee.

(iii) A handwashing is required before handling each infant.

(o) Individual equipment shall be provided for each infant and individual technique shall be used in the care of each infant. Common bathing tables and common carriers for transporting babies to mothers shall not be used.

(p) A neonate who is transferred from another hospital may be admitted directly to a newborn nursery room

provided he presents no evidence of an infection and was born and transferred under conditions which protected him from exposure to an infectious condition. Other infants born outside the hospital shall be isolated upon admission. An infant who has symptoms of an infection shall be removed from the regular nursery and isolated without delay. Infants of mothers who have an infectious disease shall be isolated.

(q) Strict isolation technique shall be observed in caring for any isolated infant.

(r) Prophylactic treatment of the eyes of the newborn child shall be carried out in accordance with the regulations of the State Board of Health.

(s) Newborn infants shall be marked for identification in the delivery room. The method of identification shall be such as to positively identify an infant with his mother.

(5) Formula.

(a) There shall be a suitable, designated area for the preparation of milk mixtures. This area shall be equipped with sink, handwashing facilities and storage space.

(b) The sink shall be equipped with foot, knee or elbow faucet control.

(c) Formula for the milk mixtures for newborns shall be ordered and signed by the physician.

(d) Formula and other fluids for infants shall be prepared by terminal heat method. This is a process by which the completely assembled formula units (bottles filled with formula, with nipples applied and covered with nipple protectors) are exposed to heat treatment sufficient to make them bacteriologically safe.

(e) The individually bottled formula shall be stored in a refrigerator at a temperature of 40 degrees - 45 degrees F. Nothing else should be stored in the refrigerator which might be a possible source of contamination to the formula.

(6) Commercial infant formula—Direct system - A "direct system" of commercial infant feeding is one in which pre-mixed, pre-sterilized infant formula is packaged in individual, single-feeding hermetically sealed containers that are designed and used for individual feeding purposes.

(a) There shall be a suitable, designated area for the preparation of milk mixtures. This area shall be equipped with sink, handwashing facilities and storage space.

(b) The sink shall be equipped with foot, knee or elbow faucet control.

(c) Formula for the milk mixtures for newborns shall be ordered and signed by the physician.

(d) The formula is ready-to-use infant formula that is wholesome and safe for infant feeding and that is bottled, or otherwise assembled, and sterilized in hermetically sealed containers.

(e) On each package of formula containers there is indicated an expiration date beyond which the formula may not be used.

(f) All formula containers, nipples, caps and auxiliary equipment are packaged and stored in containers that protect them from contamination and are handled in a

manner that prevents contamination of any of their surfaces.

(g) Packages in which the formula and auxiliary equipment are delivered to the hospital from an outside source are not permitted in the nursery suite.

(h) Handling and storage conditions are such that:

(i) In areas outside nursing unit, nursery or formula rooms:

(A) Containers of formula are protected by complete encasement or wrapping until delivery to formula room, nursery or nursing unit.

(B) The storage area is dry, clean and not excessively warm.

(C) Stock is rotated regularly.

(D) Expiration dates on packages of formula containers are checked routinely. Outdated formula supplies are not issued or used for infant feeding.

(ii) In areas of nursing unit, nursery or formula room:

(A) The manner in which formula containers are delivered to the nursing unit, nursery or formula room prevents contamination of the containers, or handling of containers by other than nursery personnel; or the containers are of a type and make which permit safe and adequate sanitization and are adequately sanitized as they are brought into the nursing unit, nursery or formula room.

(B) Formula containers, packages of nipples, caps and/or covers and any other formula preparation equipment are stored in a manner which protects them from contamination.

(C) The area where formula is stored is not subject to excessive heat and/or sunlight.

(D) The stock is checked and rotated regularly to avoid use of outdated or deteriorated formula.

(i) The quality and sanitary design of the formula container, the cover and/or nipple and other equipment used in the preparation for feeding infants are acceptable to the department.

(j) Formula is not transferred from its original sealed container to another bottle, can or nurser for feeding purposes.

(k) Equipment used in the opening and preparation of the formula is adequately cleaned and sterilized or sanitized.

(l) The formula container is opened and the nipple applied with strict aseptic technique and with no direct manual contact with the nipple or nipple portion of a feeding device.

(m) The preparation of formula for infant feeding is performed in a clean area used for this purpose only.

(n) Formula preparation for infant feeding is performed under the immediate supervision of a registered nurse.

(o) Any individual formula container on which the hermetic seal has been broken is used only for the next immediate feeding period and then discarded. The time lapse between the break of the hermetic seal and the use of formula may not exceed 4 hours.

(p) When individually wrapped, sterile, disposable nipples are used, they are discarded after one feeding or any contamination.

(q) When reusable nipples, collars, caps or other accessory equipment are used, they are properly cleaned and assembled into complete units, individually packaged and properly sterilized after each use.

(r) No nipple on a formula container is changed. If a nipple is contaminated or is unsatisfactory for the feeding of an infant, another complete feeding unit is used.

(s) Formula containers which are opened in excess of the number of feedings required at one time are used or discarded within a 4 hour period.

(t) Ready-to-use formula from an outside source does not receive further heat treatment in the hospital.

(u) Each complete formula unit is properly labeled with:

(i) Manufacturer's name and address.

(ii) Name of infant.

(iii) Name of formula.

**RECOMMENDATION:** It is strongly recommended that bacteriological cultures be performed at least weekly on random samples of complete nipples formula units by the hospital.

(7) Commercial infant formula—Indirect system. An "indirect system" of commercial infant feeding is one in which multiple feedings of pre-mixed, pre-sterilized infant formula are packaged in a single hermetically sealed bulk container and transfer of formula from such original container to other containers suitable for individual feedings is necessary.

(a) There shall be a suitable, designated area for the preparation of milk mixtures. This area shall be equipped with sink, handwashing facilities and storage space.

(b) The sink shall be equipped with foot, knee or elbow faucet control.

(c) Formula for the milk mixtures for newborns shall be ordered and signed by the physician.

(d) The formula is ready-to-use infant formula that is wholesome and safe for infant feeding and that is packaged and sterilized in hermetically sealed containers.

(e) On each package of formula containers there is indicated an expiration date beyond which the formula may not be used.

(f) Each hermetically sealed container is prepared for use with a sterile, disposable, single-service nurser device; a sterile, disposable, integral air filter transfer device, and sterile auxiliary equipment.

(g) All nurser devices, transfer devices, and other auxiliary equipment are packaged and stored in containers that protect them from contamination and are handled in a manner that prevents contamination of any surface.

(h) Packages in which the formula and auxiliary equipment are delivered to the hospital from an outside source are not permitted in the nursery suite.

(i) Handling and storage conditions are such that:

(i) In areas outside nursing unit, nursery or formula room:

(A) Containers of formula are protected by complete encasement or wrapping until delivery to formula room, nursery or nursing unit.

(B) The storage area is dry, clean and not excessively warm.

(C) Stock is rotated regularly.

(D) Expiration dates on bulk containers are checked routinely. Outdated formula supplies are not issued or used for infant feeding.

(ii) In areas of nursing unit, nursery or formula room:

(A) The manner in which formula containers and auxiliary supplies are delivered to the nursing unit, nursery or formula rooms prevents contamination of the containers and supplies, or handling of containers and supplies by other than nursery personnel; the containers and auxiliary supplies or wrappers are of a type and make which permit safe and adequate sanitization and are adequately sanitized as they are brought into the nursing unit, nursery or formula room.

(B) Formula containers, nursers, and any other formula preparation equipment are stored in a manner which protects them from contamination.

(C) The area where formula is stored is not subject to excessive heat and/or sunlight.

(D) The stock is checked and rotated regularly to avoid use of outdated or deteriorated formula.

(j) Formula is transferred from its original sealed container to sterile, single-service nurser devices by means of sterile, disposable, integral air filter transfer devices with strict aseptic technique and no manual contact with the nipple portion or nurser.

(k) The quality and sanitary design of the formula container, the nurser and other equipment used in transfer of the formula to the nurser are acceptable to the department.

(l) The filled single nurser device is used only for the next immediate feeding period and then discarded.

(m) The container and transfer device are discarded when the original formula container is emptied.

(n) If an original sealed formula container has been opened but not emptied during the course of formula preparation for the next immediate feeding period, the container of formula is used during subsequent formula preparation periods after opening, only under the following conditions:

(i) The sterile, disposable transfer device is not removed from the opened formula container.

(ii) All surfaces of the transfer device that have contact with the formula or the nipple portion of the nurser device are handled and protected in a manner to prevent contamination.

(o) Whenever a formula container has not been emptied within twenty-four hours after opening, the remaining contents, container and attached transfer device are discarded.

(p) Formula preparation for infant feeding is performed under the immediate supervision of a registered nurse.

(q) The preparation of formula for infant feeding is performed in a clean area used for this purpose only.

(r) Ready-to-use formula from an outside source does not receive further heat treatment in the hospital.

(s) Each complete formula unit is properly labeled with:

(i) Manufacturer's name and address.

- (ii) Name of infant.
- (iii) Name of formula.

**RECOMMENDATION:** It is strongly recommended that bacteriological cultures be performed at least weekly on random samples of complete filled formula units. [Order 142, § 248-18-220, filed 2/8/77; Order 119, § 248-18-220, filed 5/23/75; Order 107, § 248-18-220, filed 1/13/75; Order 85, § 248-18-220, filed 6/12/73; Order 83, § 248-18-220, filed 4/9/73; Subsections 5 and 6 from Regulation 18.220, filed 4/17/64; Subsections 1-4 from Regulation 18.220, effective 3/11/60.]

**WAC 248-18-225 Acute cardiac care unit.** (1)

There shall be an electrocardiographic monitor with an oscilloscope and audio alarm system for each bed used for acute cardiac care within the unit.

(2) There shall be emergency medical supplies and equipment, including a direct current defibrillator, in a location that makes it possible to bring them to any patient within the acute cardiac care unit within 60 seconds.

(3) In each patient room, there shall be an emergency signal device which registers at a location from which additional assistance is always available. (Such an emergency signal device is recommended for each bed.)

(4) Patient beds shall have removable head boards.

(5) Emergency electrical service shall be provided for patient room lighting and operation of monitoring equipment and other critical patient care equipment in the acute cardiac care unit. The emergency electrical service shall be automatic and not require any manual action to put it into operation after failure of the regular electrical service.

(6) The following additional equipment is required at the nurses' station: a "slave" oscilloscope with an electrocardiogram rate meter and a direct writing strip recorder connected to each patient's oscilloscope.

(7) There shall be written policies and procedures pertinent to patient care within the acute cardiac care unit. Policies and procedures shall be made known and readily available to all physicians, nurses and other personnel who have responsibility for services within the unit, shall be observed in the care of patients, and shall be kept current by periodic review and revision.

(a) There shall be a written policy which ensures that at all times a representative of the medical staff serves as medical director of the acute cardiac care unit. The functions and responsibilities of the medical director shall be delineated.

(b) There shall be written policies defining physicians' responsibilities for patients within the acute cardiac care unit.

(c) There shall be written policies governing the admission, transfer or discharge of patients in the acute cardiac care unit. These policies shall establish criteria and priorities for admission and transfer of patients and provide for a physician's examination of each patient immediately prior to admission to the acute cardiac care unit or as soon as possible thereafter.

(d) There shall be written medical policies and orders to guide the action of nurses and other personnel when a medical emergency is imminent or arises and a physician

is not present. These shall: delineate the circumstances for which particular policies and orders are to be followed; provide for a physician to be called as rapidly as possible; delineate the minimum qualifications or training of persons who may execute particular medical orders; and, be approved in writing by appropriate representatives of the medical, nursing and administrative staffs. An order for the administration of a drug or other treatment during a medical emergency shall include: a description of the treatment which includes the name of each drug or other agent; the dosage, concentration or intensity of a drug or other agent; the route or method of administration; and, where pertinent, the time interval, frequency or duration of administration. There shall be written procedures, approved in writing by a representative of the medical staff, for any use of defibrillators, pacemakers, respirators and other special medical equipment by non-physician personnel.

(e) There shall be written policies and procedures governing the care and maintenance of equipment used in the care of patients. These shall be designed to ensure that equipment is safe and operable at all times.

(f) There shall be written policies and procedures governing special diagnostic and therapeutic services to patients in the acute cardiac care unit. These shall establish the working relationships between the acute cardiac care unit and the other services and delineate the role and functions of personnel of other diagnostic and treatment services in the care of patients in the acute cardiac care unit, on both a regular and emergency basis.

(g) There shall be written policies and procedures governing other support services for the acute cardiac care unit such as housekeeping, dietary, and routine building maintenance.

(8) At all times, there shall be on duty in the hospital at least two nursing personnel who have responsibility for the care of patients in the acute cardiac care unit, and who can reach the bedside of any patient in the acute cardiac care unit within 60 seconds. At least one of these nursing personnel shall be a registered nurse who has received training on the safe and effective use of the specialized equipment and procedures employed in cardiac monitoring, other care of the acutely ill cardiac patient, and cardio-pulmonary resuscitation.

(9) There shall be a written job description for each position classification for personnel caring for patients within the acute cardiac care unit.

(a) Each job description shall include: the job title, the definition of the position with direct line and working relationships, a summary of the duties and responsibilities, and the minimum qualifications.

(b) Qualifications listed in a job description shall include the education, training, experience, knowledge and special abilities required for the position.

(c) The appropriate job description shall be explained to each employee and shall be used thereafter as one of the bases for evaluating his performance.

(d) Job descriptions shall be reviewed and revised so they are kept current.

(10) There shall be a planned educational program for each employee having a responsibility for services in the

acute cardiac care unit, to develop the competencies needed to perform the duties and responsibilities assigned to him.

(a) A planned, supervised orientation shall be provided to each new employee to acquaint him with the organization of the hospital, the physical plant layout, his particular duties and responsibilities and the policies, procedures and equipment pertinent to his work.

(b) A planned, on-the-job training program shall be provided to any employee who has not been prepared for his basic job responsibilities through completion of a recognized, formal educational program.

(c) Each employee shall be provided training for the performance of the specific functions, duties and procedures for which he is responsible, but lacks adequate training or experience.

(d) A continuing education program shall be provided for personnel to enable them to maintain and improve their skills as well as to learn new techniques.

(e) A record shall be maintained of the orientation, on-the-job training and continuing education provided for an employee. The data contained in this record shall be sufficient to allow determination of whether or not the employee has received the training or education necessary to safe and effective performance of his functions and duties. [Order 119, § 248-18-225, filed 5/23/75; Order 83, § 248-18-225, filed 4/9/73.]

**WAC 248-18-230 Nursing home unit.** (1) A day room (lounge, solarium, dining room, and/or recreation room) shall be provided on each floor having a nursing home unit. This shall be an outside room.

(2) There shall be suitable outdoor space for patient recreation.

(3) Handrails shall be provided on both sides of all corridors.

(4) A sufficient number of toilets, lavatories and bathing facilities shall be provided.

(5) Separate toilet rooms shall be provided for each sex.

(6) Patient bathrooms and toilets shall be arranged to accommodate wheelchair patients.

(7) A shower stall in which a chair on wheels may be used or an elevated island tub should be provided.

(8) A suitable chair with arms shall be provided for each patient who is not bedfast.

(9) The diet for the long-term patient shall be varied and high in protein, calcium, iron, and vitamins unless a special diet is ordered by the physician.

(10) Every patient room shall be an outside room permitting entrance of natural light. The clear glass window area through which patients can see the outdoors shall be not less than one-eighth of the entire floor area. Rooms, any portion of which are below grade at required windows, shall have the clear window area equal to not less than one-fifth the entire floor area of the room. [Order 119, § 248-18-230, filed 5/23/75; Regulation 18.230, effective 3/11/60; subsec. 10, effective 1/11/61.]

**WAC 248-18-240 Psychiatric unit.** (1) The layout, design of details, equipment, and furnishings of a psychiatric unit shall be such that patients may be under close observation and will not be afforded opportunities for hiding, escape, injury to self or others, or suicide.

(2) Separate toilet rooms shall be provided for men and women.

(3) Adequate space suitably equipped shall be provided for a day room, a dining area, and occupational therapy. If large enough and properly arranged, one area may serve for more than one of these purposes.

(4) A treatment room shall be provided within the unit.

(5) Adequate provision shall be made for interviews with patients and/or their families in privacy.

(6) There should be suitable outdoor space for patient recreation. [Order 119, § 248-18-240, filed 5/23/75; Regulation 18.240, effective 3/11/60.]

**WAC 248-18-245 Care of tuberculosis patients.** (1) Any hospital which provides inpatient services to both tuberculous and non-tuberculous patients shall provide

(a) Designated patient rooms for patients with suspected or known infectious tuberculosis.

(i) Any patient room used for the care of a patient with suspected or known infectious tuberculosis shall be a private or semi-private room providing respiratory isolation and a hand-washing facility and shall have a separate adjoining toilet. Only a patient with tuberculosis may share a room with a patient with infectious tuberculosis.

(ii) Ventilation: A negative pressure condition shall be maintained in the patient rooms relative to adjacent spaces, except bath and toilet areas. No air shall move out of the patient room space except to be discharged to the outdoor atmosphere. The discharge of air shall be at least 25 feet from any air intake or occupied space. Ventilation shall be at the rate of six (6) air changes per hour, exhaust. Make-up or supply air may come from adjacent ventilated spaces with a minimum of two air changes being tempered outside air.

(iii) Ultraviolet Generator Irradiation: The ceiling and upper air space of patients' rooms shall be irradiated with ultraviolet fluorescent fixtures, with lamps emitting wave lengths of 253.7 nanometers. An average density of radiant flux shall be maintained at approximately 20 to 25 micro watts per square centimeter as registered on an ultraviolet meter at the ceiling. The average reflected irradiance shall be approximately 0.1 micro watts per square centimeter in the room at the five (5) foot level.

Fixture installation shall conform to the recommendations of the Illuminating Engineering Society Handbook, 5th Edition, Section 25, "Ultraviolet Energy". A maintenance program shall be established to include cleaning of the ultraviolet fixtures and lamps at least once per month with alcohol.

(b) Clinical laboratory services including slide microscopy shall be available in the facility, or through the State laboratory.

(c) Complete diagnostic x-ray service including laminography.

(d) Respiratory therapy services, including therapy related to positive pressure breathing, humidification and nebulization.

(2) There shall be written policies and procedures pertinent to care of patients with tuberculosis.

(a) These shall be developed by representatives of administrative, medical and nursing staffs.

(b) The policies and procedures shall be applicable within the hospital, designed to ensure safe and adequate care to patients, and consistent with applicable laws and state board of health regulations.

(c) Policies shall be made known and readily available to medical and nursing staffs, shall be followed in the care of patients, and shall be kept current by periodic review and revision.

(3) There shall be an infection control committee, whose activities related to tuberculosis shall include:

(a) Review and approval of infection control policies for nursing, laboratory services, and respiratory therapy services.

(b) Consultation for nurses and other personnel on problems associated with isolation of tuberculosis.

(c) Surveillance of the skin testing and chest x-ray program for employees.

(4) There shall be a planned education program provided for personnel having responsibility for services to the tuberculosis patient. The educational program shall give each employee the opportunity to develop understanding of the:

(a) Nature and transmission of tuberculosis.

(b) Methods of control of tuberculosis.

(c) Treatment of tuberculosis.

(d) Psychological aspects of isolation.

(e) Community health aspects of tuberculosis.

A record shall be maintained of the education provided for the employee, which shall be sufficient to allow determination of whether or not the employee has received the education necessary to do an effective job in care of tuberculosis patients.

(5) There shall be a planned program of patient education to teach the patient about tuberculosis and how it is treated. The teaching program shall be directed towards helping the patient gain an understanding of:

(a) The nature and transmission of tuberculosis.

(b) How tuberculosis affects the patient's body.

(c) The treatment of tuberculosis, including the importance of regular intake of medications.

(d) The importance of regular follow-up after discharge from hospital. Entries in the patient's clinical record shall provide current information on the instruction which the patient has received and his progress in learning about his disease.

(6) There shall be regular case conferences involving the tuberculosis patient's physician, a pulmonary disease consultant, a registered nurse, and the health officer or his designee of the patient's county of residence to: assure accurate diagnosis, effective treatment regimen, and discharge at earliest date consistent with good management and safety from transmission. A discharge conference shall include a representative of the facility to which a patient is being transferred or the health department of the patient's county of residence.

(7) There shall be planning for discharge and continued care of each tuberculosis patient in accordance with the patient's needs and resources. This shall include:

(a) Exchange of information with appropriate staff of another health care facility to which transfer of a patient is pending to ascertain that the other facility can receive and care for the patient.

(b) Transfer of written current medical information, which includes a medical history and physical examination, medical diagnosis, summary of the patient's course of treatment followed in the hospital, nursing and dietary information useful in the care of the patient, and pertinent social information.

(c) Transfer of written information as outlined in (b) to the health department of the patient's county of residence when a patient is discharged to home care.

(d) Notification of the health department of the patient's county of residence at any time a patient is discharged.

(8) No hospital may provide inpatient services to tuberculous patients except upon the written finding of the Department of Social and Health Services, based upon an inspection performed pursuant to RCW 70.51.130, that such hospital is in compliance with this section. [Order 138, § 248-18-245, filed 2/7/77; Order 119, § 248-18-245, filed 5/23/75; Order 91, § 248-18-245, filed 10/3/73.]

**WAC 248-18-250 Surgery suite.** (1) There shall be an operating room (or rooms) properly equipped and of adequate size to accommodate the equipment and personnel required and allow for aseptic technique.

(2) The surgical suite shall be located in a segregated area out of the line of traffic of visitors and personnel from other departments.

(3) The arrangement of the rooms and areas within the surgical suite shall be such as to prevent traffic through the operating room(s).

(4) Adequate scrub-up facilities providing hot and cold running water and equipped with knee, foot, or elbow faucet control shall be provided in or adjacent to the operating room.

(5) There shall be adequate provision for washing instruments and equipment, which are to be cleaned within the surgery suite.

(6) The surgery suite shall be under the supervision of a registered nurse. [Order 119, § 248-18-250, filed 5/23/75; Regulation 18.250, effective 3/11/60.]

**WAC 248-18-260 Sterilizing and supply service.** (1) The hospitals shall make adequate provisions within the hospital for proper sterilization of supplies, equipment, utensils, and solutions.

(2) Sterilizers and autoclaves of the proper type and necessary capacity for adequate sterilization shall be provided and maintained in a satisfactory condition.

(3) Standard procedures for the sterilization of the various types of supplies, equipment, utensils, and solutions shall be established and carried out. These procedures shall be written and readily available to all personnel responsible for sterilization procedures.

(4) The hospital shall adopt a recognized method of checking sterilizer performance.

(5) Clean and sterilized supplies and equipment shall be kept separate from soiled and contaminated supplies and equipment. [Order 119, § 248-18-260, filed 5/23/75; Regulation 18.260, effective 3/11/60.]

**WAC 248-18-270 Use of medical gases, combustible anesthetics.** In rooms where combustible anesthetic (cyclopropane, divinyl ether, ethyl chloride, ethyl ether, and ethylene) agents are used, the installation, maintenance, and use of equipment and other precautions observed by personnel shall be in accordance with the current issue of the National Fire Protection Association, No. 56, (Safe practices for hospital operating rooms). [Order 119, § 248-18-270, filed 5/23/75; Regulation 18.270, effective 3/11/60.]

**WAC 248-18-280 Oxygen.** (1) Oxygen gauges and manometers shall be tested for accuracy periodically and be conspicuously labeled "Oxygen, use no oil".

(2) "No Smoking" signs shall be posted where oxygen is being administered.

(3) Oxygen tent canopies shall be fabricated of slow burning or noncombustible material.

(4) Electric equipment used in connection with oxygen tents shall be properly designed for use with oxygen. [Order 119, § 248-18-280, filed 5/23/75; Regulation 18.280, effective 3/11/60.]

**WAC 248-18-285 Emergency care services.** The hospital shall have a well defined system for providing emergency care services. The nature and scope of the hospital's emergency care services should be in accord with the community's needs and the hospital's capabilities.

(1) The hospital shall provide the following basic, outpatient emergency care services.

(a) Assessment of a person's condition to determine the nature, acuity, and severity of the person's immediate medical need.

The condition of each person, who comes or is brought to the hospital for emergency medical care, shall, upon arrival, be assessed by a registered nurse, physician, or physician's assistant for the purpose of determining the nature and urgency of the person's medical need and the timing and place of the person's care and treatment.

(b) Immediate diagnosis and treatment of any life threatening cardiac arrhythmia, respiratory insufficiency or shock.

(c) Appropriate transfer or referral of a patient who needs medical care services not provided by the hospital. Prior to transfer of an emergency patient to another health care facility, the hospital shall:

(i) Perform the emergency procedures needed to minimize aggravation of the patient's condition during transport to the other health care facility; and

(ii) Ascertain that the means by which the patient is to be transported to the other health care facility are suitable for the patient.

(2) A hospital shall not be required to comply with WAC 248-18-285(3)(h), WAC 248-18-285(4)(a) and

(d), WAC 248-18-285(5)(a) and WAC 248-18-285(6)(a) if the hospital does not offer outpatient emergency care services regularly and only provides the outpatient emergency services required under WAC 248-18-285(1) to the occasional emergency patient who comes or is brought to the hospital by chance.

(3) The hospital shall have, in effect, written policies and procedures which supplement and are coordinated with the hospital's basic policies and are specific to emergency care services. These policies and procedures shall be: reviewed and revised as necessary to keep them current and, in any case, at least annually; dated and approved in writing by appropriate representatives of the hospital's administrative, medical, and nursing staffs; and made known and readily available to physicians, nurses, and other persons having a responsibility for emergency care services. Policies and procedures pertaining to emergency care services shall include the following.

(a) Policies on the scope and extent of the emergency care services to be provided.

(i) The hospital shall establish the conditions under which treatment is to be provided in the emergency care area, the types of procedures that are to be performed in another area of the hospital (e.g., surgery) rather than the emergency area, the conditions under which a patient is to be admitted as an inpatient, the conditions under which a patient is to be transferred to another health care facility, the conditions under which a patient is to be referred to a private physician or another health care facility, and the conditions under which arrangements should be made for a patient to return to the hospital for treatment.

(ii) A patient shall not be transferred to another health care facility until the other health care facility has been contacted and has consented to accept the patient.

(iii) A record containing the following data shall be sent with an emergency patient who is transferred to another health care facility: patient identification data, identification of the patient's illness or injury, treatment given to the patient, and an appraisal of the patient's condition upon transfer.

(b) Policies and procedures which prescribe the course of action to be taken when the number of emergency patients, who have arrived or are expected, constitute an overload for the emergency service facilities and staff on hand.

The hospital shall establish who is to be notified when an overload of emergency patients occurs, the conditions under which arrangements are to be made for care of some emergency patients at other hospitals, the conditions under which additional physicians, nurses, and other persons are to be summoned, the methods by which necessary, additional supplies and equipment are to be obtained, and the conditions under which rooms and areas outside the emergency service area of the hospital are to be used for emergency care and treatment.

(c) Medical policies, standing emergency medical orders, and written medical procedures to guide the action of nurses and other personnel when a person presents a medical emergency and a physician is not present.

(i) Medical policies shall delineate the circumstances under which particular medical policies are to be followed, provide for a physician to be called as rapidly as possible, and establish the minimum qualifications or training of persons who may execute particular emergency medical orders.

(ii) There shall be written procedures, approved in writing by a representative of the medical staff, for any use of defibrillators, respirators or other special medical equipment and for the performance of the special, emergency medical procedures listed in WAC 248-18-285(4)(c).

(iii) A standing medical order for administration of a drug or other treatment during a medical emergency shall include: a description of the treatment which includes the name of any drug or other agent; the dosage, concentration or intensity of any drug or other agent; the route or method of administration; where pertinent, the time interval, frequency, or duration of administration; and the signature of a representative of the medical staff.

(d) Policies which delineate medical staff responsibilities for emergency care services as related to assigned clinical privileges, physician coverage of emergency care services, and physician participation in the training of personnel.

(e) Policies regarding the notification of an emergency patient's next of kin or legal guardian.

(f) Policies relevant to obtaining consent for treatment from an emergency patient or other person who may legally give consent for treatment of the patient.

These shall include instructions regarding action to be taken when the condition of an emergency patient and the absence of another person legally able to act on behalf of the patient make it impossible to gain an informed consent for critically needed treatment or consent for critically needed treatment is refused.

(g) Policies and procedures pertaining to the care and handling of persons whose conditions require special medical or medico-legal consideration.

(i) Policies and procedures shall prescribe the course of action to be followed in the care of persons who manifest severe emotional disturbances, are under the influence of alcohol or other drugs, are victims of suspected child abuse, are victims of other suspected criminal acts, have a contagious disease, have been contaminated by radioactive material, are diagnosed dead on arrival, or present other conditions requiring special directions regarding action to be taken.

(ii) Definite provision shall be made for communications, as indicated, with health authorities, police or coroner relative to a person whose condition or its cause are reportable.

(h) Policies governing special diagnostic and therapeutic services (e.g., clinical laboratory, x-ray, pharmacy, surgery) to emergency patients.

These shall be designed to ensure prompt availability of necessary diagnostic and therapeutic services and establish the types, scope, and extent of the special diagnostic and therapeutic services to be provided for the care of emergency patients.

(i) Policies regarding notification of an emergency outpatient's personal physician and procedures for transfer of relevant reports to the personal physician.

(j) Policies regarding disclosure of information about an emergency patient.

(4) Organization and staffing for emergency care services shall be in accord with the anticipated patient load and the services provided by the hospital.

(a) There shall be a physician responsible for the medical direction of the hospital's emergency care services. This physician shall be a representative of the medical staff or a physician whose services the hospital has arranged on a regular basis. The functions and responsibilities of the physician responsible for medical direction of the emergency care services shall be delineated in writing and made known to members of the medical and nursing staffs.

(b) At all times, there shall be a physician on duty or call for emergency care services. A current schedule of the names of on-call physicians and the telephone numbers of these physicians or the call service(s) through which they can be contacted rapidly shall be posted in the emergency care area.

(c) At all times, there shall be on duty within the hospital at least one registered nurse who is immediately available and responsible for emergency care services and who is qualified to perform the following: administration of intravenous fluids, electrocardiography and defibrillation of life threatening arrhythmias, cardio-pulmonary resuscitation, control of hemorrhage, gastric lavage, and basic neurological evaluation. It is recommended that such a nurse also be qualified to perform endotracheal intubation and arterial puncture.

(d) There shall be additional nursing staff and other personnel for emergency care services as are necessary to provide the types and amount of care required by patients.

(i) Staffing for emergency care services shall be adequate to ensure that each applicant for emergency medical care is seen within a period of time commensurate with the nature, acuity and severity of his or her immediate medical need.

(ii) Each hospital employee engaged in the provision of emergency care shall have had the education and training necessary to perform the emergency medical procedures and other functions and duties for which he or she may be responsible.

(5) The physical plant facilities, equipment, and supplies for emergency care services shall be commensurate with the scope, types and volume of the services provided by the hospital.

(a) A hospital which regularly offers emergency care services shall maintain a distinct emergency service area.

(i) The emergency service area shall be in close proximity to an emergency entrance and separate from the surgery and delivery suites and inpatient nursing units.

(ii) The emergency service area shall provide adequate space for reception and screening of patients and have examination, treatment, and observation rooms in such numbers, sizes, and arrangements as are necessary to assure safe and effective treatment of patients.

(iii) There shall be some means of providing visual privacy to patients in all rooms or areas in which patients are examined or treated.

(iv) At the emergency entrance there shall be an outside night call bell which, when activated, sounds in an area of the hospital in which nursing personnel are always on duty.

(b) A hospital which limits its emergency care services to care of the occasional emergency patient shall not be required to maintain a distinct emergency service area, but shall designate the area(s) to be used for emergency care and provide the equipment, pharmaceuticals and other supplies essential to providing basic emergency care services required under WAC 248-18-285(1). Emergency equipment and supplies shall be maintained in such a location and manner (e.g., on a "crash" cart) that they may be brought into use immediately upon arrival of a person who presents a medical emergency.

(c) The equipment, pharmaceuticals and other supplies necessary to provide emergency care services shall be readily available at all times.

(i) There shall be specific, designated locations for storage of drugs, parenteral solutions, other supplies, instruments and special equipment so personnel can obtain them rapidly.

(ii) There shall be a system for regular inventory and replenishment of the stock of emergency supplies and equipment to ensure an adequate supply at all times.

(iii) There should be regular inspection and maintenance servicing of medical equipment to keep it in a safe and operable condition.

(d) Current references on toxicology, antidote information and the telephone number of the Regional Poison Control Center shall be readily available in the emergency care area.

(e) Telephone numbers of the pharmacist, the blood bank, the ambulance service, the Washington State Patrol, Military Assistance Safety and Traffic (MAST), the fire department, the police department, local health authorities, the coroner and other persons or organizations emergency service personnel may need to contact rapidly shall be posted in the emergency service area.

(f) Hospital to ambulance radio communication compatible with the state-wide emergency communication system is recommended for any hospital which regularly provides emergency care services.

(6) The hospital shall maintain an emergency service register and a medical record for each person who has received emergency care service.

(a) There shall be a permanent, current register for all emergency patients.

(i) The register shall contain at least the following data for each person who comes or is brought to the hospital for immediate medical care services: full name, age, date and time of arrival, the identifying number, the disposition of the patient and the time of the patient's departure from the emergency service area.

(ii) Data on patients shall be entered in the register in chronological order according to the dates and times of arrivals.

(iii) Identification data on a person who is dead on arrival shall be entered in the register.

(b) The hospital shall maintain a medical record for each person who receives emergency care services. Each medical record shall contain the following data.

(i) Patient identification data.

(ii) The date and time of arrival, the means by which the patient came to the hospital and by whom the patient was transported or accompanied.

(iii) Pertinent history of the patient's injury or illness which may include information on first aid or emergency care given the patient prior to his or her arrival.

(iv) Description of significant clinical findings derived from an assessment or examination of the patient.

(v) Any clinical laboratory or roentgenologic findings.

(vi) Diagnosis (tentative or definitive).

(vii) Treatment given.

(viii) Orders for administration of drugs or other treatments which are received by telephone, radio, or verbally from a physician or other person legally authorized to prescribe and acting within the scope of his or her license.

Such a telephone or verbal order shall be received, entered in the patient's medical record and signed by a registered nurse. The counter-signature of the physician or other legally authorized practitioner who gave the order shall be obtained as soon as possible thereafter. This shall not be interpreted to include verbal orders which are received from a physician or other legally authorized practitioner to whom one is providing direct assistance in care of the patient or to include standing emergency medical orders which have been established in accordance with WAC 248-18-285(3)(c)(iii).

(ix) Appraisal of the patient upon transfer or departure.

(x) Disposition of the patient, which shall include a resume of any instruction given to the patient or his family regarding necessary follow-up care.

Entries of data listed as (iv) (vi) (vii) (ix) and (x) above shall be authenticated by the signature of the person who rendered the service. [Order 142, § 248-18-285, filed 2/8/77; Order 119, § 248-18-285, filed 5/23/75; Order 110, § 248-18-285, filed 3/14/75; Order 106, § 248-18-285, filed 1/13/75.]

**WAC 248-18-290 Diagnostic and treatment facilities, outpatient services.** If the hospital has an organized unit as an outpatient department or clinic, adequate waiting area, examining and treatment rooms, toilets and special rooms necessary for the services to be rendered, shall be provided. [Order 119, § 248-18-290, filed 5/23/75; Order 106, § 248-18-290, filed 1/13/75; Regulation 18.290, effective 3/11/60.]

**WAC 248-18-300 Laboratory.** (1) Laboratory services shall be sufficient to provide adequate care of all patients.

(2) The hospital shall make satisfactory provision for the typing and cross matching of blood for transfusions.

(3) Bacteriological cultures that are contaminated shall be disposed of in a safe manner.

(4) The hospital shall make adequate provision for the examination of tissue specimens by a pathologist. [Order 119, § 248-18-300, filed 5/23/75; Regulation 18.300, effective 3/11/60.]

**WAC 248-18-310 X-ray.** (1) Adequate radiologic service shall be provided.

(2) Rooms in which radiographic equipment is used shall have adequate shielding to protect personnel and patients. [Order 119, § 248-18-310, filed 5/23/75; Regulation 18.310, effective 3/11/60.]

**WAC 248-18-320 Other departments.** If the hospital operates other departments such as physical medicine (including physical therapy and occupational therapy) or a dental department, adequate space and facilities shall be provided. [Order 119, § 248-18-320, filed 5/23/75; Regulation 18.320, effective 3/11/60.]

**WAC 248-18-330 Pharmacy.** The hospital shall provide for the proper handling and storage of drugs.

(1) Functions. The functions of the hospital pharmacy shall include:

(a) Distributing routine drug supplies to hospital departments and issuing drugs on prescriptions or special orders for individual patients.

(b) Bulk compounding of sterile and nonsterile pharmaceuticals as determined by hospital policy and regulations.

(c) Dispensing and/or compounding drugs for home use for patients as necessary in compliance with federal, state and local laws.

(d) Purchasing, accounting for, storing, labeling, issuing and controlling drugs.

(e) Maintaining records on narcotics, tax free alcohol and other pharmaceuticals as are required by federal, state and local laws.

(f) Complying with federal and state laws controlling drugs and pharmacy operation.

(2) Organization, Administration and Staffing.

(a) The hospital pharmacy shall be under the supervision of a pharmacist.

(b) Drugs located in other areas of the hospital shall also be under the supervision of the pharmacist who shall keep adequate records in accordance with WAC 248-18-330(6)(f)(g) and WAC 248-18-330(7).

(c) The responsibility and authority of the pharmacist shall be clearly defined in writing by hospital authorities.

(d) Adequate, properly trained personnel shall be available to fulfill the functions of the pharmacy.

(e) Hospital pharmacy services shall be available often enough to provide drugs, supplies and prescriptions without undue delay.

(f) It is recommended that there should be a pharmacy and therapeutics committee composed of representatives of the medical staff, hospital administration, the nursing department and the pharmacist. The pharmacist should serve as secretary of the committee. This committee should meet at least semiannually. The committee should:

(i) Develop and maintain an up-to-date formulary of accepted drugs for use in the hospital.

(ii) Serve as an advisory group to the hospital pharmacist on matters pertaining to choice of drugs to be stocked.

(iii) Evaluate clinical data concerning drugs requested for use in the hospital.

(iv) Add to and delete from the list of drugs accepted for use in the hospital.

(v) Prevent unnecessary duplication in the stock of the same basic drug and its preparation.

(vi) Make recommendations concerning drugs to be stocked on the nursing units and other services.

(g) Every hospital shall have its pharmacy policies, rules and regulations and procedures in writing. These should be developed by the pharmacy and therapeutics committee.

(3) Facilities.

(a) An adequate area which is properly lighted and ventilated and suitably equipped to carry out all pharmacy operations, including proper storage of all pharmaceuticals, shall be provided.

(b) A library including the current U.S. Pharmacopoeia, National Formulary, New and Nonofficial Drugs, and U.S. Dispensatory, and such other references as are needed for effective pharmacy operation, is required.

(c) Special locked storage for narcotics and barbiturates and special additional storage for flammables shall be provided.

(d) The pharmacy shall be arranged in an orderly fashion and be kept clean, and all mechanical equipment shall be in good repair.

(4) Purchase, Storage, Labeling, and Control of Drugs.

(a) The pharmacist should furnish specifications for the purchase of all pharmacy drugs, chemicals and pharmaceutical preparations even though a purchasing agent may do the actual procurement through a centralized department.

(b) Physicians' advice should be sought through the pharmacy and therapeutics committee in setting up any standards for specifications of drugs.

(c) Purchase, storage and control of drugs shall be such as to prevent having outdated, deteriorated, impure or improperly standardized drugs in the hospital.

(d) Purchase of narcotics shall be in compliance with state and federal laws and regulations.

(e) Purchase, storage and control of tax free alcohol shall be in accordance with applicable state and federal laws and regulations.

(f) All flammable materials shall be stored and handled in accordance with applicable local and state fire regulations.

(g) All drug containers in the pharmacy or in other areas of the hospital shall be clearly and legibly labeled to show drug's name (generic and trade) and strength.

(h) Poisonous external and caustic drugs shall show proper warning or poison labels and shall be stored separately from other drugs.

(i) The pharmacist shall be completely responsible for all labeling of drugs.

(j) All medicines, poisons and stimulants kept in any hospital department shall be plainly labeled and stored in a specially designated, well illuminated cabinet, closet

or store room, and made accessible only to authorized personnel.

(k) The pharmacist shall regularly and periodically visit all departments of the hospital and check all drugs and pharmaceuticals as to the proper name, strength, storage condition, expiration date and warning label, and should remove at once any unlabeled or incorrectly labeled drug item. It shall be the responsibility of the pharmacist to confer with department heads regarding abnormal or erratic use of drugs and to make necessary adjustments in the approved maximum quantities of drugs issued to departments with proper approval.

(5) Bulk Compounding of Pharmaceuticals.

(a) A pharmacist shall be in charge of bulk compounding of pharmaceuticals. This does not prohibit the registered nurse from making weaker aqueous solutions from concentrated solutions or preweighed units (such as tablets) which are properly labeled by the pharmacist or manufacturer with specific directions for dilution. Neither does it prohibit the registered nurse from adding prepared sterile additives to parenteral solutions as specifically directed by the physician.

(b) All hospital pharmacies in which any compounding is done shall have proper instruments of measure available in accord with the state board of pharmacy regulations.

(c) All drugs used in compounding shall be handled to avoid contamination through contact with measuring devices, transporting devices or weighing devices.

(d) Sterilization of pharmaceuticals shall conform to the standards set by the U.S. Pharmacopeia.

(e) All drugs compounded or manufactured in the hospital shall be carefully labeled as to strength, content and, if need be, expiration date.

(6) Distribution or Issuance of Drugs.

(a) The hospital shall have lists of drugs (including narcotics, barbiturates, and emergency drugs) indicating the approved maximum amounts of each drug generally to be issued to hospital departments. These lists should be developed by the pharmacy and therapeutics committee.

(b) Drugs may be given to patients in the hospital only on the order of a physician, dentist or other person legally authorized to write prescriptions. No change in order for drugs shall be made except with the approval of the physician, dentist or other person legally authorized to write prescriptions.

(c) Antidotes should be available for emergency cases involving poisoning. The stock of antidotes to be maintained should be determined by the pharmacy and therapeutics committee.

(d) A prescription is required for all legend drugs and narcotics issued to employees or to a patient for use outside the hospital.

(e) Only a pharmacist may compound and/or dispense drugs.

(f) Records of prescriptions filled by the pharmacist shall be properly filed and kept for five years.

(g) The pharmacy shall keep proper records of issue of all legend drugs.

(7) Handling of Narcotics, Barbiturates and Tax Free Alcohol.

(a) Careful records shall be kept of receipt of narcotics and a perpetual inventory of narcotics shall be maintained.

(b) Adequate records of all narcotics issued shall be maintained in the pharmacy and shall contain for each issue of narcotics:

(i) The date;

(ii) The name of the drug;

(iii) The amount of the drug issued;

(iv) The name of the person who issued the drug;

(v) The name of the department to which the drug was issued; and

(vi) The name of the person who received the drug.

(c) Adequate records of narcotic usage shall be maintained and shall contain for each drug used:

(i) The date;

(ii) The time of administration;

(iii) The dosage of the drug which was used;

(iv) The name of the person to whom the drug was administered;

(v) The name of the physician who ordered the drug; and

(vi) The signature of the person who administered the drug. These records shall be submitted to the pharmacist for safekeeping.

(d) Periodic check of narcotic usage records should be made by the nursing supervisor and/or the pharmacist to determine whether the drugs recorded on usage records have also been recorded on patients' charts.

(e) Use of multiple dose vials of narcotics is not recommended as they make accounting for narcotics difficult and make substitution and dilution of narcotics possible.

(f) All narcotics in any hospital department except the pharmacy shall be checked by actual count by two persons at the change of each shift. Adequate day-to-day accountability records shall be maintained and shall contain the time each check of a narcotic supply was made and the signatures of the persons who made each check.

(g) All narcotic records shall be kept for three years.

(h) Adequate accountability records for barbiturates shall be maintained and include records of purchase, receipt, usage and inventory of barbiturates. Such records shall be kept for three years in compliance with federal food and drug law on legend drugs.

(8) Access to Pharmacy.

(a) Only a pharmacist may have access to the pharmacy stock of barbiturates and narcotics.

(b) Only a pharmacist may have access to the pharmacy stock of drugs except that in a pharmacist's absence from a hospital a registered nurse, designated by the hospital, may obtain from a hospital pharmacy stock of drugs such drugs as are needed in an emergency, not available in floor supplies (excepting narcotics and barbiturates), and the nurse, not the pharmacist, becomes accountable for her actions. Only one registered, professional nurse in any given eight-hour shift may have access to the pharmacy stock of drugs. A registered nurse is not permitted to compound or dispense drugs.

(c) A nurse may remove from the pharmacy stock of drugs:

(i) A drug in its original container or a drug prepackaged by a hospital pharmacist for nursing service use in the hospital; and

(ii) A single dose of a drug from the original container for a specific patient.

(d) A nurse shall leave in the pharmacy on a suitable form a record of any drugs removed showing:

- (i) The name of the drug;
- (ii) The name of the manufacturer;
- (iii) The dosage size;
- (iv) The amount taken;
- (v) The date;
- (vi) The time; and
- (vii) The signature of the nurse.

Further, she shall leave with the record the container from which the single dose was taken for drug administration purposes in order that it may be properly checked by a pharmacist. Such records shall be kept for three years.

(9) Responsibilities of Pharmacist.

(a) The pharmacist shall be responsible for:

- (i) Preparing and sterilizing of injectable medication when manufactured in the hospital;
- (ii) Issuing drugs, chemicals and pharmaceuticals;
- (iii) Filling and labeling drug containers issued to other hospital departments;
- (iv) Inspecting all drugs and pharmaceuticals in all hospital departments;
- (v) Maintaining the approved stock of drugs;
- (vi) Issuing all narcotic drugs and alcohol and maintaining a perpetual inventory of them;
- (vii) Maintaining records which are required legally;
- (viii) Supervising the maintenance of the facilities of the pharmacy; and
- (ix) Maintaining current information on state and federal laws pertaining to drugs and drug handling and keeping the hospital administration properly informed.

(b) It is recommended that the pharmacist also be responsible for:

- (i) Specifying quality and sources for purchasing of all drugs, chemicals, antibiotics and pharmaceuticals for use in treatment of patients;
- (ii) Furnishing information concerning medications to physicians, residents and nurses;
- (iii) Participating in formulating pharmacy policies and carrying them out in accordance with the established policies of the hospital;
- (iv) Cooperating in teaching courses in the school of nursing and in other educational programs;
- (v) Implementing the decisions of the pharmacy and therapeutics committee;
- (vi) Preparing periodic pharmacy reports for submission to the administrator of the the hospital; and
- (vii) Maintaining, in cooperation with the accounting department, a satisfactory system of records and book-keeping in accordance with the policies of the hospital for charging patients for drugs and pharmaceutical supplies, and maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceuticals.

[Order 119, § 248-18-330, filed 5/23/75; Regulation 18.330, effective 3/11/60.]

**WAC 248-18-440 Records and reports—Medical record system.** The hospital shall have a well-defined medical record system and the facilities, staff, equipment and supplies necessary to the development, maintenance, control, analysis, use and preservation of patient care data and medical records in accordance with recognized principles of medical record management and applicable state laws and regulations.

(1) Medical Record Service. There shall be an organized medical record service which is directed, staffed, and equipped to ensure timely, complete and accurate checking, processing, indexing, filing and preservation of medical records and the compilation, maintenance and distribution of patient care statistics.

(2) Policies and Procedures Related to Medical Record System. The hospital shall have, in effect, current written policies and procedures related to the medical record system, which shall include the following:

(a) Policies and procedures which establish the format of patients' individual medical records;

(b) Policies and procedures which govern access to and release of data in patients' individual medical records and other medical data taking into consideration the confidential nature of these records; and

(c) Policies and procedures which govern the retention, preservation and destruction of medical records.

(d) Records of hospitals owned or operated by the State of Washington, or a political subdivision thereof, are subject to the provisions of chapter 40.14 RCW, and regulations promulgated thereunder, as to the maintenance and disposition of medical records and other records kept in the ordinary course of business.

(3) Patients' Medical Records, General.

(a) An individual medical record shall be developed and maintained for each person, including each neonate, who receives care, treatment or diagnostic service at the hospital, with the exception of persons who receive only limited outpatient diagnostic services for whom the hospital maintains a record system in accordance with WAC 248-18-440(4).

(b) There shall be a systematic method for identifying each patient's medical record(s) in a manner that provides for ready identification, filing and retrieval of all of the patient's record(s).

(c) Pertinent entries on a significant observation, a diagnostic or treatment procedure or other significant event in a patient's clinical course or care and treatment shall be made in a patient's medical record as promptly as possible.

(d) Each entry in a patient's medical record shall be dated and shall be authenticated by the person who gave the order, provided the care or performed the observation, examination, assessment, treatment or other service to which the entry pertains.

(e) The originals or durable, legible, direct copies of originals of reports shall be filed in patients' individual medical records.

(f) All diagnoses and operative procedures shall be entered in patients' medical records in terminology consistent with a recognized system of disease and operations nomenclature.

(g) All entries in a patient's medical record shall be legibly written in ink, typewritten or recorded on a computer terminal which is designed to receive such information. Entries recorded and stored in a computer may be stored on magnetic tapes, discs or other devices suited to the storage of data.

(4) Record System for Referred Outpatient Diagnostic Services. For patients to whom the hospital provides only referred outpatient diagnostic services as defined in WAC 248-18-001(24), the hospital may maintain a simple record system instead of the individual medical records required under WAC 248-18-440(3) and (5). Such a simple record system shall provide for identification, filing and retrieval of authenticated reports on all tests or examinations provided to any patient who received referred outpatient diagnostic services.

(5) The individual medical records for patients who would be considered to be referred outpatients but for the fact that they are undergoing diagnostic tests involving the use of parenteral injections may be limited to relevant history and physical findings where indicated, known allergies or idiosyncratic reactions, diagnostic interpretation, written consent and identifying admission data.

(6) Patients' Medical Records, Content. The following data, when relevant, shall be entered in a medical record for each period a patient receives inpatient or outpatient services, with the exceptions of referred outpatient diagnostic services for which records are maintained in accordance with WAC 248-18-440(4) and outpatient emergency care services for which records are maintained in accordance with WAC 248-18-285(6).

(a) Admission data. Admission data shall include the following: identifying and sociological data; the full name, address and telephone number of the patient's next of kin or, when indicated, another person who may legally exercise control over the person of the patient; the date of the patient's admission as an inpatient or outpatient; the name(s) of the patient's attending physician(s); and the admitting (provisional) diagnosis or medical problem.

(b) A report on any medical history obtained from the patient.

(c) Report(s) on the findings of physical examination(s) performed upon the patient.

(d) An entry on any known allergies of the patient or known idiosyncratic reaction to a drug or other agent.

(e) Authenticated orders for any drug or other therapy administered to a patient and for any diet served to the patient. Authenticated orders entered in the patient's record shall include any standing medical orders used in the care and treatment of the patient except standing medical emergency orders.

(f) Authenticated orders for any restraint of the patient.

(g) Reports on all roentgenologic examinations, clinical laboratory tests or examinations, macroscopic and microscopic examinations of tissue, and other diagnostic procedures or examinations performed upon the patient or specimens obtained from the patient.

X-ray films, laboratory slides, tissue specimens, medical photographs and other comparable materials obtained through procedures employed in diagnosing a patient's condition or assessing his clinical course are regarded as original clinical evidence and are not considered to be "medical records" as this term is used in these regulations.

(h) An entry on each administration of therapy (including drug therapy) to the patient.

(i) Entries on nursing services to the patient. Nursing entries shall include: a report on all significant nursing observations and assessments of the patient's condition or response to care and treatment; nursing interventions, and other significant direct nursing care including all administration of drugs or other therapy; an entry on the time and reason for each notification of a physician or patient's family regarding a significant change in the patient's condition; and a record of other significant nursing action on behalf of the patient.

(j) An entry on any significant health education, training or instruction related to the patient's health care which was provided to the patient or his family.

(k) An entry on any social services provided the patient.

(l) An entry regarding any adverse drug reaction of the patient and any other untoward incident or accident involving the patient which occurred during a hospitalization of the patient or on an occasion of the patient's visit to the hospital for outpatient services.

(m) Operative report(s) on all surgery performed upon the patient.

(n) An entry or report on each anesthetic administered to the patient.

(o) Report(s) on consultation(s) concerning the patient.

(p) For any woman who gave birth to a child in the hospital, reports regarding her labor, delivery, and post partum period.

(q) For any infant born in or enroute to the hospital, the date and time of birth, condition at birth or upon arrival at the hospital, sex and weight (if condition permits weighing).

(r) Progress notes which describe the results of treatment and changes in the patient's condition and portray the patient's clinical course in chronological sequence.

(s) In the event of an inpatient leaving without medical approval, an entry on any known events leading to the patient's decision to leave, a record of notification of the physician regarding the patient's leave, and the time of the patient's departure.

(t) Discharge data. Discharge data shall include the final diagnosis (or diagnoses) and any associated or secondary diagnoses or complications, and the titles of all operations performed upon the patient. For any inpatient whose hospitalization exceeded 48 hours, except a normal newborn infant or normal obstetrical patient, there shall be a discharge summary which recapitulates significant clinical findings and events during the patient's hospitalization, describes the patient's condition upon discharge or transfer, and summarizes any recommendations and arrangements for future care of the patient.

(u) An entry on any transmittal of medical and related data regarding the patient to a health care facility or agency or other community resource to which the patient was referred or transferred.

(v) In event of the patient's death in the hospital, the following entries, reports and authorizations: a pronouncement of death; if an autopsy was performed, an authorization for the autopsy and a report on the autopsy findings and conclusions; and an entry on release of the patient's body to a mortuary or coroner or medical examiner.

(w) Written consents, authorizations or releases given by the patient or, if the patient was unable to give such consents, authorizations or releases, by a person or agency who can legally exercise control over the person of the patient. When a person other than the patient gives written consent or authorization for treatment, or signs a release, the relationship (legal or familial) of the signor to the patient must be clearly stated.

(7) Registers. The hospital shall maintain the following on a current basis: an inpatient register, one or more outpatient registers, an emergency service register, and an operation register. These may be maintained as separate registers or in suitable combinations: *Provided*, That any combined register contains the data for any register incorporated therein. Data shall be entered in registers in chronological order.

(a) The register for inpatients shall contain at least the following data for each inpatient admission: the patient's identifying number, full name and birth date or age; and the date of the patient's admission.

(b) The register(s) for outpatients, other than those who received emergency care services, shall contain sufficient data on each outpatient to ensure positive identification and rapid retrieval of all of the outpatient's medical record(s) when indicated.

(c) The register for outpatient emergency care services shall be in accordance with WAC 248-18-285(6)(a).

(d) The operation register shall contain at least the following data for each operation performed in a hospital surgery: the date, the identifying number and full name of the patient, the descriptive name of the operation, the names of the surgeon and the surgeon's assistant(s), the type of anesthesia, and the name and title of the person who administered the anesthesia.

(8) Indexes. The following indexes shall be maintained: a master patient index, disease and operation indexes, and physicians' index which may be kept as a separate index or in combination with disease and operation indexes.

(a) The master patient index shall contain a master reference card (or equivalent) for each person who received care or treatment in the hospital on an inpatient or outpatient basis with the exception of referred outpatients, except that inclusion of data on outpatient emergency patients in the master patient index shall be optional if the hospital retains and preserves an emergency service register the same period of time as the medical record for any patient upon whom data have been entered in the emergency service register. Each master reference card (or equivalent) shall contain at

least the following data: the patient's medical record number(s), and the patient's full name and date of birth.

(b) The disease index shall contain index cards (or equivalent) for all categories of diseases or conditions treated in the hospital on an inpatient basis. Entries on index card(s) for a given category of disease shall include at least the following: the identifying number, sex and age of each patient who was treated for that category of disease, and the code for the particular disease or condition for which each patient was treated.

(c) The operation index shall contain index cards (or equivalent) for all categories of operations performed in a hospital surgery on an inpatient or outpatient basis. Entries on the index card(s) for a given category of operation shall include at least the following: the medical record number, age and sex of each patient upon whom that category of operation was performed and the code for the particular operative procedure performed upon each patient.

(d) Codes used for entries in the disease and operation indexes shall be in accordance with the coding system and the recognized diagnostic classification system of disease and operation nomenclature adopted by the hospital.

(e) If the physicians' index is combined with the disease and operation indexes, the name or code number of the physician, who treated the patient to whom a particular entry pertains, shall be included in each entry in the disease and operation indexes.

(f) If a separate physicians' index is maintained, this index shall contain a record for every member of the hospital's medical staff. Entries on each physician's index card (or equivalent record) shall include the medical record number or name of each patient the particular physician treated in the hospital on an inpatient basis.

(g) Indexes shall be kept current and, in any case, required entries on index cards (or equivalent) shall have been completed within three months after discharge or transfer of the particular patient to whom the entries pertain.

(9) Reports on Hospital Services. The following reports are required. These may be separate or combined reports.

(a) Census Reports.

(i) A daily inpatient census report on admissions to inpatient services, births, and discharges including deaths and transfers to another health care facility.

(ii) Periodic (at least monthly) reports on admissions to outpatient services and the number of emergency care patients.

(b) Analyses of Hospital Services.

(10) Storage, Handling and Control of Medical Records and Other Medical Data. Patients' individual medical records and other personal or medical data on patients shall be handled and stored so they are not accessible to unauthorized persons, are protected from undue deterioration or destruction, and are easily retrievable for medical or administrative purposes.

(11) Retention, Preservation and Final Disposal of Medical Records and Other Patient Care Data and Reports.

(a) Each patient's medical record(s), excluding reports on referred outpatient diagnostic services, shall be retained and preserved for a period of no less than ten years following the most recent discharge of the patient: *Provided, however,* That the medical record(s) of a patient who was a minor at a time when he received care, treatment or diagnostic services at the hospital shall be retained and preserved for a period of no less than three years following the date upon which the patient attained the age of eighteen years or ten years following the patient's most recent discharge, whichever is the longer period of time.

(b) Reports on referred outpatient diagnostic services shall be retained and preserved at least two years.

(c) A master patient index card (or equivalent) shall be retained and preserved at least the same period of time as the medical record(s) for the patient to whom the master patient index card (or equivalent) pertains.

(d) Data in the inpatient and outpatient register(s) shall be retained and preserved at least three years.

(e) Data in an emergency service register shall be retained and preserved at least the same period of time as the medical record(s) for any patient on whom data have been entered in the register: *Provided, however,* That retention and preservation of an emergency service register beyond three years after the last entry therein shall be optional if the hospital includes all outpatient emergency care patients in the master patient index.

(f) Data in the operation register, the disease and operation indexes, the physicians' index, and annual reports on analyses of hospital services shall be retained and preserved at least three years.

(g) Patients' medical records, registers, indexes and analyses of hospital service may be retained and preserved in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

(h) Final disposal of any patient's medical record, register, index or other record of or report on patient care data that permits identification of an individual in relation to personal or medical data shall be accomplished in such a manner that retrieval and subsequent use of any data contained therein are impossible.

(i) In event of transfer of ownership of the hospital, patients' medical records, registers, indexes and analyses of hospital services shall remain with the hospital and shall be retained and preserved by the new owner in accordance with state statutes and regulations.

(j) If the hospital ceases operation, it shall make immediate arrangements for preservation of its medical records and other records of or reports on patient care data in accordance with applicable state statutes and regulations. The plan for such arrangements shall have been approved by the Department prior to the cessation of operation.

(12) Records kept by approved eye banks pursuant to WAC 248-33-100 are not medical records or registers within the meaning of WAC 248-18-440.

(13) Nothing in these regulations shall be construed to prohibit the collection of additional health and/or medical information or retention of medical records beyond the statutory requirements. [Order 142, § 248-18-440, filed 2/8/77; Order 135, § 248-18-440, filed

12/6/76; Order 119, § 248-18-440, filed 5/23/75; Regulation 18.440, effective 3/11/60.]

## NEW CONSTRUCTION REGULATIONS

**WAC 248-18-500 Applicability of these regulations governing hospital construction.** (1) These regulations apply to new construction of hospitals which are covered by RCW 70.41.020 (section 2, chapter 267, Laws of 1955).<sup>1</sup> New construction shall include any of the following started after promulgation of these regulations:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversions of existing buildings or portions thereof for use as hospitals;

(d) Alterations other than minor alterations to existing hospitals, except where an exemption has been granted by the secretary of the department of social and health services or his designee under WAC 248-18-010(4)(b).

(2) These regulations cover the facilities generally required within a hospital, with the following provisions.

(a) Omission of required facilities for some services may be permitted provided definite arrangement has been made for adequate services from suitably located facilities outside the hospital.

(b) Hospitals which will restrict services to legally allowable and customarily recognized limitations may be permitted to omit required facilities for the services which are not to be provided.

(c) Facilities provided, which are not specifically required by these regulations, must be adequate for the services to be performed and must meet the objectives of these regulations.

### NOTE:

<sup>1</sup>See WAC 248-18-505(11) for definition of "Hospital".

[Order 119, § 248-18-500, filed 5/23/75; Order 50, § 248-18-500, filed 12/17/70; Regulation 18.500, filed 1/25/62.]

**WAC 248-18-505 Definitions.** All adjectives and adverbs such as adequate, approved, suitable, properly, or sufficient used in these regulations to qualify a requirement shall be determined by the Washington State Department of Social and Health Services.

(1) Alterations:

(a) "Alterations" means structural or functional changes in any room or area within an existing hospital.

(b) "Minor alterations" means any structural or functional modification within existing hospitals which does not change the approved use of the room or area. (Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from applicable requirements contained in chapter 248-18 WAC).

(2) "Area", except when used in reference to a major section of the hospital, means a portion of a room which contains the equipment essential to carrying out a particular function and is separated from other facilities of the room by a physical barrier or adequate space.

(3) "Bathing facility" means a bathtub or shower. Does not include sitz baths or other fixtures designed primarily for therapy.

(4) "Board" means the State Board of Health.

(5) "Clean", when used in reference to a room, area or facility, means space and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition.

(6) "Department" means the Washington State Department of Social and Health Services.

(7) "Facilities" means a room or area and/or equipment to serve a specific function.

(8) "Faucet controls":

(a) "Wrist control" means water supply controls at least four inches overall horizontal length designed and installed to be operated by the wrists.

(b) "Elbow control" means water supply controls at least six inches overall horizontal length designed and installed to be operated by the elbows.

(c) "Knee control" means the water supply is through a mixing valve designed and installed to be operated by the knee.

(d) "Foot control" means the water supply is through a mixing valve designed and installed to be operated by the foot.

(9) "Grade" means the level of the ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(10) "Handwashing facility" means a lavatory or a sink properly designed and equipped to serve for handwashing purposes.

(11) "Hospital" means, as defined in RCW 70.41.020, "any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this act does not include hotels, or similar places furnishing only food and lodging, or simply domiciliary care; nor does it include clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which come within the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital, or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this act or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or

treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denominations."

(12) "Intensive care unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients who are critically, seriously or acutely ill and in need of intensive, highly skilled nursing service.

(13) "Island tub" means a bathtub placed in a room to permit free movement of a stretcher, patient lift or wheelchair to at least one side of the tub and movement of people on both sides and at the end of the tub.

(14) "Lavatory" means a plumbing fixture of adequate design and size for washing hands.

(15) "New construction" means any of the following:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversions of existing buildings or portions thereof for use as hospitals;

(d) Alterations other than minor alterations to existing hospitals except where an exemption has been granted by the Secretary of the Washington State Department of Social and Health Services, or his designee under WAC 248-18-010(4)(b).

(16) "Nursing home unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but who are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(17) "May" means at the discretion of the Washington State Department of Social and Health Services.

(18) "Movable equipment" means equipment which is not built-in, fixed or attached to the building.

(19) "Observation room" means a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

(20) "Patient care areas" means all nursing service areas of the hospital in which direct patient care is rendered and all other areas of the hospital in which diagnostic or treatment procedures are performed directly upon a patient.

(21) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.

(22) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of psychiatric patients (a part of which may be "open" and a part locked), as distinguished from "seclusion rooms" which are part of a general nursing unit in which psychiatric care and treatment are not the primary service.

(23) "Recovery unit" means a special physical and functional unit for the segregation, concentration and close or continuous nursing observation and care of patients for a period of less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures

which may produce shock, respiratory obstruction or depression or other serious states.

(24) "Room" means a space set apart by floor to ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.

(25) "Shall" means mandatory.

(26) "Should" means a suggestion or recommendation, but not a requirement.

(27) "Sinks":

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Scrub sink" means a plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee or foot control and gooseneck spout.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(28) "Soiled", when used in reference to a room, area or facility, means space and equipment for collection and/or cleaning of used or contaminated supplies and equipment and/or collection and/or disposal of wastes.

(29) "Stretcher" means a four wheeled cart designed to serve as a litter for the transport of an ill or injured person in a recumbent position.

(30) "Through traffic" means traffic for which the origin and destination are outside the room or area which serves as a passageway.

(31) "Toilet" means a room containing at least one water closet.

(32) "Water closet" means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water. [Order 119, § 248-18-505, filed 5/23/75; Order 106, § 248-18-505, filed 1/13/75; Order 83, § 252-18-505, filed 4/9/73; Order 50, § 248-18-505, filed 12/17/70; Order 25, § 248-18-505, filed 6/27/69; Regulation 18.510, filed 1/25/62.]

**WAC 248-18-510 Programs, drawings and construction.** (1) Professional design services. Drawings and specifications for new construction shall be prepared by, or under the direction of, an architect registered in the State of Washington, and shall include plans and specifications prepared by consulting professional engineers for the various branches of the work where appropriate; except the services of a registered professional engineer may be used in lieu of the services of an architect if work involves engineering only. If the work involved is believed to be not extensive enough to require professional design services, a written description of the proposed construction should be submitted to the Department for a determination of the applicability of this regulation.

(2) Submission for review. The program and drawings for new construction shall be submitted in the following stages for review. Each room, area and item of fixed

equipment and major movable equipment shall be identified on all drawings to demonstrate that the required facilities for each function have been provided.

(a) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations. If the project involves an addition or alteration which materially increases the bed capacity of the hospital, the program shall contain a thorough appraisal of all existing supporting services to determine their adequacy for the increased number of patients.

(b) Preliminary drawings of the new construction including major equipment. For alterations and additions, a functional layout of the existing building must be included. The hospital should be designed so that it may be expanded to provide for anticipated future needs. The future additions and their proposed functions should be designated on the preliminary plans.

(c) Detailed working drawings and specifications including mechanical and electrical work.

(d) If carpets are to be used, the following information is to be submitted for review:

(i) A floor plan showing areas to be carpeted and adjoining areas. These areas shall be labeled, according to function, and the proposed carpeted areas coded on the plan and keyed to the appropriate carpet sample.

(ii) Three 3" x 5" samples of each carpet type, labeled to identify the following:

(A) Manufacturer; and

(B) Specific company designation (trade name and number).

(iii) Information showing that proposed carpeting meets the specifications as listed in WAC 248-18-718(5).

(iv) Carpets may be used in the following nonpatient occupied areas: administrative areas, lobbies, lounges, chapels, waiting areas, nurses' station, dining rooms, corridors not within patient care areas (excluding stairways or stair enclosures), equipment alcoves opening onto carpeted corridors. Carpets may be used in other areas only upon written approval of such use by the Department.

(v) Carpets may be used in the following patient occupied areas: patient rooms (excluding toilets and bathrooms), coronary care units, recovery rooms (not within surgical suites), labor rooms (not within delivery suites), corridors within patient occupied areas, dayrooms in nursing home units, equipment alcoves opening onto carpeted corridors. Carpets may be used in other areas only upon written approval of such use by the Department.

(3) Construction.

(a) Construction, of other than minor alterations, shall not be commenced until the final drawings and specifications have been stamped "construction authorized" by the Department. Such authorization by the Department does not constitute release from the requirements contained in these regulations.

(b) Compliance with these regulations does not constitute release from the requirements of applicable state and local codes and ordinances. These regulations must

be followed where they exceed other codes and ordinances.

(c) Notification shall be given the Department when construction is commenced. If construction takes place in or near occupied areas, adequate provision shall be made for the safety and comfort of patients.

(d) Construction shall be completed in compliance with the final drawings and specifications. Addenda or modifications which might affect the fire safety or functional operation shall be submitted for review by the Department. [Order 123, § 248-18-510, filed 3/18/76; Order 119, § 248-18-510, filed 5/23/75; Order 9, § 248-18-510, filed 1/2/69; Regulation 18.520(2)(d), filed 8/4/67; Regulation 18.520 (part), filed 1/25/62.]

**WAC 248-18-515 Design and construction standards, general.** (1) Exemptions. The secretary of the state department of social and health services, or his designee may, in his discretion, grant exemptions from these regulations for alterations within an existing hospital pursuant to the provisions of WAC 248-18-010(4)(b).

(2) Format.

(a) In general, regulations concerning the size, location and major equipment of rooms and areas are placed under headings for particular departments or facilities. Some service facilities which are common to several departments or units are grouped under "GENERAL REQUIREMENTS FOR SERVICE FACILITIES", WAC 248-18-710. Mechanical and electrical requirements and detailed architectural requirements are included in "GENERAL DESIGN REQUIREMENTS", WAC 248-18-718.

(b) Equipment included in these regulations is that which is frequently built in or attached to the building. Equipment which is customarily movable is not included.

(c) For every WAC section, the title caption denotes the category of facilities, requirements or information to which the contents of the particular section relates.

(d) In "New Construction Regulations", requirements are differentiated from items which are permissive, suggestive, recommendatory or explanatory in the following manner.

(i) "Optional. SHALL MEET REQUIREMENTS, IF INCLUDED", following the title caption for a WAC section, indicates the particular unit, service, department or other category of facilities (which the title caption denotes) is only suggested or recommended and not mandatory, but must comply with applicable regulations if included in the hospital.

(ii) In some instances, the title caption for a WAC section denotes a unit, service, department or other category of facilities which is required *only* under certain circumstances. The circumstances under which such category of facilities is required are stated following the title caption. Such a category of facilities must meet applicable regulations if included in the hospital.

(iii) Within a WAC section, requirements are written in capital letters.

(iv) Permissive, suggestive, recommendatory or explanatory items within a WAC section are written in lower case. Inclusion of any equipment, area, room, unit,

service or other facility which is only suggested or recommended (lower case) is optional. Such equipment, area, room, unit, service or other facility shall meet requirements (capital letters) if included in the hospital. [Order 119, § 248-18-515, filed 5/23/75; Order 50, § 248-18-515, filed 12/17/70; Order 22, § 248-18-515, filed 6/27/69; Regulation 18.530, filed 1/25/62.]

**WAC 248-18-520 Site and site development.** (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) LOCATION.<sup>2 3</sup>

(a) SERVED BY AT LEAST ONE STREET, USABLE UNDER ALL WEATHER CONDITIONS.

(b) REMOTE FROM INSECT BREEDING AREAS AND FREE FROM OBJECTIONABLE NOISE, SMOKE, DUST AND ODORS.

(c) SERVED BY ADEQUATE UTILITIES.<sup>2</sup>

(d) ON HIGH GROUND PROVIDING NATURAL DRAINAGE OR SERVED BY ADEQUATE STORM SEWERS.

(e) SERVED BY ADEQUATE ORGANIZED FIRE FIGHTING AND POLICE SERVICES.

Sufficiently close to center of community served.

(2) SIZE.

(a) ADEQUATE FOR HOSPITAL PLANNED AND NECESSARY SERVICE ROADS AND PARKING.

(b) SUFFICIENT TO PROVIDE PRIVACY FOR PATIENTS and attractive grounds.

Sufficient for 100% expansion in building area.

Four acres for 25 beds, six acres for 50 beds, nine acres for 100 beds, sixteen acres for 200 beds are recommended.

(c) SUFFICIENT FOR PRIVATE SEWAGE DISPOSAL IF THERE IS NO PUBLIC SEWER SYSTEM.

(3) PARKING AREA.

(a) LOCATED FOR CONVENIENCE AND TO AVOID UNDUE DISTURBANCE TO PATIENTS.

(b) ADEQUATE NUMBER OF PARKING SPACES.

One parking space per bed plus one space per employee for the day shift recommended.

(c) ADEQUATE DRAINAGE.

(d) SURFACE TREATED TO MINIMIZE DUST. Illuminated at night.

(4) DRIVES AND WALKS.

(a) ADEQUATE FOR MOVEMENT OF PATIENTS, VISITORS, STAFF AND SERVICE VEHICLES.

(b) CONSTRUCTED FOR USE UNDER ALL WEATHER CONDITIONS.

(c) LOCATED TO PREVENT CONFLICTING TRAFFIC.

(d) LOCATED FOR A MINIMUM OF DISTURBANCE TO PATIENTS.

(e) SURFACE TREATED TO MINIMIZE DUST. Illuminated at night.

(5) ENTRANCES.

(a) LOCATED FOR A MINIMUM OF DISTURBANCE TO PATIENTS.

(b) ENTRANCES REQUIRED FOR MOVEMENT OF PATIENTS IN WHEELCHAIRS OR ON STRETCHERS TO BE DESIGNED WITHOUT STAIRS. RAMPS PERMISSIBLE WITH SLOPE NOT EXCEEDING 1 IN 10. A slope not exceeding 1 in 20 recommended. AT LEAST ONE ENTRANCE TO THE HOSPITAL TO BE SO DESIGNED.

(i) PATIENTS' AND VISITORS' ENTRANCE. ADJACENT TO LOBBY.

(ii) Emergency patients' entrance. REQUIRED IF HOSPITAL HAS AN EMERGENCY DEPARTMENT.

LOCATED FOR READY ACCESS TO EMERGENCY DEPARTMENT.

AT GRADE LEVEL AND READILY ACCESSIBLE TO PEDESTRIAN, AMBULANCE AND OTHER VEHICULAR TRAFFIC.

AMBULANCE PORT WHICH IS SIZED TO ACCOMMODATE AT LEAST ONE VEHICLE 22 FEET LONG, 130 INCHES HIGH AND 8 FEET WIDE. AMBULANCE PORT TO BE DESIGNED TO PROTECT AN EMERGENCY PATIENT AND THE INTERIOR OF THE EMERGENCY DEPARTMENT FROM WEATHER WHEN A PATIENT IS BROUGHT FROM AN AMBULANCE OR OTHER VEHICLE INTO THE EMERGENCY DEPARTMENT.

Designed to permit attendants to stand on same level as entrance when removing a stretcher from ambulance.

RAMPS TO BRIDGE ANY DIFFERENCE IN LEVELS OF APPROACH FOR PEDESTRIAN TRAFFIC.

(iii) OUTPATIENT ENTRANCE.

May be combined with entrances for patients and visitors or emergency patients.

LOCATED NEAR OUTPATIENT FACILITIES AND FOR ACCESSIBILITY BY WHEELCHAIR PATIENTS.

(iv) SERVICE ENTRANCE.

CLOSE TO STORAGE, ELEVATORS, AND KITCHEN.

(v) EXIT FOR REMOVAL OF BODIES.

May be combined with emergency patients' entrance and/or service entrance.

LOCATED WHERE BODIES CAN BE REMOVED IN AN UNOBTRUSIVE MANNER.

(vi) Employees' entrance.

Convenient to locker rooms and for control of ingress and egress.

(vii) Doctors' entrance.

Convenient to locker room, records room and switchboard.

(6) ORIENTATION OF PATIENT ROOMS.<sup>4</sup>

(a) ON QUIET SIDE OF SITE.

(b) LOCATED FOR PRIVACY FOR PATIENTS.

(c) PROTECTED FROM THE VIEW OF REMOVAL OF BODIES, AND STORAGE OF RUBBISH.

Oriented for sunlight and prevailing breezes.

#### NOTES:

<sup>2</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(6), PLUMBING AND SEWERAGE.

<sup>3</sup>Not applicable to alterations and additions to existing hospitals.

<sup>4</sup>See requirements for "Windows", WAC 248-18-718(4) and see WAC 248-18-505 for definition of "Grade".

[Order 119, § 248-18-520, filed 5/23/75; Order 106, § 248-18-520, filed 1/13/75; Regulation 18.540, filed 1/25/62.]

**WAC 248-18-525 Administrative facilities. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).**

(1) LOBBY.

(a) WAITING SPACE.

(b) WHEELCHAIR PARKING.

(c) PUBLIC TOILETS FOR EACH SEX.

(d) PUBLIC TELEPHONE.

(e) INFORMATION COUNTER.

Provision for sale of newspapers, soft drinks, gifts, cigarettes, etc.

(2) ADMITTING FACILITIES.

(a) PROVISION FOR AUDITORY PRIVACY DURING INTERVIEW.

(b) Interview rooms.

(c) Vault for patient valuables.

(d) Routine examination facilities.

(3) ADMINISTRATION FACILITIES.

(a) OFFICE FOR ADMINISTRATOR.

(b) OFFICE FOR DIRECTOR OF NURSING - IF OVER 25 BEDS.

(c) Offices for other administrative personnel.

(d) Secretarial office space.

(e) Board room.

(4) BUSINESS OFFICE. Vault for records, cash, etc.

(5) MEDICAL RECORDS FACILITIES.

(a) ACTIVE RECORDS STORAGE. SPACE FOR 50 INPATIENT RECORDS PER BED PER YEAR, NOT LESS THAN 3 SQUARE FEET FLOOR SPACE PER BED.

(b) ADDITIONAL SPACE FOR OUTPATIENT RECORDS.

(c) INACTIVE RECORDS STORAGE.

(i) SPACE FOR 50 INPATIENT RECORDS PER BED PER YEAR.

(ii) TOTAL SPACE DEPENDENT UPON DURATION AND TYPE OF STORAGE PLANNED.

(iii) Doctors' dictation facilities.

(iv) Transcribing facilities.

(6) MEDICAL STAFF FACILITIES.

(a) Doctors' in-and-out register.

(b) COAT ROOM.

(c) Toilet.

(d) Medical lounge and library.

(7) HOSPITAL EMPLOYEE FACILITIES.

(a) LOCKER ROOMS, and lounges. ADEQUATE TO ACCOMMODATE ALL EMPLOYEES WHO ARE NOT PROVIDED ADEQUATE FACILITIES IN INDIVIDUAL DEPARTMENTS.

(i) SEPARATE FOR MEN AND WOMEN.

(ii) SPACE FOR INDIVIDUAL LOCKERS.

(b) TOILETS. ADEQUATE TOILETS ADJOINING EACH LOCKER ROOM. ADDITIONAL EMPLOYEES' TOILETS THROUGHOUT THE HOSPITAL TO ADEQUATELY SERVE EMPLOYEES OF ALL DEPARTMENTS.

(c) Showers — Adjoining locker rooms.

(8) Conference and training facilities.

(9) Retiring room.

(10) Social service office.

(11) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS')<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to administration facilities.

NOTE:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[Order 119, § 248-18-525, filed 5/23/75; Regulation 18.550, filed 1/25/62.]

**WAC 248-18-530 Nursing unit—General.** (REQUIREMENTS ARE SHOWN IN CAPITAL LETTERS. SEE WAC 248-18-515).

(1) DEFINITION. A SEPARATE, PHYSICAL AND FUNCTIONAL UNIT OF THE HOSPITAL WHICH INCLUDES A GROUP OF PATIENT ROOMS AND THE ANCILLARY ADMINISTRATIVE AND SERVICE FACILITIES NECESSARY TO PROVIDE ADEQUATE NURSING SERVICE TO THE OCCUPANTS OF THESE PATIENT ROOMS. EXCLUDES FACILITIES WHICH SERVE OTHER AREAS OF THE HOSPITAL AND WHICH CREATE TRAFFIC UNNECESSARY TO THE FUNCTIONS OF THE NURSING UNIT.

(2) LOCATION.

(a) EACH NURSING UNIT LOCATED TO AVOID THROUGH TRAFFIC TO ANY SERVICE, DIAGNOSTIC, TREATMENT, OR ADMINISTRATIVE FACILITY, and in a dead-end location with no through traffic to any other area of the hospital. COMMUNICABLE DISEASE, AND PSYCHIATRIC NURSING UNITS IN A DEAD-END LOCATION WITH NO THROUGH TRAFFIC TO ANY OTHER AREA OF THE HOSPITAL.

(b) ALL ROOMS AND AREAS WITHIN A NURSING UNIT ON THE SAME FLOOR LEVEL.

(c) Nursing units placed on quiet side of site and separated from service and ambulance courts. Convenient relationships to surgery and obstetrical delivery suites, adjunct diagnostic and treatment facilities and service areas.

(d) Location and relationship of nursing units in small hospital to provide for flexible overlap of postpartum rooms with surgical rooms.

(3) CAPACITY.

(a) Minimum bed capacity of a nursing unit not less than 20 beds except where necessary to provide separation of units for obstetrical, pediatric, communicable disease or psychiatric patients.

(b) Maximum capacity of a nursing unit not to exceed 35 beds.

(c) ADDITIONAL SERVICE FACILITIES MAY BE REQUIRED IN UNITS OF MORE THAN 35 BEDS.

(4) SEPARATION OF CLINICAL SERVICES.

(a) BEDS FOR OBSTETRICAL POSTPARTUM PATIENTS, AT LEAST EQUAL IN NUMBER TO THE AVERAGE ANTICIPATED DAILY CENSUS, SEGREGATED FROM BEDS FOR OTHER TYPES OF PATIENTS. SEPARATE OBSTETRICAL POSTPARTUM NURSING UNIT WHERE 8 OR MORE BEDS ARE PLANNED FOR OBSTETRICAL POSTPARTUM PATIENTS.

(b) SEPARATE PEDIATRIC NURSING UNIT WHERE 16 OR MORE BEDS ARE PLANNED FOR PEDIATRIC PATIENTS.

(c) SEPARATE PSYCHIATRIC NURSING UNIT WHERE 10 OR MORE BEDS ARE PLANNED FOR PSYCHIATRIC PATIENTS.

(d) Separate communicable disease nursing unit where 10 or more beds are planned for patients with communicable diseases.

(e) SEPARATE NURSING HOME UNIT WHERE 10 OR MORE BEDS ARE PLANNED FOR NURSING HOME PATIENTS. Suitable combinations of ancillary administrative and service facilities with those of medical or surgical units may be permitted in small hospitals.

(5) SPECIAL DESIGN FEATURES OF SPECIALIZED FACILITIES.

(a) Facilities for psychiatric patients.

(i) ROOM DETAILS, DOORS, HARDWARE AND WINDOWS AND/OR SCREENS IN PATIENT ROOMS, TOILETS, BATHING FACILITIES, PATIENT LAUNDRY ROOMS AND SIMILAR ROOMS TO PROVIDE FOR SAFETY IN AN UNOBTRUSIVE MANNER.

(ii) PLUMBING, ELECTRICAL OUTLETS, EQUIPMENT AND FIXTURES, AND HEATING EQUIPMENT IN PATIENT ROOMS, TOILETS, BATHING FACILITIES, PATIENT LAUNDRY ROOMS AND SIMILAR ROOMS DESIGNED AND INSTALLED TO AVOID OPPORTUNITY FOR INJURY TO SELF OR OTHERS.

(iii) WINDOWS AND DOORS IN PATIENT ROOMS OF STURDY CONSTRUCTION AND FINISH.

(iv) LOCKS ON ALL DOORS ON PSYCHIATRIC UNITS AND ON ALL DOORS OPENING INTO SECLUSION ROOMS WHERE PSYCHIATRIC UNIT IS NOT PROVIDED. PROVISION FOR READILY UNLOCKING SUCH DOORS IN CASE OF FIRE OR OTHER EMERGENCY.

(v) Walls and doors in patient rooms of sound deadening construction.

(b) Facilities for pediatric patients.

(i) ELECTRICAL OUTLETS, EQUIPMENT AND FIXTURES IN PATIENT ROOMS AND ACTIVITY AREAS OF A TYPE TO AVOID OPPORTUNITY FOR INJURY TO PATIENTS.

(ii) Windows between corridors and rooms. Sound deadening of walls and doors in treatment rooms.

(c) Facilities for intensive care. Windows between corridors and rooms.

(d) Facilities for isolation for communicable disease control. Recessed corridor cabinets for isolation gown storage in strategic locations on all units where isolation may occur.

(6) PATIENT ROOM AND EQUIPMENT.

(a) ROOM.

(i) EACH PATIENT ROOM DIRECTLY ACCESSIBLE FROM CORRIDOR OF NURSING UNIT AND LOCATED TO PREVENT TRAFFIC THROUGH ROOMS AND TO MINIMIZE ENTRANCE OF ODORS, NOISE AND OTHER NUISANCES.

(ii) AT LEAST ONE ISOLATION ROOM WITH ADJOINING TOILET AND BEDPAN FLUSHING EQUIPMENT ON EACH MEDICAL, SURGICAL, AND PEDIATRIC UNIT UNLESS A SEPARATE COMMUNICABLE DISEASE UNIT IS PROVIDED.

(iii) At least one seclusion room with adjoining toilet for the care of seriously disturbed patients on an appropriate nursing unit unless a separate psychiatric unit is provided.

(iv) MAXIMUM CAPACITY OF 4 BEDS FOR PATIENT ROOMS. Maximum patient room capacity of 2 beds in hospitals of 100 beds or less recommended. At least 15 percent of beds in one-bed rooms.

(v) AT LEAST 80 SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTI-BED ROOMS. Not less than 100 square feet of usable floor space per bed in multi-bed rooms recommended.

(vi) AT LEAST 100 SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOMS. No less than 125 square feet usable floor space in one-bed rooms recommended.

(vii) AT LEAST 40 SQUARE FEET PER BASSINET IN PATIENT ROOM FOR INFANT PEDIATRIC PATIENTS. ADULT REQUIREMENTS APPLY TO ROOMS FOR YOUTH CRIBS AND BEDS.

(viii) MINIMUM WIDTH OF 11 FEET FOR MULTI-BED ROOMS. Minimum recommended dimensions of 12 feet by 16 feet for two-bed rooms.

(ix) MULTI-BED ROOMS ARRANGED TO ALLOW SPACING OF BEDS AT LEAST TWO FEET FROM WALL (EXCEPT AT HEAD) AND AT LEAST 3 FEET APART.

(b) PATIENT ROOM EQUIPMENT.

(i) LAVATORY IN EACH ROOM EXCEPT OPTIONAL IN PSYCHIATRIC PATIENT ROOMS OR SINGLE PATIENT ROOMS HAVING A SEPARATE ADJOINING TOILET ROOM WHICH SERVES SINGLE ROOM ONLY AND CONTAINS A LAVATORY.

(ii) CUBICLE CURTAINS COMPLETELY SCREENING EACH BED OR AN EQUIVALENT MEANS FOR PROVIDING PRIVACY FOR EACH PATIENT IN ALL MULTI-BED PATIENT ROOMS.

(iii) CLOSET OR LOCKER PER BED FOR PATIENT CLOTHING, LUGGAGE, ETC.

(iv) SEPARATE STORAGE PER BED FOR EXTRA PILLOWS AND BLANKETS. May be combined

with closet or locker. Oxygen and suction outlet adjacent to each bed.

(7) PATIENT TOILET AND BATHING FACILITIES.

(a) Toilet equipped with bedpan flushing equipment adjoining each patient room. REQUIRED FOR ALL PATIENT ROOMS PLANNED FOR CARE OF PATIENTS WITH COMMUNICABLE DISEASES.

(b) PROVISION FOR KEEPING BEDPAN BRUSH CONTAINER OFF THE FLOOR IN TOILETS EQUIPPED WITH BEDPAN FLUSHING ATTACHMENTS. Bedpan lugs on water closets not recommended. Shelf for specimen collection in toilets equipped with bedpan flushing equipment.

(c) WATER CLOSETS IN RATIO OF AT LEAST ONE PER 6 BEDS OR FRACTION THEREOF ON EACH NURSING UNIT.

(d) WATER CLOSETS IN RATIO OF AT LEAST ONE PER 6 OBSTETRICAL BEDS OR FRACTION THEREOF FOR EXCLUSIVE USE BY OBSTETRICAL PATIENTS.

(e) SEPARATE TOILET FOR EACH SEX UNLESS TOILET ADJOINS EACH PATIENT ROOM.

(f) AT LEAST ONE PATIENT TOILET OPENING DIRECTLY FROM MAIN CORRIDOR ON EACH NURSING UNIT HAVING MULTI-BED ROOMS.

(g) SHOWERS OR TUBS IN THE RATIO OF AT LEAST ONE BATHING FACILITY PER 12 BEDS OR FRACTION THEREOF ON EACH NURSING UNIT EXCEPT OBSTETRICAL POSTPARTUM NURSING UNIT.

(h) SHOWER FACILITIES IN RATIO OF AT LEAST ONE PER 8 OBSTETRICAL POSTPARTUM BEDS OR FRACTION THEREOF FOR EXCLUSIVE USE BY OBSTETRICAL POSTPARTUM PATIENTS.

(i) AT LEAST ONE BATHTUB ON EACH NURSING UNIT EXCEPT OPTIONAL ON OBSTETRICAL POSTPARTUM NURSING UNIT.

(j) AT LEAST ONE BATHTUB ON EACH FLOOR ON WHICH A MEDICAL, SURGICAL, OR NURSING HOME UNIT IS LOCATED TO BE AN "ISLAND" TUB (ACCESSIBLE ON THREE SIDES). Elevation of island tub to permit use of patient lift in bathroom where there is more than one bathtub on a floor.

(k) At least one elevated tub on each pediatric unit.

(l) At least one "roll-in" shower (shower stall in which a chair on wheels may be used) on each medical, surgical and nursing home unit.

(m) GRAB BAR(S) AT EACH BATHTUB, SHOWER, AND WATER CLOSET FOR PATIENT USE.

(n) PROVISION FOR OFF THE FLOOR PLACEMENT OF SUPPLIES AND EQUIPMENT FOR PERINEAL CARE IN EACH TOILET AND BATHING FACILITY FOR OBSTETRICAL POSTPARTUM PATIENTS. Recommended on medical or surgical nursing units.

(o) Sitz baths.

**(8) MISCELLANEOUS FACILITIES AND EQUIPMENT.****(a) NURSES' STATION.**

(i) SEPARATE STATION FOR EACH NURSING UNIT. Designed for auditory privacy. Centrally located in the unit served and convenient to the utility room, linen storage, medicine area and diet kitchen. Enclosed nurses' station on psychiatric nursing units recommended.

**(ii) EQUIPMENT:**

CHARTING SURFACE FOR NURSES AND DOCTORS.<sup>6</sup>

RACK FOR PATIENT CHARTS.<sup>6</sup>

TELEPHONE.

NURSE CALL ANNUNCIATOR.

Storage for charting supplies.

Clock.

Bulletin board.

(b) UTILITY OR WORK ROOM.<sup>7</sup> SEPARATE FOR EACH NURSING UNIT. Central to the beds served and convenient to the nurses' station, linen storage and medicine area.

**(c) BEDPAN ROOM.**

(i) AT LEAST ONE ON EACH NURSING UNIT. Not required if all patient rooms have adjoining toilets with bedpan flushing equipment. May be combined with soiled utility area if provided with bedpan brush container and there is a physical barrier between clean areas and the soiled utility area.

**(ii) EQUIPMENT:**

CLINIC SERVICE SINK (SIPHON JET) OR EQUIVALENT AND PROVISION FOR BEDPAN BRUSH CONTAINER.

WORK COUNTER.<sup>6</sup>

Cabinet for specimen containers.

Bulletin board.

DOUBLE COMPARTMENT SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER) IF UTENSILS TO BE WASHED IN THIS ROOM.

EQUIPMENT FOR SANITIZING UTENSILS IF UTENSILS TO BE SANITIZED IN THIS ROOM.

**(d) FLOWER CARE FACILITIES.**

(i) ON OR ADJACENT TO EACH NURSING UNIT.

May be in separate area of soiled utility room on each unit and/or combined with housekeeping facilities.<sup>5</sup>

**(ii) EQUIPMENT:**

WORK SURFACE.

SINK.

STORAGE.<sup>6</sup>

(e) MEDICINE AREA.<sup>7</sup> AT LEAST ONE ON EACH NURSING UNIT. Central to the beds served and convenient to the nurses' station and utility room.

(f) LINEN STORAGE.<sup>18</sup> IN CLEAN AREA ON EACH NURSING UNIT, SHELVING, CART, OR EQUIVALENT.

**(g) ICE FACILITIES.**

(i) ON OR ADJACENT TO EACH NURSING UNIT. LOCATED IN AREA SERVING CLEAN FUNCTIONS ONLY.

(ii) EQUIPMENT: May be combined with diet kitchen facilities.

WORK COUNTER.<sup>6</sup>

ICE MACHINE OR ADEQUATE STORAGE UNIT.

(Self-dispensing types recommended).

**(h) DIET KITCHEN FACILITIES.**

(i) ON OR ADJACENT TO EACH NURSING UNIT. SEPARATE AREA IN ROOM SERVING CLEAN FUNCTIONS ONLY; SEPARATE ROOM IF FACILITIES TO BE USED FOR DISHWASHING OR DECENTRALIZED FOOD SERVICE.

(ii) SPACE FOR WASTE CONTAINER.

**(iii) EQUIPMENT:**

REFRIGERATION.<sup>6</sup>

WORK COUNTER.

SINK.

STORAGE FOR UTENSILS AND FOODSTUFFS. COOKING UNIT OR HOT PLATE.<sup>6</sup>

DISHWASHING MACHINE (OR 3-COMPARTMENT SINK) IF DISHES, GLASSES OR PITCHERS ARE TO BE WASHED ON THE UNIT.

ADDITIONAL FACILITIES MAY BE REQUIRED DEPENDING UPON DEGREE OF DECENTRALIZATION OF FOOD SERVICE.

(i) EQUIPMENT STORAGE.<sup>18</sup> ON OR ADJACENT TO EACH NURSING UNIT. FOR NURSING AND MEDICAL EQUIPMENT.

(j) WHEELCHAIR AND STRETCHER STORAGE.<sup>18</sup>

(k) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup> ON OR ADJACENT TO EACH NURSING UNIT. SEPARATE FACILITIES ON OBSTETRICAL AND COMMUNICABLE DISEASE NURSING UNITS.

**(l) PERSONNEL FACILITIES.**

(i) TOILET ON OR ADJACENT TO EACH NURSING UNIT. SEPARATE FACILITIES TO BE PROVIDED FOR OBSTETRICAL AND COMMUNICABLE DISEASE UNITS.

(ii) STORAGE FOR PURSES AND PERSONAL EFFECTS APART FROM STORAGE FOR PATIENT CARE SUPPLIES AND EQUIPMENT ON OR ADJACENT TO EACH NURSING UNIT.

(m) TREATMENT AND EXAMINATION ROOM.

(i) REQUIRED ON PSYCHIATRIC NURSING UNITS AND PEDIATRIC NURSING UNITS. Optional on other types of nursing units.

Two rooms (one for examinations and one for treatments) on pediatric units.

**(ii) EQUIPMENT:**

LAVATORY OR SINK.

Nurses' call.

Clock.

Oxygen outlet.

Suction outlet.

Work surface.

Storage cabinet.

**(n) ACTIVITY AREAS.**

(i) ADEQUATE FACILITIES TO ACCOMMODATE THE MAXIMUM NUMBER OF PATIENTS TO BE CARED FOR ON THE NURSING UNIT.

(ii) PLAYROOM ON PEDIATRIC UNIT.

(iii) DAYROOM (OUTSIDE ROOM) OR SOLARIUM ON PSYCHIATRIC NURSING UNITS AND NURSING HOME UNITS.

(iv) RECREATION ROOM ON PSYCHIATRIC NURSING UNITS AND NURSING HOME UNITS.

(v) DINING AREA ON PSYCHIATRIC NURSING UNITS AND NURSING HOME UNITS.

(vi) OCCUPATIONAL THERAPY AREA ON PSYCHIATRIC NURSING UNITS AND NURSING HOME UNITS.

(vii) ABOVE AREAS MAY BE COMBINED IN ONE ROOM ON NURSING HOME UNIT.

(viii) MINIMUM OF 2 ROOMS (ONE RESERVED FOR QUIET ACTIVITIES) ON PSYCHIATRIC UNIT.

(ix) SUITABLE OUTDOOR RECREATIONAL SPACE FOR PATIENTS ON NURSING HOME UNITS and psychiatric units.

(x) Dayroom or solarium on all nursing units recommended.

(xi) Dining rooms for ambulatory patients on nursing units recommended.

(xii) Barber and beauty shop facilities on psychiatric and nursing home units.

(o) PATIENT LAUNDRY FACILITIES.

(i) REQUIRED ON PSYCHIATRIC UNITS. Recommended on nursing home units.

(ii) EQUIPMENT:

SINK AND COUNTER.<sup>6</sup>

DRYING FACILITIES.<sup>6</sup>

STORAGE CABINET.<sup>6</sup>

IRONING FACILITIES.<sup>6</sup>

(p) GOWNING ROOM.

(i) REQUIRED ONLY ON COMMUNICABLE DISEASE NURSING UNITS.

(ii) CONNECTING WITH PERSONNEL TOILET.

(iii) EQUIPMENT:

LAVATORY.

GOWN STORAGE.

LOCKERS OR RACKS.

(q) INTERVIEW ROOM. REQUIRED ON PSYCHIATRIC UNITS. Recommended on nursing home units. May be combined with private office.

(r) Patient classroom. Recommended on postpartum units and other units where group instruction to patients may be given.

(s) Office. For head nurse, nursing supervisor and medical staff.

(t) Conference room.

(u) Waiting room.

#### NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>7</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-530, filed 5/23/75; Regulation 18.560, §§ 1, 2 and 3, filed 1/25/62.]

[Title 248 WAC—p 92]

WAC 248-18-555 Intensive care unit. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - See WAC 248-18-515).

(1) STANDARDS FOR NURSING UNIT (WAC 248-18-530) APPLY EXCEPT FOR THE FOLLOWING:

(a) MAXIMUM CAPACITY OF 6 BEDS PERMISSIBLE IN PATIENT ROOMS DESIGNED FOR INTENSIVE CARE.

(b) Bathing facilities, optional.

(c) VARIATIONS MAY BE PERMITTED IN GENERAL DESIGN REQUIREMENTS, IN EXTENT AND ARRANGEMENT OF FACILITIES, AND IN COMBINATIONS OF FACILITIES FOR FUNCTIONS ALLOTTED SEPARATE SPACES OR ROOMS IN THE NURSING UNIT STANDARDS, PROVIDED THE RESULTING PLAN PROVIDES FACILITIES FOR ALL BASIC FUNCTIONS AND WILL NOT COMPROMISE THE BEST STANDARDS OF MEDICAL AND NURSING PRACTICE.

(2) Acute cardiac care unit.

(a) LOCATION. LOCATED TO AVOID THROUGH TRAFFIC AND PENETRATION OF OBJECTIONABLE HEAT OR NOISE OR ODORS FROM OTHER AREAS OF THE HOSPITAL AND TO MINIMIZE POTENTIAL FOR INTERFERENCE WITH ELECTRONIC MONITORING EQUIPMENT.

ALL ROOMS AND AREAS WITHIN THE UNIT ON THE SAME FLOOR.

Located adjacent to another unit or service from which additional assistance is always available.

(b) PATIENT ROOM.

(i) ROOM. MAXIMUM CAPACITY OF TWO BEDS FOR PATIENT ROOMS. AT LEAST ONE SINGLE ROOM FOR EVERY THREE BEDS.

(ii) LOCATION OF ROOMS AND PLACEMENT OF BEDS IN ROOMS TO PROVIDE FOR DIRECT VISIBILITY OF PATIENTS FROM NURSES' STATION UNLESS THERE IS PROVISION FOR INDIRECT VIEWING OF PATIENTS FROM NURSES' STATION BY MIRROR SYSTEM OR TELEVISION.

(iii) AT LEAST 150 SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOM AND 135 SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTI-BED ROOMS. ARRANGEMENT OF ROOMS SHALL ALLOW SPACING OF AT LEAST 4 FEET BETWEEN SIDE OF A BED AND WALL AND AT LEAST 6 FEET BETWEEN THE FOOT OF A BED AND A WALL. MULTI-BED ROOMS SHALL BE ARRANGED TO PROVIDE AT LEAST 8 FEET BETWEEN BEDS.

WHERE CONSTRUCTION IS TO BE AN ALTERATION PROJECT AND STRUCTURAL CHANGES NECESSARY TO MEET THESE REQUIREMENTS ARE INFEASIBLE OR ECONOMICALLY IMPRACTICABLE, THE FOLLOWING MAY BE ACCEPTED: 135 SQUARE FEET USABLE FLOOR SPACE IN EACH ONE-BED ROOM; 125 SQUARE FEET PER BED IN MULTI-BED

ROOMS; 4 FEET SPACE BETWEEN SIDE OF A BED AND A WALL; 5 FEET SPACE BETWEEN THE FOOT OF A BED AND A WALL; AND 6 FEET SPACE BETWEEN BEDS IN A MULTI-BED ROOM.

(iv) ACOUSTICAL TREATMENT OF PATIENT ROOMS TO MINIMIZE SOUND TRANSFERENCE.

(c) PATIENT ROOM EQUIPMENT.

(i) LAVATORY WITHIN EACH PATIENT ROOM.

(ii) CLOSET OR LOCKER PER EACH BED FOR PATIENT CLOTHING, LUGGAGE, ETC. May be in or adjacent to patient room.

(iii) SEPARATE STORAGE PER BED FOR EXTRA PILLOWS AND BLANKETS. May be combined with closet or locker.

(iv) OXYGEN OUTLET ADJACENT TO EACH BED.

(v) SUCTION OUTLET ADJACENT TO EACH BED.

(A) Two suction outlets per bed recommended.

(B) Compressed air outlet adjacent to each bed recommended.

(vi) CUBICLE CURTAINS COMPLETELY SCREENING EACH BED OR AN EQUIVALENT MEANS FOR PROVIDING PRIVACY FOR EACH BED IN ALL MULTI-BED PATIENT ROOMS.

(vii) CURTAINS OR EQUIVALENT MEANS FOR PROVIDING VISUAL PRIVACY FOR EACH PATIENT AT ALL WINDOWS IN PATIENT ROOM DOORS, INTERIOR PARTITIONS, AND EXTERIOR WINDOWS.

(viii) AN INDIVIDUAL SWITCH FOR EACH PATIENT ROOM TELEVISION CAMERA OR AN EQUIVALENT MEANS FOR ENSURING VISUAL PRIVACY AS INDICATED FOR EACH PATIENT WHO MAY BE VISUALLY MONITORED BY TELEVISION.

(ix) ELECTROCARDIOGRAPHIC MONITOR WITH OSCILLOSCOPE (AT LEAST 5 INCH WIDTH) AND AUDIO ALARM SYSTEM FOR EACH BED.

(x) Overhead tracks or wall-mounted supports for suspension of parenteral solution containers at each bed.

(xi) Wall-mounted sphygmomanometer per patient bed.

(xii) Telephone jack. Permanent telephone installations not recommended.

(xiii) MEDICAL EMERGENCY SIGNAL DEVICE IN EACH PATIENT ROOM TO REGISTER AT LOCATION FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE. (Such emergency signal device recommended for each bed).

(d) PATIENT TOILET AND BATHING FACILITIES.

(i) AT LEAST ONE COMMUNAL TOILET PER 6 BEDS OR FRACTION THEREOF ON THE UNIT OR AN ADJACENT NURSING UNIT UNLESS A TOILET ADJOINS EACH PATIENT ROOM.

(ii) GRAB BARS AT EACH BATHING FACILITY AND WATER CLOSET FOR PATIENT USE.

(e) NURSES' STATION.

(i) SEPARATE STATION FOR UNIT HAVING 5 BEDS OR MORE. For subsidiary unit of less than 5 beds[,] may be combined with nurses' station of other nursing unit provided nurses' station is in close proximity to acute cardiac care unit patient rooms and provides sufficient space to accommodate staff and equipment for acute cardiac care.

(A) Designed for auditory privacy.

(B) LOCATED FOR DIRECT VISIBILITY OF EACH PATIENT UNLESS MIRROR SYSTEM OR TELEVISION IS PROVIDED FOR VISUAL OBSERVATION OF PATIENTS.

(ii) EQUIPMENT.

(A) "SLAVE" OSCILLOSCOPE WITH AUDIO ALARM FOR CONTINUOUS DISPLAY OF EACH PATIENT'S ELECTROCARDIOGRAM.

(B) RATE METER (Cardio-Tachometer).

(C) DIRECT WRITING ELECTROCARDIOGRAPHIC "STRIP" RECORDER. Electrocardiographic memory recorder.

(D) TELEPHONE.

(E) NURSE CALL ANNUNCIATOR.

(F) Rack for patient charts.

(G) CHARTING SURFACE FOR NURSES AND PHYSICIANS TO ACCOMMODATE AT LEAST 1 NURSE PER 2 PATIENT BEDS AND 1 PHYSICIAN PER 4 PATIENT BEDS. Separate charting area for physicians recommended.

(H) Storage for charting supplies.

(I) WALL MOUNTED CLOCK WITH SWEEP SECOND HAND, PROPERLY LOCATED.

(J) Bulletin board.

(f) UTILITY OR WORK ROOM.<sup>7</sup> SEPARATE FOR UNIT HAVING 5 BEDS OR MORE. For subsidiary unit of less than 5 beds, may be combined with utility or work room of other nursing unit if in close proximity to patient rooms for coronary care.

Central to beds served and convenient to the nurses' station, medicine area and linen storage.

(g) MEDICINE AREA.<sup>7</sup> For subsidiary unit of less than 5 beds, may be combined with medicine area of other nursing unit if in close proximity to patient rooms.

(h) LINEN STORAGE.<sup>18</sup>

SHELVING, CART OR EQUIVALENT IN CLEAN AREA. For subsidiary unit of less than 5 beds, may be combined with linen storage of other nursing unit if in close proximity to patient rooms.

(i) Conference Room.

(j) Family Waiting Room.

Outside but adjacent to unit.

Telephone located in or adjacent to room.

(k) STANDARDS FOR NURSING UNIT, WAC 248-18-530(8)(g)(h)(i)(j)(k), and (l) APPLY TO OTHER FACILITIES OF THE CORONARY CARE UNIT.

NOTES:

<sup>7</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 154, § 248-18-555, filed 12/5/77; Order 119, §

248-18-555, filed 5/23/75; Order 83, § 248-18-555, filed 4/9/73; Regulation 18.570, filed 1/25/62.]

**WAC 248-18-560 Recovery unit.** Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) LOCATION.

(a) LOCATED TO AVOID TRAFFIC THROUGH THE UNIT.

(b) Located in or near clinical department assuming responsibility.

(2) PATIENT CARE AREA.

(a) ROOM(S) WITH AT LEAST 80 SQUARE FEET FOR EACH BED, STRETCHER OR CART.

(b) Isolation room or cubicle.

(c) EQUIPMENT:

Oxygen outlet for each bed, stretcher or cart.

Suction outlet for each bed, stretcher or cart.

(d) LAVATORY IN EACH ROOM - May be omitted if service facilities in same room.

(3) SERVICE FACILITIES. ADEQUATE SPACE, IN ADDITION TO REQUIRED PATIENT CARE AREA, LOCATED IN SAME OR ADJOINING ROOM (OR ROOMS).

(a) CLEAN UTILITY AREA.

EQUIPMENT:

WORK SURFACE.

SINK.

LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED NARCOTIC STORAGE.

STORAGE UNIT.<sup>18</sup>

REFRIGERATOR.<sup>6</sup>

LINEN STORAGE.<sup>6 18</sup>

EQUIPMENT STORAGE.<sup>18</sup>

(b) SOILED UTILITY AREA. ADEQUATE SPACE FOR LINEN HAMPERS, WASTE CONTAINERS AND OTHER LARGE EQUIPMENT.

EQUIPMENT:

CLINIC SERVICE SINK (SIPHON JET).

WORK SURFACE.<sup>6</sup>

STORAGE FOR CLEANING SUPPLIES.<sup>6</sup>

(c) CHARTING SURFACE.<sup>6</sup>

(d) Nurses' toilet.

(e) HOUSEKEEPING FACILITIES (JANITORS' OR MAIDS').<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to recovery unit.

NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-560, filed 5/23/75; Regulation 18.580, filed 1/25/62.]

**WAC 248-18-565 Surgery suite.**<sup>8</sup> (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) SURGERY SUITE, GENERAL.

(a) A SEPARATE SEGREGATED UNIT UNLESS SURGERY AND OBSTETRICAL DELIVERY FACILITIES ARE IN A COMBINED SUITE WHICH IS IN ACCORD WITH WAC 248-18-600. TO INCLUDE OPERATING ROOMS AND ANCILLARY FACILITIES ESSENTIAL TO THE PROPER FUNCTIONING OF THE OPERATING ROOMS. ANCILLARY FACILITIES TO BE LOCATED OUTSIDE OPERATING ROOMS AND, IF A COMBINED SUITE, OUTSIDE DELIVERY ROOMS.

(b) LOCATED TO PREVENT TRAFFIC THROUGH SURGERY SUITE TO ANY OTHER AREA OF THE HOSPITAL AND TO FACILITATE TRANSFER OF PATIENTS TO SURGICAL NURSING UNITS AND, IF A COMBINED SUITE, TO OBSTETRICAL NURSING UNIT.

(c) SUITE TO INCLUDE NO FACILITIES (such as central sterilizing and supply service facilities) WHICH SERVE OTHER AREAS OF THE HOSPITAL AND THEREBY CREATE TRAFFIC UNNECESSARY TO THE SURGICAL SUITE, EXCEPT AS PROVIDED FOR IN WAC 248-18-600 FOR COMBINED SURGERY/OBSTETRICAL DELIVERY SUITE.

(d) NUMBER AND TYPES OF OPERATING ROOMS TO BE PREDICATED UPON THE TYPES OF SURGERY TO BE PERFORMED AND THE ANTICIPATED SURGERY CASELOAD.

(e) ARRANGED TO PREVENT TRAFFIC THROUGH AN OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM TO OTHER AREAS OF THE SUITE, EXCEPT DIRECTLY CONNECTING SUBSTERILIZING ROOM SERVING ONLY OPERATING ROOMS OR OBSTETRICAL DELIVERY ROOMS TO WHICH IT CONNECTS.

(f) ANY ROOMS IN THE SUITE WHICH ARE PLANNED TO SERVE FOR OUTPATIENT SURGERY LOCATED SO THAT PENETRATION OF THE SUITE BY OUTPATIENTS IS LIMITED.

(g) CONDUCTIVITY METER WITHIN SUITE.<sup>6</sup>

(h) EMERGENCY COMMUNICATIONS SYSTEM CONNECTING EACH OPERATING ROOM AND DELIVERY ROOM TO CENTRAL STATION FOR SUITE OR OTHER AREA OF THE HOSPITAL IN WHICH THERE ARE ALWAYS NURSING PERSONNEL WHO ARE RESPONSIBLE FOR PROVIDING ASSISTANCE SHOULD AN EMERGENCY NEED OCCUR.

(2) MAJOR OPERATING ROOM.

(a) AT LEAST ONE MAJOR OPERATING ROOM.

(b) MINIMUM DIMENSION AT LEAST 18 FEET.

MINIMUM CLEAR AREA AT LEAST 360 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(c) EQUIPMENT:

OVERHEAD SURGERY LIGHT.

TWO X-RAY FILM ILLUMINATORS.<sup>6</sup>

ELECTRIC CLOCK WITH SWEEP SECOND HAND AND INTERVAL TIMER.

STORAGE FOR SURGICAL SUPPLIES.<sup>6 18</sup>

SUCTION OUTLETS.  
OXYGEN OUTLETS.

(3) Minor operating room.

(a) All operating rooms should be designed as major operating rooms to achieve maximum flexibility in use. However, in large or specialty hospitals a large volume of minor surgery may make inclusion of minor operating rooms practical.

(b) MINIMUM DIMENSION AT LEAST 15 FEET.

MINIMUM CLEAR AREA AT LEAST 270 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(c) EQUIPMENT:

OVERHEAD SURGERY LIGHT.

TWO X-RAY ILLUMINATORS.<sup>6</sup>

ELECTRIC CLOCK WITH SWEEP SECOND HAND, AND INTERVAL TIMER.

STORAGE FOR SURGICAL SUPPLIES.<sup>6 18</sup>

SUCTION OUTLETS.

OXYGEN OUTLETS.

(4) FRACTURE (OR CAST) ROOM.

(a) ONE IN EACH HOSPITAL OVER 100 BEDS (EXCLUDING BEDS IN NURSING HOME AND PSYCHIATRIC UNITS).

(b) MINIMUM DIMENSION 18 FEET. MINIMUM CLEAR AREA AT LEAST 324 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(c) May be in surgery suite or in emergency department.

(d) Splint and supply storage adjoining.

(e) EQUIPMENT:

OVERHEAD SURGERY LIGHT.

TWO X-RAY FILM ILLUMINATORS.<sup>6</sup>

WORK SURFACE.<sup>6</sup>

STORAGE FOR SURGICAL SUPPLIES.<sup>6 18</sup>

SINK<sup>9</sup> WITH PLASTER TRAP. May be scrub sink. Splint and leak-proof plaster storage.<sup>9</sup>

SUCTION OUTLET.

OXYGEN OUTLET.

(5) Cystoscopy facilities.

(a) Cystoscopy operating room.

(i) One in each hospital over 100 beds.

(ii) May be in suitable location outside surgery suite.

(iii) MINIMUM DIMENSION AT LEAST 15 FEET.

MINIMUM CLEAR AREA OF 270 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(iv) Designed to serve for other surgical procedures when anticipated volume of cystoscopic work does not indicate maximum usage of room.

(v) IF LOCATED OUTSIDE SURGERY SUITE, PROVIDE SCRUB-UP FACILITIES AND FACILITIES FOR CLEANING, STERILIZATION AND STORAGE OF SUPPLIES AND EQUIPMENT.

(vi) EQUIPMENT:

OVERHEAD SURGERY LIGHT.

TWO X-RAY FILM ILLUMINATORS.<sup>6</sup>

WORK SURFACE.<sup>6</sup>

STORAGE FOR SURGICAL SUPPLIES.<sup>6 18</sup>

ELECTRIC CLOCK WITH SWEEP SECOND HAND and interval timer.

X-RAY UNIT<sup>6</sup> - preferably mounted on urological table.

PROVISION FOR STERILE WATER SUPPLY.<sup>6</sup>

OXYGEN OUTLET.

SUCTION OUTLET.

(b) Dark room or equivalent.

(c) Adjoining toilet, if outside surgery suite.

(6) SCRUB-UP AREA.

(a) In rooms in which there is to be no open surgery or obstetrical deliveries, may be limited to one scrub sink within room.

(b) ADJACENT TO EACH OPERATING ROOM.

(c) DIRECT ACCESS TO EACH OPERATING ROOM.

(d) EQUIPMENT:

AT LEAST 3 SCRUB SINKS FOR EACH 2 OPERATING ROOMS, BUT IN NO CASE LESS THAN 2 SCRUB SINKS.

DETERGENT DISPENSER.<sup>6</sup> FOOT CONTROL IF LIQUID DISPENSER.

BRUSH DISPENSER.

STORAGE FOR MASKS, CAPS, NAIL FILES and boots.

CLOCK WITHIN VIEW FROM SCRUB SINKS.

(7) CLEAN-UP FACILITIES.<sup>10</sup>

(8) CLEAN WORKROOM.

EQUIPMENT:

LAVATORY.

WORK COUNTERS OR TABLES (OR EQUIVALENT).<sup>6</sup>

STORAGE FOR SUPPLIES AND SMALL EQUIPMENT.<sup>6 18</sup>

May be omitted if written program defines a supply and equipment system which eliminates need for preparation and assembly within the suite.

(9) STERILIZING FACILITIES.

(a) AUTOCLAVES (WITH RECORDING THERMOMETERS) OF SUFFICIENT CAPACITY TO ACCOMMODATE SUPPLIES AND EQUIPMENT TO BE STERILIZED IN SUITE. Automatic controls on all autoclaves recommended.

(b) MINIMUM OF ONE AUTOCLAVE<sup>11</sup> IN EACH SURGERY SUITE, EXCEPT IN HOSPITALS OF 25 OR LESS BEDS, CENTRAL STERILIZING AND SUPPLY FACILITIES MAY SUFFICE IF PROPERLY ARRANGED FOR DIRECT ACCESS TO SUITE.

(c) IF PRACTICE OF STERILIZING UNWRAPPED SETS OF INSTRUMENTS IS TO BE FOLLOWED, A SUFFICIENT NUMBER OF AUTOCLAVES<sup>12</sup> MUST BE LOCATED TO PROVIDE DIRECT ACCESS TO EACH OPERATING ROOM AND OBSTETRICAL DELIVERY ROOM FROM A STERILIZING FACILITY.

(d) SOLUTION WARMER.<sup>6</sup>

(10) STORAGE.<sup>18</sup>

FOR:

INSTRUMENTS;

DRUGS;

LINEN;

BLOOD (REFRIGERATION) unless satisfactory provision elsewhere;  
SOLUTIONS;  
STERILE SUPPLIES AND SMALL EQUIPMENT;  
LARGE EQUIPMENT; AND  
STRETCHERS.

(11) ANESTHESIA STORAGE<sup>13</sup> unless satisfactory provision elsewhere.

(12) Anesthesia workroom.

(13) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

(14) ADMINISTRATIVE FACILITIES.

(a) CONTROL STATION.

LOCATED TO PERMIT VISUAL SURVEILLANCE OF ALL TRAFFIC WHICH ENTERS SUITE.

TELEPHONE.

(b) SUPERVISOR'S OFFICE. May be combined with control station in suite which has less than 4 major rooms (operating and delivery).

Telephone.

(c) Surgery schedule board.

(d) Dictating facilities.

(e) Anesthetist's office.

(15) STAFF FACILITIES.

LOCATED TO BE ACCESSIBLE EITHER FROM IMMEDIATELY OUTSIDE OR UPON ENTRANCE TO SUITE.

(a) MEN'S LOCKER ROOM, TOILET, SHOWER and lounge.

A locker for each male who is employed in the suite or is an active member of the surgical or obstetrical medical staff and additional lockers for associate or visiting medical staff.

STORAGE FOR SCRUB CLOTHING.<sup>6 18</sup>

(b) WOMEN'S LOCKER ROOM, TOILET, shower and lounge.

A locker for each female who is employed in the suite or is an active member of the surgical or obstetrical medical staff and additional lockers for associate or visiting medical staff.

STORAGE FOR SCRUB CLOTHING.<sup>6 18</sup>

(16) Recovery unit.<sup>14</sup>

Located within or close to suite. IF WITHIN SUITE, LOCATED NEAR ENTRANCE AND AWAY FROM IMMEDIATE AREA OF OPERATING ROOMS AND, IF A COMBINED SUITE, AWAY FROM IMMEDIATE AREA OF DELIVERY ROOMS.

(17) Viewing gallery.

ACCESS TO GALLERY NOT THROUGH AN OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM and outside of suite.

GLASS SEPARATION BETWEEN GALLERY AND OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM.

(18) Exchange and/or transfer area.

#### NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>8</sup>Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).

<sup>9</sup>OUTSIDE FRACTURE ROOM IF ROOM IS TO BE USED AS AN OPERATING ROOM FOR OPEN SURGERY.

<sup>10</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

<sup>11</sup>May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

<sup>12</sup>May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

<sup>13</sup>See RECEIVING AND STORES, WAC 248-18-700(5), FLAMMABLE ANESTHETIC STORAGE.

<sup>14</sup>See Recovery Unit, WAC 248-18-560.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-565, filed 5/23/75; Order 107, § 248-18-565, filed 1/13/75; Regulation 18.590, § 1, filed 1/25/62.]

#### WAC 248-18-600 Obstetrical delivery facilities.<sup>8</sup>

Required only if hospital is to provide obstetrical services. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

OBSTETRICAL DELIVERY FACILITIES may be provided in a separate, segregated obstetrical delivery suite or a combined surgery/obstetrical delivery suite but SHALL COMPLY WITH REQUIREMENTS UNDER EITHER (1) OR (2) WHICH FOLLOW.

(1) Separate, segregated, obstetrical delivery suite.

(a) DELIVERY SUITE - GENERAL.

(i) SEPARATE, SEGREGATED UNIT WHICH INCLUDES DELIVERY ROOMS AND ANCILLARY FACILITIES ESSENTIAL TO THE PROPER FUNCTIONING OF THE DELIVERY SUITE. ANCILLARY FACILITIES TO BE LOCATED OUTSIDE DELIVERY ROOM.

(ii) LOCATED TO PREVENT TRAFFIC THROUGH THE SUITE TO ANY OTHER AREA OF THE HOSPITAL.

(iii) CONVENIENTLY CLOSE TO POST-PARTUM PATIENT ROOMS AND NEWBORN NURSERY TO FACILITATE TRANSFER OF MOTHER AND INFANT FOLLOWING DELIVERY.

(iv) In small obstetrical departments located adjacent to post-partum nursing unit, with no facilities unrelated to obstetrical service intervening, to permit one staff to serve entire obstetrical service exclusively.

(v) ARRANGED TO PREVENT TRAFFIC THROUGH A DELIVERY ROOM TO OTHER AREAS OF DELIVERY SUITE EXCEPT DIRECTLY CONNECTING SUBSTERILIZING ROOM SERVING ONLY DELIVERY ROOMS TO WHICH IT CONNECTS.

(b) DELIVERY ROOM.

(i) DELIVERY ROOMS (FOR OBSTETRICAL SERVICES EXCLUSIVELY) IN RATIO OF AT LEAST 1 FOR EACH ANTICIPATED 700 DELIVERIES OR FRACTION THEREOF PER YEAR.

(ii) MINIMUM DIMENSION AT LEAST 16 FEET. MINIMUM CLEAR AREA AT LEAST 300 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

EQUIPMENT:  
SPECIAL DELIVERY ROOM LIGHT.<sup>6</sup>  
STORAGE FOR DELIVERY ROOM  
SUPPLIES.<sup>6 18</sup>

ELECTRIC CLOCK WITH SWEEP SECOND  
HAND AND INTERVAL TIMER.

Film illuminator.

SUCTION OUTLETS.

OXYGEN OUTLETS.

SEPARATE RESUSCITATION FACILITIES  
(ELECTRICAL OUTLETS, OXYGEN, SUCTION  
and compressed air) FOR NEWBORN INFANTS.

Writing surface.

(c) SCRUB-UP AREA.

ADJACENT TO EACH DELIVERY ROOM.

DIRECT ACCESS TO EACH DELIVERY ROOM.

EQUIPMENT:

AT LEAST 1 SCRUB SINK FOR EVERY DELIV-  
ERY ROOM.

Two scrub sinks for every delivery room  
recommended.

DETERGENT DISPENSER. FOOT CONTROL, IF  
LIQUID DISPENSER.

BRUSH DISPENSER.

STORAGE FOR MASKS, CAPS, NAIL FILES and  
boots.

CLOCK WITHIN VIEW FROM SCRUB SINKS.

(d) CLEAN-UP FACILITIES.<sup>10</sup>

(e) CLEAN WORKROOM.

EQUIPMENT:

LAVATORY

WORK COUNTERS OR TABLES (OR  
EQUIVALENT)<sup>6</sup>

STORAGE FOR SUPPLIES<sup>6 18</sup>

May be omitted if written program defines a supply  
and equipment system which eliminates need for prepa-  
ration and assembly within the suite.

(f) STERILIZING FACILITIES.

(i) AUTOCLAVES (WITH RECORDING THER-  
MOMETERS) OF SUFFICIENT CAPACITY TO  
ACCOMMODATE SUPPLIES AND EQUIPMENT  
TO BE STERILIZED IN SUITE. Automatic controls  
on all autoclaves recommended.

(ii) MINIMUM OF 1 AUTOCLAVE<sup>11</sup> IN DELIV-  
ERY SUITE EXCEPT IF PRACTICE OF USING  
WRAPPED INSTRUMENT SETS IS TO BE FOL-  
LOWED EXCLUSIVELY.

(iii) IF PRACTICE OF STERILIZING UN-  
WRAPPED SETS OF INSTRUMENTS IS TO BE  
FOLLOWED, A SUFFICIENT NUMBER OF  
AUTOCLAVES<sup>12</sup> MUST BE LOCATED TO PRO-  
VIDE DIRECT ACCESS TO EACH DELIVERY  
ROOM FROM A STERILIZING FACILITY.

(iv) SOLUTION WARMER.<sup>6</sup>

(g) STORAGE.<sup>18</sup>

FOR:

INSTRUMENTS

DRUGS

BLOOD (REFRIGERATION) unless satisfactory  
provision elsewhere.

SOLUTIONS

STERILE SUPPLIES AND EQUIPMENT

CLEAN SUPPLIES AND SMALL EQUIPMENT  
LINEN

LARGE EQUIPMENT

STRETCHERS

(h) ANESTHESIA STORAGE<sup>13</sup> unless satisfactory  
provision elsewhere.

(i) HOUSEKEEPING FACILITIES (JANITORS'  
AND MAIDS').<sup>5</sup>

(j) ADMINISTRATIVE FACILITIES.

(i) SUPERVISOR'S OFFICE. May be desk alcove in  
delivery suite.

Located to permit control of entrance to delivery  
suite.

(ii) TELEPHONE.

(iii) Dictating facilities.

(iv) Anesthetist's office.

(k) STAFF FACILITIES.

(i) MEN'S LOCKER ROOM, TOILET, shower and  
lounge.

LOCATED TO BE ACCESSIBLE EITHER IM-  
MEDIATELY OUTSIDE OR UPON ENTRANCE  
TO DELIVERY SUITE.

In hospitals having only one delivery room and one  
operating room, one locker room, toilet and shower may  
be used for both delivery suite and surgery suite if lo-  
cated close to entrances of both.

STORAGE FOR SCRUB CLOTHING.<sup>6 18</sup>

A locker for each male who is employed in the suite  
or is an active member of the obstetrical medical staff  
and additional lockers for associate or visiting medical  
staff.

(ii) WOMEN'S LOCKER ROOM, TOILET, shower  
and lounge.

Not required if hospital has less than 8 post-partum  
beds. May serve personnel of delivery suite, newborn  
nursery and post-partum unit if location convenient to  
all three areas and outside delivery suite.

LOCATED WITHIN AN AREA SERVING ONLY  
OBSTETRICAL PATIENTS, CLOSE TO OR AT  
ENTRANCE OF DELIVERY SUITE.

STORAGE FOR SCRUB CLOTHING.<sup>6 18</sup>

(iii) Doctors' sleeping area.

(2) Combined surgery/obstetrical delivery suite.

(a) SEGREGATED UNIT WHICH INCLUDES  
FACILITIES FOR SURGERY SUITE AS RE-  
QUIRED UNDER WAC 248-18-565 AND FACILI-  
TIES FOR OBSTETRICAL DELIVERIES.

(b) SUITE TO INCLUDE NO FACILITIES (such  
as central sterilizing and supply service facilities)  
WHICH SERVE OTHER AREAS OF THE HOSPI-  
TAL AND THEREBY CREATE TRAFFIC UNNEC-  
ESSARY TO THE COMBINED  
SURGERY/OBSTETRICAL DELIVERY SUITE.

(c) LOCATED TO PREVENT TRAFFIC  
THROUGH THE SUITE TO ANY OTHER AREA  
OF THE HOSPITAL AND TO FACILITATE  
TRANSFER OF INFANTS TO THE NEWBORN  
NURSERY AS WELL AS TO FACILITATE  
TRANSFER OF MOTHERS AND SURGICAL PA-  
TIENTS TO RECOVERY UNIT(S) OR OTHER AP-  
PROPRIATE NURSING UNITS.

(d) DELIVERY ROOM(S) AND SCRUB-UP AREA(S) TO COMPLY WITH WAC 248-18-600(1)(b) and WAC 248-18-600(1)(c).

(e) DESIGNED AND ARRANGED SO THAT, WITHIN THE SUITE, TRAFFIC TO SURGICAL OPERATING ROOMS IS SEPARATED FROM TRAFFIC TO OBSTETRICAL LABOR AND DELIVERY ROOMS.

(f) SERVICE AREAS LOCATED AND ARRANGED TO AVOID DIRECT TRAFFIC BETWEEN DELIVERY AND OPERATING ROOMS.

NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>8</sup>Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).

<sup>10</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

<sup>11</sup>May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

<sup>12</sup>May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

<sup>13</sup>See RECEIVING AND STORES, WAC 248-18-700(5), FLAMMABLE ANESTHETIC STORAGE.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-600, filed 5/23/75; Order 107, § 248-18-600, filed 1/13/75; Regulation 18.600, §§ 1-10, filed 1/25/62.]

**WAC 248-18-605 Facilities for care of patients in labor.** Required only if hospital is to provide obstetrical services. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515). WITHIN OR CLOSE TO OBSTETRICAL DELIVERY SUITE OR COMBINED SURGERY/OBSTETRICAL DELIVERY SUITE AND/OR POST-PARTUM UNIT.

(1) LABOR ROOM.

(a) LOCATED FOR ACCESS BY VISITORS WITHOUT PENETRATION OF THE IMMEDIATE AREA OF DELIVERY ROOMS OR OPERATING ROOMS.

(b) MAXIMUM CAPACITY OF 2 BEDS. One-bed rooms recommended.

OTHER STANDARDS FOR TYPICAL PATIENT ROOM APPLY.<sup>15</sup>

(c) ONE LABOR BED FOR EVERY ESTIMATED 350 DELIVERIES OR FRACTION THEREOF, PER YEAR.

(2) TOILETS AND BATHING FACILITIES.<sup>16</sup>

(a) WATER CLOSETS IN RATIO OF AT LEAST 1 TO EVERY 6 LABOR BEDS OR FRACTION THEREOF.

(b) SHOWERS IN THE RATIO OF AT LEAST 1 TO EVERY 8 LABOR BEDS OR FRACTION THEREOF, EXCEPT, IN HOSPITALS WITH LESS THAN 8 POST-PARTUM BEDS, ONE SHOWER MAY SERVE BOTH POST-PARTUM AND LABOR PATIENTS IF PROPERLY LOCATED FOR USE BY BOTH TYPES OF PATIENTS.

(3) MEDICINE, UTILITY ROOMS, LINEN STORAGE AND HOUSEKEEPING FACILITIES.<sup>7</sup>

Not required if labor rooms are outside delivery suite or combined surgery/delivery suite and located for convenient use of facilities on post-partum unit. Not required if labor rooms are within delivery suite or combined surgery/delivery suite which has adequate service facilities for necessary functions in properly segregated clean and soiled rooms.

(4) BEDPAN ROOM.<sup>17</sup>

(5) Admission preparation room.

(6) Fathers' room. Close to facilities for care of patients in labor. IF WITHIN DELIVERY SUITE OR COMBINED SURGERY/DELIVERY SUITE, LOCATED NEAR ENTRANCE AND AWAY FROM IMMEDIATE AREA OF DELIVERY ROOMS AND OPERATING ROOMS.

NOTES:

<sup>7</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

<sup>15</sup>See NURSING UNIT, GENERAL, WAC 248-18-530.

<sup>16</sup>See PATIENT TOILET AND BATHING FACILITIES, WAC 248-18-530(7) for additional requirements.

<sup>17</sup>See NURSING UNIT, GENERAL, WAC 248-18-530(8)(c), BEDPAN ROOM.

[Order 119, § 248-18-605, filed 5/23/75; Order 107, § 248-18-605, filed 1/13/75; Regulation 18.600, §§ 11-12, filed 1/25/62.]

**WAC 248-18-610 Obstetrical recovery unit.**<sup>14</sup> Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

Within or close to delivery suite or combined surgery/delivery suite. IF WITHIN DELIVERY SUITE OR COMBINED SURGERY/DELIVERY SUITE, LOCATED NEAR ENTRANCE AND AWAY FROM IMMEDIATE AREA OF DELIVERY ROOMS AND OPERATING ROOMS.

NOTE:

<sup>14</sup>See Recovery Unit, WAC 248-18-560.

[Order 119, § 248-18-610, filed 5/23/75; Order 107, § 248-18-610, filed 1/13/75; Regulation 18.600, § 13, filed 1/25/62.]

**WAC 248-18-615 Newborn nursery facilities.** Required only if hospital is to provide obstetrical services. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) NURSERY FACILITIES, GENERAL.

(a) EACH NURSERY UNIT FOR NEWBORN INFANTS TO INCLUDE ONLY THE NURSERY ROOMS AND NECESSARY ANCILLARY FACILITIES.

(b) LOCATED TO PREVENT TRAFFIC THROUGH THE UNIT.

(c) LOCATED ADJACENT TO THE POSTPARTUM PATIENT ROOMS WITH NO FACILITIES

UNRELATED TO OBSTETRICAL SERVICE BETWEEN NURSERY UNIT AND POSTPARTUM PATIENT ROOMS.

(d) ANCILLARY FACILITIES TO BE LOCATED IN A ROOM OR ROOMS OUTSIDE NURSERY ROOMS.

(2) FULL TERM NURSERY UNIT.

(a) NUMBER OF BASSINETS FOR FULL TERM INFANTS AT LEAST EQUAL TO ANTICIPATED MAXIMUM DAILY INFANT CENSUS.

(b) PROVISION FOR VIEWING INFANTS BY VISITORS FROM A SUITABLE LOCATION OUTSIDE NURSERY UNIT.

(c) NURSERY ROOM.

(i) NO ACCESS DIRECTLY FROM CORRIDOR.

(ii) MINIMUM OF TWENTY-FOUR SQUARE FEET OF FLOOR AREA PER BASSINET. Thirty square feet per bassinet recommended.

(iii) ROOMS DESIGNED FOR SPACING BASSINETS AT LEAST THREE FEET APART.

(iv) IN A NEWBORN NURSERY UNIT HAVING A CAPACITY EXCEEDING SIX BASSINETS, THERE SHALL BE AT LEAST TWO NURSERY ROOMS. THE CAPACITY OF A NURSERY ROOM SHALL NOT EXCEED TWELVE BASSINETS.

(v) EQUIPMENT:

LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.<sup>6</sup>

LAVATORY.

CLOCK VISIBLE FROM EACH PART OF NURSERY.

Oxygen and suction outlets.

(d) HANDWASHING AND GOWNING AREA.

(i) LOCATED AT EACH ENTRANCE TO NURSERY UNIT. May be immediately outside nursery unit.

(ii) EQUIPMENT:

LAVATORY.

LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.<sup>6</sup>

STORAGE FOR CLEAN GOWNS, CAPS, AND MASKS.<sup>18</sup>

FACILITIES FOR SUIT COATS<sup>6</sup> close to but outside nursery unit.

(e) EXAMINATION AREA.

(i) ADJACENT TO NURSERY ROOMS.

(ii) ONE EXAMINATION AREA OR ROOM MAY SERVE NO MORE THAN TWENTY-FOUR BASSINETS.

(iii) EQUIPMENT:

LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.<sup>6</sup>

LAVATORY - One lavatory with detergent dispenser may serve examination, handwashing and gowning areas if these areas are in the same room.

STORAGE FOR LINEN AND EQUIPMENT.

(f) CHARTING AND/OR OFFICE AREA.

(i) May be omitted in small units where infant records are to be kept at nurses' station serving postpartum beds.

(ii) LOCATED TO CONTROL ENTRANCE TO NURSERY UNIT.

(iii) View windows to nursery rooms.

(iv) EQUIPMENT:

WRITING DESK OR COUNTER.<sup>6</sup>

CHART RACK.<sup>6</sup>

TELEPHONE - May not be required if nursery unit close to nurses' station serving postpartum beds.

Bulletin board.

(g) NURSERY WORK (OR UTILITY) AREA.

(i) ADJOINING NURSERY ROOM(S).

(ii) ONE WORK (OR UTILITY) AREA OR ROOM MAY SERVE NO MORE THAN TWENTY-FOUR BASSINETS.

(iii) DESIGNED TO SEPARATE CLEAN AND SOILED AREAS.

(iv) CLEAN AREA.

EQUIPMENT:

SINK.

LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.<sup>6</sup>

WORK COUNTER.

FORMULA REFRIGERATOR<sup>6</sup> - Not required if refrigerator for formula is provided in formula room or postpartum nursing unit kitchen.

BOTTLE WARMING FACILITIES.<sup>6</sup>

STORAGE UNIT.<sup>18</sup> (FOR: LINEN, PHARMACEUTICALS, STERILE SUPPLIES AND CLEAN SUPPLIES AND EQUIPMENT).

(v) SOILED AREA.

ADEQUATE SPACE FOR WASTE CONTAINER, LINEN HAMPERS AND OTHER LARGE EQUIPMENT.

EQUIPMENT:

WORK COUNTER.

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE UNITS.<sup>18</sup> (FOR: GENERAL CLEANING SUPPLIES AND EQUIPMENT).

(3) PREMATURE NURSERY UNIT. Separate nursery unit for prematures not required nor recommended where average daily census of less than 5 prematures is anticipated. REQUIREMENTS FOR NURSERY ROOMS AND ANCILLARY FACILITIES SAME AS FOR FULL TERM NURSERY UNIT, EXCEPT THAT MINIMUM OF 30 SQUARE FEET PER BASSINET IS REQUIRED IN NURSERY ROOMS.

(4) Observation (or Suspect) Nursery Unit.

(a) NO DIRECT ACCESS FROM OTHER NURSERY UNITS.

(b) MAXIMUM CAPACITY OF EACH OBSERVATION NURSERY UNIT - 2 BASSINETS.

(c) NURSERY ROOM.

REQUIREMENTS SAME AS FULL TERM NURSERY ROOM EXCEPT MINIMUM OF 40 SQUARE FEET PER BASSINET.

(d) HANDWASHING AND GOWNING AREA.

(i) LOCATED AT ENTRANCE TO OBSERVATION NURSERY UNIT.

(ii) EQUIPMENT:

LAVATORY.

LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.<sup>6</sup>

STORAGE FOR CLEAN GOWNS, CAPS AND MASKS.

- (e) NURSERY WORK (OR UTILITY) AREA.
- (i) ADJOINING NURSERY ROOMS.
- (ii) DESIGNED TO SEPARATE CLEAN AND SOILED AREAS.

(iii) CLEAN AREA.  
EQUIPMENT:

WORK COUNTER.

FORMULA REFRIGERATOR<sup>6</sup> - Not required if refrigerator for formula is provided in formula room or in postpartum nursing unit kitchen.

BOTTLE WARMING FACILITIES.<sup>6</sup>

LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.<sup>6</sup>

SINK OR LAVATORY (lavatory and detergent dispenser in handwashing and gowning area may serve if properly located).

STORAGE UNITS<sup>18</sup> (FOR: LINEN, PHARMACEUTICALS, STERILE SUPPLIES AND CLEAN SUPPLIES AND EQUIPMENT).

Bulletin board.

(iv) SOILED AREA.

(A) ADEQUATE SPACE FOR WASTE CONTAINER AND LINEN HAMPER.

(B) EQUIPMENT:

WORK COUNTER.

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE UNITS<sup>18</sup> (FOR: GENERAL CLEANING SUPPLIES AND EQUIPMENT).

(5) FACILITIES FOR JANITORS, MAIDS AND NURSERY PERSONNEL.

(a) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

May be combined with housekeeping facilities for delivery suite or postpartum unit.

(b) NURSERY PERSONNEL LOCKER ROOM AND TOILET.

(i) Not required if hospital has less than 8 postpartum beds.

(ii) May be combined with nurses' locker room for delivery suite if located convenient to newborn nursery facilities and outside delivery suite.

#### NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-615, filed 5/23/75; Regulation 18.610, § 1, filed 1/25/62.]

**WAC 248-18-640 Infant formula facilities.** Required only if hospital is to provide obstetrical or pediatric services. SHALL MEET REQUIREMENTS IF INCLUDED. (REQUIREMENTS ARE SHOWN IN CAPITAL LETTERS. SEE WAC 248-18-515). FACILITIES LISTED UNDER EITHER (1) OR (2) BELOW ARE REQUIRED.

(1) FACILITIES FOR PREPARATION OF FORMULA IN HOSPITAL.

(a) Not required if services of a commercial formula service to be used exclusively.

(b) Located on obstetrical unit, pediatric unit, or in dietary department.

(c) LOCATED TO AVOID CONTAMINATION OF FORMULA.

(d) LOCATED TO PREVENT THROUGH TRAFFIC.

(e) DESIGNED TO PROVIDE SEPARATE CLEAN AND SOILED AREAS.

(i) SOILED AREA TO SERVE FOR RECEIVING AND WASHING OF GLASSWARE, NIPPLES AND UTENSILS.

(ii) CLEAN AREA TO SERVE FOR PREPARATION, TERMINAL HEATING, AND STORAGE OF FORMULAS AND SPECIAL FLUIDS.

(f) BOTTLE AND UTENSIL WASHING AREA (SOILED AREA).

EQUIPMENT:

WORK COUNTER.

TWO-COMPARTMENT SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER). Single compartment sink may serve if mechanical bottle washing machine is provided.

Mechanical nipple washer.

STORAGE FOR CLEANING AGENTS.

(g) FORMULA PREPARATION AREA (CLEAN AREA).

EQUIPMENT:

WORK COUNTER.

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER) - If formula is to be prepared for less than 6 infants per day, sink in washing area may serve if in same room and equipped with foot, knee or elbow faucet control and gooseneck spout.

STORAGE FOR FORMULA INGREDIENTS, CLEAN BOTTLES, ETC. No cabinet should be immediately above formula preparation area.

HOT PLATE.<sup>6</sup>

EQUIPMENT FOR TERMINAL STERILIZATION.<sup>6</sup> Sterilizing equipment in a suitable location elsewhere in hospital may be used.

REFRIGERATION.<sup>6</sup> Not required if refrigerator for formula is provided in other suitable location.

(h) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup> Suitable combination with other housekeeping facilities permitted if convenient to infant formula facilities.

(2) FACILITIES REQUIRED WHEN COMMERCIAL FORMULA SERVICE USED.

(a) RECEIVING AND STORAGE AREA (CLEAN AREA). May be combined with dietary facilities or other suitable clean facilities.

EQUIPMENT:

COUNTER.

REFRIGERATOR.

(b) PICK-UP AREA (SOILED AREA). May be combined with other suitable facilities.

EQUIPMENT:

STORAGE FOR USED BOTTLES AND NIPPLES.

Counter.

Sink.

NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

[Order 119, § 248-18-640, filed 5/23/75; Regulation 18.620, filed 1/25/62.]

**WAC 248-18-645 Emergency department.** Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515). REQUIRED IF HOSPITAL WILL OFFER EMERGENCY CARE SERVICES REGULARLY.

(1) EMERGENCY DEPARTMENT - GENERAL.<sup>8</sup>

(a) ON SAME FLOOR AS EMERGENCY PATIENTS' ENTRANCE.

(b) LOCATED FOR READY ACCESS FROM EMERGENCY PATIENT ENTRANCE.

(c) SEPARATE FROM SURGERY SUITE AND DELIVERY SUITE.

(d) LOCATED SO EMERGENCY TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(e) Close to radiology department.

(f) NUMBERS, TYPES AND EQUIPMENT OF ROOMS TO BE PREDICATED UPON THE SCOPE AND TYPES OF SERVICES TO BE OFFERED AND THE ANTICIPATED PATIENT LOAD.

(g) CUBICLE CURTAINS OR AN EQUIVALENT MEANS FOR PROVIDING COMPLETE PRIVACY SCREENING FOR EACH EXAMINATION OR TREATMENT TABLE (OR CART) AND PATIENT BED IN EXAMINATION, TREATMENT OR OBSERVATION ROOMS.

(h) AN EMERGENCY AUDIO ALARM SYSTEM WITH AN EMERGENCY ALARM SIGNAL DEVICE IN EACH TREATMENT, EXAMINATION, AND OBSERVATION ROOM. EMERGENCY AUDIO ALARM TO BE DISTINCT AND DIFFERENT FROM OTHER AUDIO SIGNALS AND ALARM SYSTEMS IN HOSPITAL. EMERGENCY AUDIO ALARM SYSTEM TO SOUND ALARM CALL INTO AN AREA OF HOSPITAL WHERE NURSING PERSONNEL ARE ON DUTY AT ALL TIMES. IN MULTI-ROOM EMERGENCY DEPARTMENT, EMERGENCY ALARM SYSTEM ALSO TO ACTIVATE A DISTINCT VISUAL SIGNAL AT DOOR OF ROOM FROM WHICH ALARM IS SOUNDED SO PERSONS RESPONDING TO AUDIO ALARM CAN IMMEDIATELY IDENTIFY ROOM IN WHICH ASSISTANCE IS NEEDED.

(2) STRETCHER AND WHEELCHAIR STORAGE.

ADJACENT TO EMERGENCY DEPARTMENT ENTRANCE.

(3) RECEIVING AND TRIAGE AREA.

(a) ADJACENT TO EMERGENCY ENTRANCE.

(b) ADJACENT TO TREATMENT ROOMS.

(c) Sufficient space for triage in event of mass casualties.

(4) REGISTRATION AREA.

(a) OFFICE FACILITIES OR DESK SPACE FOR REGISTRATION LOCATED TO CONTROL ACCESS TO AREAS OF THE EMERGENCY DEPARTMENT IN WHICH EXAMINATION, TREATMENT, AND OBSERVATION ROOMS ARE LOCATED.

(b) CONVENIENT TO WAITING AREA.

(5) WAITING AREA.

(a) OUTSIDE AREA OF MAIN TRAFFIC FLOW IN EMERGENCY DEPARTMENT.

(b) May be combined with other waiting area which is in close proximity to emergency department.

(6) PUBLIC TOILETS.

Other public toilets may serve if close and easily accessible from the emergency department.

(7) Police, press, and ambulance attendants' room(s).

(a) OUTSIDE AREA OF MAIN TRAFFIC FLOW IN EMERGENCY DEPARTMENT.

(b) Equipped with desk and telephone.

(8) MAJOR EMERGENCY TREATMENT ROOM(S).

(a) Number of rooms dependent upon anticipated volume of emergency services.

(b) AT LEAST ONE, MAJOR EMERGENCY TREATMENT ROOM.

(c) DIMENSIONS AND ARRANGEMENT OF EACH EMERGENCY TREATMENT ROOM TO PROVIDE A CLEAR SPACE AT LEAST 4 FEET WIDE BETWEEN BOTH SIDES AND BOTH ENDS OF EACH TREATMENT TABLE (OR CART) AND ANY FIXED EQUIPMENT (CABINETS, SINKS, ETC.) OR MAJOR MOVABLE EQUIPMENT WHICH IS KEPT IN THE ROOM: PROVIDED, HOWEVER, THE CLEAR SPACE BETWEEN TREATMENT TABLES (OR CARTS) SHALL BE AT LEAST 8 FEET WIDE. THE FLOOR SPACE ALLOWED FOR A TREATMENT TABLE SHALL BE AT LEAST 80 INCHES BY 30 INCHES.

(d) Major emergency treatment room designed and equipped to accommodate at least two treatment tables if emergency department has only one major treatment room.

(e) EQUIPMENT:

STORAGE FOR CLEAN AND STERILE SUPPLIES, SMALL EQUIPMENT AND DRUGS.<sup>6 18</sup>

CLEAN WORK COUNTER FOR ASSEMBLY AND PREPARATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT FOR USE.<sup>6</sup>

SINK (MOUNTED IN, INTEGRAL WITH OR ADJACENT TO CLEAN WORK COUNTER).

SCRUB SINK - 8 FEET APART OR PHYSICAL BARRIER SEPARATING FROM CLEAN WORK COUNTER AND STORAGE FOR CLEAN AND STERILE SUPPLIES AND EQUIPMENT AND DRUGS. Not required if a scrub sink is located outside but adjacent to emergency treatment room.

DETERGENT DISPENSER.<sup>6</sup>

SOILED WORK COUNTER FOR COLLECTION OF CONTAMINATED SUPPLIES AND EQUIPMENT.<sup>6</sup>

SINK WITH PLASTER TRAP - Not required if separate fracture room provided. Suitable combination with other sink in emergency department permitted.

TREATMENT LIGHT.<sup>6</sup>

SUCTION OUTLET.

OXYGEN OUTLET.

FILM ILLUMINATORS.<sup>6</sup>

OUTLET FOR PORTABLE X-RAY MACHINE.

CLOCK - WITH SWEEP SECOND HAND and interval timer.

SPACE FOR MAJOR MEDICAL EQUIPMENT WHICH IS TO BE KEPT IN ROOM.

SPACE FOR LINEN HAMPERS AND TRASH CONTAINERS.

(9) Minor treatment and examination room(s).

(a) At least one minor treatment and examination room.

(b) DIMENSIONS AND ARRANGEMENT OF EXAMINATION ROOM(S) TO PROVIDE AT LEAST 80 NET SQUARE FEET OF FLOOR SPACE, EXCLUSIVE OF SPACE FOR LAVATORY, CABINETS, WORK COUNTER, WARDROBE, DESK OR VESTIBULE. CONFIGURATION OF THIS NET FLOOR SPACE TO ALLOW FOR PLACEMENT OF A 6 FEET X 2 FEET EXAMINATION TABLE WITH AT LEAST 3 FEET WIDE CLEAR SPACE ON EACH SIDE OF THE TABLE AND 4 FEET WIDE CLEAR SPACE AT THE FOOT END OF THE TABLE.

(c) EQUIPMENT:

LAVATORY.

WORK COUNTER.<sup>6</sup>

STORAGE FOR SUPPLIES AND EQUIPMENT.<sup>6</sup>

18

SUCTION OUTLET.

OXYGEN OUTLET.

EXAMINATION LIGHT.<sup>6</sup>

(10) Observation room(s).

(a) NEAR TO NURSES' STATION OR OTHER CONTROL STATION TO PERMIT CLOSE OBSERVATION OF PATIENTS.

(b) AT LEAST 125 SQUARE FEET IN ONE-BED ROOM.

(c) MINIMUM DIMENSION OF 10 FEET FOR ONE-BED ROOM.

(d) EACH MULTIPLE BED ROOM DESIGNED TO PROVIDE AT LEAST 4 FEET WIDE SPACE BETWEEN SIDE OF EACH BED (OR CART) AND ANY WALL, OTHER BED OR FIXED EQUIPMENT (e.g., CABINET, SINK, CLOSET) AND AT LEAST 5 FEET WIDE SPACE BETWEEN FOOT END OF ANY BED AND ANY WALL OR FIXED EQUIPMENT.

(e) ROOM DETAILS, DOORS, HARDWARE, WINDOWS, AND SCREENS IN ANY ROOM FOR SEVERELY DISTURBED PERSON TO PROVIDE FOR PATIENT SAFETY IN AN UNOBTRUSIVE MANNER.

(f) EQUIPMENT:

LAVATORY IN EACH ROOM.

A NURSE CALL SIGNAL DEVICE AT EVERY PATIENT BED.

OXYGEN OUTLET FOR EACH BED (OR CART).

SUCTION OUTLET FOR EACH BED (OR CART).

CLOSET OR LOCKER PER EACH BED FOR PATIENT CLOTHING. May be in or adjacent to observation room(s).

SEPARATE STORAGE PER BED FOR EXTRA PILLOWS AND BLANKETS. May be combined with closet or locker.

(11) PATIENT TOILET(S).

(a) CONVENIENT TO EXAMINATION AND TREATMENT ROOMS.

(b) TOILET(S) LOCATED SO PATIENTS IN EVERY OBSERVATION ROOM HAVE ACCESS TO A TOILET WITHOUT ENTERING A PUBLIC CORRIDOR.

(c) AT LEAST ONE COMMUNAL PATIENT TOILET DESIGNED AND ARRANGED TO ACCOMMODATE A PATIENT IN A WHEELCHAIR.

(d) GRAB BARS AT EACH PATIENT TOILET.

(12) MEDICINE AREA.<sup>7</sup>

(13) UTILITY ROOMS.<sup>7</sup>

(14) DESK SPACE FOR NURSES AND PHYSICIANS.

May be combined with office facilities in reception, triage and registration area.

(15) EQUIPMENT STORAGE.

(a) STORAGE FOR MOBILE CART WITH EMERGENCY MEDICAL SUPPLIES AND EQUIPMENT (CRASH CART) IN A CLEAN AREA WHICH IS READILY ACCESSIBLE FROM ALL ROOMS USED FOR PATIENT CARE OR TREATMENT.

(b) Storage area for portable x-ray equipment.

REQUIRED IF PORTABLE X-RAY EQUIPMENT TO BE STORED IN EMERGENCY DEPARTMENT.

(c) STORAGE FOR OTHER MAJOR PORTABLE OR MOBILE EQUIPMENT.

(16) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to emergency department.

NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>7</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

<sup>8</sup>Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-645, filed 5/23/75; Order 106, § 248-18-645, filed 1/13/75; Regulation 18.630, filed 1/25/62.]

**WAC 248-18-650 Outpatient department.** Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) OUTPATIENT DEPARTMENT, GENERAL.

(a) LOCATED FOR EASY ACCESS BY OUTPATIENTS.

(b) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(c) Located for convenient access to radiology, pharmacy, laboratory, and physical therapy.

(d) NUMBER, SIZE AND TYPE OF FACILITIES DEPENDENT UPON TYPE AND ANTICIPATED VOLUME OF OUTPATIENT WORK.

(2) ADMINISTRATIVE FACILITIES.

(a) In small department may be combined with inpatient or emergency department administrative facilities.

(b) Secondary facilities may be needed adjacent to major clinic areas in large department.

(c) WAITING AREA.

(d) ADMITTING FACILITIES.

(e) Appointment and cashier facilities.

(f) Office.

(g) PUBLIC TOILET.

(h) Staff toilet.

(3) EXAMINATION ROOM.

(a) MINIMUM DIMENSION OF 8 FEET AND MINIMUM AREA OF 80 SQUARE FEET.

(b) EQUIPMENT:

LAVATORY OR SINK.

EXAMINATION LIGHT.<sup>6</sup>

STORAGE FOR SUPPLIES AND EQUIPMENT.<sup>18</sup>

Dressing cubicles.

Film illuminator.

(4) Doctors' office.

(5) Minor surgery or treatment room.

(a) MINIMUM DIMENSION OF 15 FEET.

(b) EQUIPMENT:

SCRUB SINK.

LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.<sup>6</sup>

SURGERY OR TREATMENT LIGHT.<sup>6</sup>

STORAGE FOR SUPPLIES AND EQUIPMENT.<sup>6</sup>

<sup>18</sup>

FILM ILLUMINATOR(S).<sup>6</sup>

(6) UTILITY ROOM.<sup>7</sup>

Located close to examination and treatment rooms.

(7) MEDICINE FACILITIES.<sup>7</sup>

(8) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to outpatient department.

(9) LINEN STORAGE.<sup>18</sup>

(10) EQUIPMENT STORAGE.<sup>18</sup>

(11) Observation or recovery room.<sup>14</sup>

**NOTES:**

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>7</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

<sup>14</sup>See Recovery Unit, WAC 248-18-560.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-650, filed 5/23/75; Regulation 18.640, filed 1/25/62.]

**WAC 248-18-655 Radiology facilities.** <sup>21</sup> (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) RADIOLOGY FACILITIES, GENERAL.

(a) LOCATED FOR CONVENIENT TRANSPORT OF PATIENTS FROM EMERGENCY DEPARTMENT, SURGERY SUITE AND NURSING UNITS and for access by outpatients.

(b) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(c) GROUNDING OF TABLE, TUBE STAND AND CONTROLS OR ANY ASSOCIATED ELECTRICAL APPARATUS AS SPECIFIED BY THE NATIONAL ELECTRICAL CODE, 1959 NFPA 70.

(d) INSTALLATIONS OF X-RAY EQUIPMENT AND RADIATION PROTECTION OF FLOORS, DOORS, WALLS AND CEILINGS AS SPECIFIED IN NATIONAL BUREAU OF STANDARDS HANDBOOK 76, MEDICAL X-RAY PROTECTION UP TO THREE MILLION VOLTS, FEBRUARY 9, 1961.

(e) INSTALLATIONS OF COBALT-60, OR OTHER SOURCES OF IONIZING RADIATION, AS SPECIFIED IN NATIONAL BUREAU OF STANDARDS HANDBOOK 73, PROTECTION AGAINST RADIATION FROM SEALED GAMMA SOURCES, JULY 27, 1960, OR "RULES AND REGULATIONS FOR RADIATION PROTECTION" OF THE WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, TITLE 402 WAC, WHICHEVER IS MORE STRICT.

(2) ADMINISTRATIVE FACILITIES. Need not be in separate rooms.

(a) OFFICE AREA.

Equipment:

Telephones.

Bulletin board.

Electric clock.

(b) VIEWING AREA.

EQUIPMENT:

FILM ILLUMINATORS.<sup>6</sup>

(c) FILM FILE AREA (ACTIVE).

(d) FILM STORAGE (INACTIVE).

Need not be located with other radiology facilities.

(3) WAITING AREA.

(a) May be shared with suitable waiting areas for other hospital services if adjacent.

(b) SUITABLE SPACE FOR WHEELCHAIR AND STRETCHER PATIENTS.

(c) Not required in hospitals of less than 25 beds.

(4) RADIOGRAPHIC ROOM.

(a) AT LEAST ONE FOR EVERY HOSPITAL. IN HOSPITALS OF 150 BEDS AND OVER (EXCLUDING BEDS IN NURSING HOME AND PSYCHIATRIC UNITS) MINIMUM OF ONE ADDITIONAL RADIOGRAPHY ROOM.

(b) DESIGNED TO PERMIT ACCESS FOR WHEELED STRETCHER OR BED.

(c) CONTROL AREA WITH RADIATION PROTECTIVE BARRIER.

(5) FACILITIES FOR FLUOROSCOPY.

(a) May be separate or combined with radiographic room.

(b) LIGHT PROOF.

(6) BARIUM PREPARATION AREA.

(a) BARIUM SINK WITH WORK COUNTER.

(b) STORAGE FACILITIES.<sup>18</sup>

(7) DARK ROOM.

(a) LIGHT PROOF.

(b) EQUIPMENT:

SAFELITE.

DEVELOPING TANK - Thermostatic mixing valve.

FILM STORAGE.<sup>6</sup>

WORK COUNTER.

SINK OR LAVATORY.

PROVISION FOR FILM DRYING.<sup>6</sup>

FILM ILLUMINATOR.<sup>6</sup>

Lightproof cassette passbox to radiographic room.

(8) DRESSING AREA.

(a) ROOMS OR BOOTHS LOCATED FOR PRIVACY ENROUTE TO RADIOGRAPHIC ROOMS AND TOILET ROOMS.

(b) Two for each radiographic room recommended.

(c) GOWN STORAGE.<sup>6 18</sup>

(d) SPACE FOR LINEN HAMPER.

(9) TOILET ROOM.

LOCATED FOR READY ACCESS FROM EACH RADIOGRAPHIC ROOM.

(10) Therapy room.

(11) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to radiology facilities.

#### NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

<sup>21</sup>Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.

[Order 119, § 248-18-655, filed 5/23/75; Regulation 18.650, filed 1/25/62.]

**WAC 248-18-660 Laboratory facilities.** (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515). NUMBER, SIZE, AND TYPE OF FACILITIES DEPENDENT UPON TYPE AND ANTICIPATED VOLUME OF LABORATORY WORK.

(1) LABORATORY, GENERAL.

(a) Located for convenient access by outpatients and from surgery and nursing units.

(b) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(2) ADMINISTRATIVE FACILITIES.

(a) WAITING AREA.

May be combined with other suitable waiting area which is adjacent.

(b) OFFICE SPACE.

(c) Pathologist office.

(3) HEMATOLOGY FACILITIES.

(a) May be same facilities as for urinalysis and/or bacteriology, parasitology and serology.

(b) EQUIPMENT:

SINK.<sup>19</sup>

WORK COUNTER<sup>20</sup> INCLUDING AREA WITH KNEE SPACE.

STORAGE FOR SUPPLIES AND EQUIPMENT.

CENTRIFUGE.<sup>6</sup>

Gas and compressed air outlets.

(4) URINALYSIS FACILITIES.

(a) May be same facilities as for hematology and/or bacteriology, parasitology and serology.

(b) EQUIPMENT:

SINK.<sup>19</sup>

WORK COUNTER<sup>20</sup> INCLUDING AREA WITH KNEE SPACE.

STORAGE FOR SUPPLIES AND EQUIPMENT.

CENTRIFUGE.<sup>6</sup>

Gas and compressed air outlets.

(5) BACTERIOLOGY, PARASITOLOGY AND SEROLOGY FACILITIES.

(a) May be same facilities as for hematology and/or urinalysis.

(b) EQUIPMENT:

SINK.<sup>19</sup>

WORK COUNTER<sup>20</sup> WITH KNEE SPACE.

INCUBATOR.<sup>6</sup>

STORAGE FOR SUPPLIES AND EQUIPMENT.

WATER BATH.<sup>6</sup>

REFRIGERATOR.<sup>6</sup>

CENTRIFUGE.<sup>6</sup>

Suction, gas and compressed air outlets.

(6) BIOCHEMISTRY FACILITIES.

(a) Not required in hospitals of less than twenty-five beds.

(b) May be combined with facilities for bacteriology, parasitology and serology or with facilities for hematology and/or urinalysis if additional counter space provided.

(c) EQUIPMENT:

CUP SINK - May be omitted if combined with other facilities.

WORK COUNTER.<sup>20</sup>

STORAGE FOR SUPPLIES AND EQUIPMENT.

Suction, gas and compressed air outlets.

(7) CLEAN-UP AND STERILIZING AREA.

EQUIPMENT:

WORK COUNTER.<sup>20</sup>

DOUBLE SINK<sup>19</sup> (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

AUTOCLAVE.<sup>6</sup>  
HOT AIR STERILIZER OR ELECTRIC DRYING OVEN.<sup>6</sup>

STORAGE FOR SUPPLIES AND EQUIPMENT.

Suction, gas and compressed air outlets.

(8) Histology facilities.

(a) May be combined with other laboratory facilities, if additional counter space provided.

(b) Adjacent to pathologist's office.

(c) EQUIPMENT:

SINK<sup>19</sup> - May be omitted if combined with other facilities.

WORK COUNTER<sup>20</sup> INCLUDING AREA WITH KNEE SPACE.

STORAGE FOR SUPPLIES AND EQUIPMENT.

Gas and compressed air outlets.

(9) Basal metabolism and electrocardiography facilities.

(10) Morgue and autopsy facilities.

Located for transportation of bodies without notice by patients and visitors.

(a) Morgue.

Equipment:

Mortuary refrigerator or cold room.

(b) Autopsy room.

EQUIPMENT:

AUTOPSY TABLE (WITH WATER SUPPLY AT OR ABOVE AUTOPSY TABLE).

FLOOR DRAIN.

SCRUB SINK.

WORK COUNTER.<sup>6</sup>

STORAGE FOR SUPPLIES AND EQUIPMENT.

INSTRUMENT STERILIZER<sup>6</sup> unless adequate provision elsewhere.

Suction outlet.

Clinic service sink (Siphon jet).

(11) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to laboratory facilities.

(12) Animal quarters.

(a) LOCATED APART FROM LABORATORY AND TO AVOID ANNOYANCE. Outside entrance recommended.

(b) ADEQUATE FACILITIES BASED UPON TYPES AND EXTENT OF USAGE OF ANIMALS IN LABORATORY WORK, INCLUDING PROVISIONS FOR FOOD AND SUPPLY STORAGE, HANDWASHING, DISPOSAL OF WASTES AND DEAD ANIMALS, CLEANING AND SANITIZING OF QUARTERS AND CAGES, AND ISOLATION OF ANIMALS.

NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>19</sup>CORROSION RESISTANT - Stainless steel recommended.

<sup>20</sup>IMPERMEABLE SURFACE.

[Order 119, § 248-18-660, filed 5/23/75; § 248-18-660(10), filed 10/3/67; Regulation 18.660, filed 1/25/62.]

WAC 248-18-665 Radioisotope facilities. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) RADIOISOTOPE FACILITIES, GENERAL.<sup>21</sup>

(a) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(b) LOCATED TO MINIMIZE EXPOSURE HAZARD TO PATIENTS AND PERSONNEL.

(c) Located for ease of access by outpatients.

(d) Located in or near clinical department assuming responsibility.

(e) WORK SURFACES AND FLOORS SUBJECT TO SPILLS OF RADIOACTIVE SOLUTIONS TO BE IMPERMEABLE, READILY DECONTAMINATED SURFACES.

(2) RADIOCHEMISTRY LABORATORY.

(a) ADEQUATE RADIATION SHIELDING AND OTHER PROTECTIVE DEVICES TO FACILITATE SAFE STORAGE AND HANDLING OF ISOTOPES AND WASTE MATERIALS.<sup>6 21</sup>

(b) EQUIPMENT:

SEPARATE WORK SURFACES FOR PATIENT DOSE AND FOR CLINICAL SPECIMEN PREPARATION.

FACILITIES FOR AIR CONTROL<sup>22</sup> (glove box or fume hood).

LOCKABLE ISOTOPE STORAGE.<sup>6</sup>

EQUIPMENT AND SUPPLY STORAGE.<sup>6</sup>

LAVATORY OR SINK.

LOCKABLE STORAGE FOR CONTAMINATED EQUIPMENT AND WASTE MATERIALS.<sup>6</sup>

Storage unit<sup>6</sup> for monitoring equipment located to avoid contamination.

(3) PATIENT UP-TAKE MEASURING ROOM.

(a) LOCATED AWAY FROM X-RAY MACHINES, AND RADIOACTIVE MATERIALS OR BE ADEQUATELY SHIELDED.

(b) DESK AND FILE SPACE.

(c) WAITING AREA - May be shared with other area if adjacent.

(d) SPACE FOR DENTAL CHAIR OR EXAMINATION TABLE.

(e) EQUIPMENT:

Lavatory or sink.

WORK SURFACE FOR SCALER AND DETECTORS.

STORAGE CABINETS.<sup>6</sup>

NOTES:

<sup>6</sup>May be movable equipment.

<sup>21</sup>Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.

<sup>22</sup>May be omitted if program indicates is not needed.

[Order 119, § 248-18-665, filed 5/23/75; Regulation 18.670, filed 1/25/62.]

WAC 248-18-670 Pharmacy. (REQUIREMENTS IN CAPITAL LETTERS. SEE WAC 248-18-515). Not required if hospital is to use outside pharmacy services exclusively.

**(1) PHARMACY, GENERAL.**

(a) Near or adjoining outpatient department, if dispensing to outpatients is planned.

(b) Located for ready access to nursing units via elevators, dumbwaiter, etc.

(c) LOCATED IN A SUITABLE CLEAN ROOM OR AREA.

**(2) COMPOUNDING AND DISPENSING UNIT.**

(a) Dispensing window.

(b) EQUIPMENT:

WORK COUNTER.<sup>20</sup>

SINK<sup>19</sup> (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE UNIT<sup>6</sup> - Drawers, cupboards and shelves to accommodate different size containers.

REFRIGERATOR.<sup>6</sup>

LOCKED STORAGE FOR NARCOTICS AND BARBITURATES.

Telephone.

Bulletin board.

(3) Manufacturing area.

EQUIPMENT:

WORK COUNTER.<sup>20</sup>

SINK<sup>19</sup> (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE UNITS<sup>6</sup>

(4) Parenteral solution room.

(a) REQUIRED IF PARENTERAL SOLUTIONS TO BE PREPARED IN HOSPITAL.

(b) May be located in other suitable area outside pharmacy.

(c) CLEAN-UP AREA.

EQUIPMENT:

WORK COUNTER.<sup>20</sup>

TWO-COMPARTMENT SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

Mechanical flask washer.

DISTILLED WATER RINSER.

STORAGE FOR CLEANING MATERIALS.

(d) PREPARATION AREA.

EQUIPMENT:

WORK COUNTER.<sup>20</sup>

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

DISTILLED WATER APPARATUS.

STORAGE UNITS.

(5) Office and library.

(6) Waiting room.

(7) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to pharmacy.

**NOTES:**

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>19</sup>CORROSION RESISTANT - Stainless steel recommended.

<sup>20</sup>IMPERMEABLE SURFACE.

[Order 119, § 248-18-670, filed 5/23/75; Regulation 18.680, filed 1/25/62.]

[Title 248 WAC—p 106]

**WAC 248-18-675 Rehabilitation facilities.** Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS. SEE WAC 248-18-515).

(1) REHABILITATION FACILITIES, GENERAL.

(a) Located for easy access by inpatients and outpatients and to facilitate transport of equipment for bedside treatment when necessary.

(b) LOCATED TO AVOID OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS.

(c) TYPE AND EXTENT OF FACILITIES ADEQUATE FOR THE TYPE AND VOLUME OF ANTICIPATED SERVICES.

(2) WAITING AREA.

(a) Suitable combinations with other waiting areas permitted.

(b) Accommodations for inpatients and outpatients.

(c) ADEQUATE SPACE FOR STRETCHERS AND WHEELCHAIRS.

(d) Reception counter or desk.

(3) PHYSICAL THERAPY FACILITIES. May be omitted if program indicates not needed.

(a) ADMINISTRATIVE FACILITIES.

OFFICE SPACE suitable for interviewing patients and administrative and clerical functions.

(b) Examining room.

(i) Floor to ceiling partitions for privacy. Arranged to permit permanent placement of examining equipment.

(c) TREATMENT AREA.

(i) GENERAL TREATMENT AREA.

(A) CUBICLES LARGE ENOUGH FOR THERAPIST TO WORK ON BOTH SIDES OF TABLE.

(B) Divided by curtains rather than solid partitions.

(C) ARRANGED TO PERMIT EASY ACCESS FOR WHEELCHAIR OR STRETCHER PATIENTS.

(ii) Underwater exercise area.

(A) Concentration of equipment requiring special water supply and plumbing in one section of department.

(B) ACCESSIBLE AND ADJACENT TO OTHER TREATMENT AREAS.

(C) Overhead lifts for tank or exercise pool.

(iii) General exercise area.

(A) Flexible open space.

(B) At least one wall reinforced for installation of stall bars and similar equipment.

(d) PATIENT LOCKER FACILITIES.

LOCKERS OR OTHER SUITABLE PROVISION FOR PATIENT CLOTHING IN OR NEAR TREATMENT AREAS.

(e) STORAGE FOR SUPPLIES AND EQUIPMENT.

(i) ADEQUATE TO MEET NEEDS OF SERVICE.

(ii) Near work areas.

(f) SPECIAL DESIGN FEATURES.

(i) SINK(S).

(A) HANDWASHING FACILITIES IN GENERAL TREATMENT AREA AND IN OR CONVENIENT TO OTHER TREATMENT AREAS.

(B) AT LEAST ONE SINK OF SUFFICIENT WIDTH AND DEPTH TO ACCOMMODATE WET PACKS.

(ii) Ceiling moorings.

(A) Constructed to support at least 500 pounds.  
 (B) Strategically located throughout treatment areas for attachment of overhead equipment.

(4) Occupational therapy.<sup>23</sup> Located close to physical therapy facilities.

(a) ADMINISTRATIVE FACILITIES.

(i) OFFICE AND WORK SPACE FOR STAFF.

(ii) Separate room recommended.

(iii) Designed and located to permit visual supervision of therapy areas.

(b) STORAGE FOR SUPPLIES AND EQUIPMENT.

(i) ADEQUATE TO MEET NEEDS OF THERAPY PROGRAM.

(ii) Near therapy areas.

(c) THERAPY AREA.<sup>24</sup>

(i) At least 36 square feet of floor area per patient for the maximum number to be in therapy at any one time.

(ii) Divided and equipped for diversified work.

(iii) EQUIPMENT:

SINK WITH SLUDGE TRAP.

(d) Facilities for teaching activities of daily living.

(5) Psychological facilities.

Office space for psychological testing, evaluation and counseling.

(6) Social service facilities.

Office space for private interview and counseling.

(7) Vocational facilities.

Office and work space for counseling, evaluation, pre-vocational program and placement.

(8) Special education facilities.

Schoolroom for children if children are to be included in program.

(9) TOILET, LOCKER, AND SHOWER FACILITIES.

(a) LOCKER, TOILET, AND SHOWER FACILITIES FOR PATIENTS.

(b) PATIENT TOILET(S) DESIGNED FOR ACCOMMODATION OF WHEELCHAIR PATIENTS.

(c) May be omitted if program does not indicate need for locker and shower facilities and other suitable patient toilets are convenient to rehabilitation facilities.

(10) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to rehabilitation facilities.

#### NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>23</sup>For construction and ventilation requirements for areas in which flammable agents are to be handled or stored, refer to standards of the State Fire Marshal.

<sup>24</sup>In accordance with program.

[Order 119, § 248-18-675, filed 5/23/75; Regulation 18.690, filed 1/25/62.]

**WAC 248-18-680 Central sterilizing and supply service facilities.** Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS. SEE WAC 248-18-515).

(1) CENTRAL STERILIZING AND SUPPLY SERVICE FACILITIES, GENERAL.

(a) LOCATED TO AVOID CONTAMINATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT, TO PREVENT OBJECTIONABLE HEAT AND NOISE TO PATIENT CARE AREAS, AND TO ELIMINATE THROUGH TRAFFIC.

(b) LOCATED TO FACILITATE DELIVERY AND RETURN OF SUPPLIES AND EQUIPMENT TO AND FROM OTHER SERVICES AND DEPARTMENTS.

(c) Located to facilitate delivery of linen and new supplies and equipment from laundry and general stores to central sterilizing and supply service.

(d) AREAS WITHIN CENTRAL STERILIZING AND SUPPLY SERVICE ADEQUATE TO PROVIDE FOR PROPER HANDLING OF SUPPLIES AND EQUIPMENT IN ACCORDANCE WITH PLANNED STORES AND SUPPLY SYSTEM.

(e) EQUIPPED AND ARRANGED TO PROVIDE WORK FLOW WHICH MAINTAINS PROPER SEPARATION OF CLEAN OR STERILE ITEMS FROM SOILED (OR CONTAMINATED) ITEMS.

(f) Division into work areas or rooms may be according to type of supply or equipment to be processed (gloves, syringes and needles, solution, etc.).

(g) Separate room for glove processing recommended.

(h) SEPARATE UNSTERILE EQUIPMENT STORAGE ROOM.

(i) SEPARATE, PROPERLY EQUIPPED, SOLUTION PREPARATION ROOM IF PARENTERAL SOLUTIONS ARE TO BE MANUFACTURED.<sup>25</sup>

(j) SEPARATE FACILITIES FOR RECEIVING, CLEANING AND PACKAGING FOR BEDSIDE UTENSILS IF THEY ARE TO BE CLEANED AND/OR PACKAGED IN CENTRAL STERILIZING AND SUPPLY SERVICE.

(k) ADEQUATE SPACE FOR CIRCULATION AND PARKING OF CARTS.

(2) FACILITIES FOR RECEIVING, DISASSEMBLING, AND CLEANING OF SUPPLIES AND EQUIPMENT.

(a) LOCATED TO FACILITATE RETURN OF SOILED (OR CONTAMINATED) ITEMS WITHOUT TRANSPORTING THEM THROUGH OTHER AREAS OF THE CENTRAL STERILIZING AND SUPPLY SERVICE.

(b) EQUIPMENT:

AT LEAST ONE DOUBLE COMPARTMENT SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

ADDITIONAL SINKS (OR MECHANICAL WASHERS) AS REQUIRED BY TYPES AND VOLUME OF ITEMS TO BE PROCESSED.

WORK COUNTER (OR EQUIVALENT) ADJACENT TO EACH SINK OR MECHANICAL WASHER FOR COLLECTION OF SOILED (OR CONTAMINATED) ITEMS.

WORK COUNTER (OR EQUIVALENT) ADJACENT TO EACH SINK OR MECHANICAL WASHER FOR COLLECTION OF ITEMS WHICH HAVE BEEN WASHED.

**STORAGE FOR CLEANING AGENTS AND OTHER CLEANING SUPPLIES AND EQUIPMENT.**

Suction and compressed air outlets.

**(3) FACILITIES FOR ASSEMBLING AND PACKAGING SUPPLIES AND EQUIPMENT.**

**EQUIPMENT:**

WORK COUNTERS OR TABLES (OR EQUIVALENT) AS REQUIRED BY TYPES AND VOLUME OF ITEMS.

**(4) FACILITIES FOR STORAGE OF LINEN AND RESERVE OF NEW (OR BULK) UNSTERILE SUPPLIES.**

(a) LOCATED APART FROM FACILITIES FOR STORAGE OF STERILE ITEMS.

(b) May be centralized in one storage room or area or decentralized according to areas in which different types of items are to be used. May be combined with unsterile equipment storage room.

**(5) FACILITIES FOR STERILIZING.**

(a) APART FROM OTHER FACILITIES WITHIN CENTRAL STERILIZING AND SUPPLY SERVICE.

(b) LOCATED BETWEEN FACILITIES FOR ASSEMBLING AND PACKAGING AND FACILITIES FOR STORAGE OF CLEAN AND STERILE SUPPLIES.

(c) EQUIPMENT:

AT LEAST ONE PRESSURE STERILIZER (AUTOCLAVE) OF ADEQUATE SIZE.

ADDITIONAL PRESSURE STERILIZERS (AUTOCLAVES) AS REQUIRED BY VOLUME OF ITEMS TO BE PROCESSED.

PRESSURE STERILIZERS (AUTOCLAVES) TO HAVE RECORDING THERMOMETERS. Automatic controls recommended.

One smaller pressure sterilizer for small loads, in addition to pressure sterilizer(s) of large capacity, recommended.

Water still and drip pan and waste connection recommended.

Dry heat sterilizer recommended.

Equipment for gas sterilization recommended.

Recessing of sterilizing equipment recommended.

**(6) FACILITIES FOR STORAGE<sup>18</sup> AND ISSUE OF CLEAN AND STERILE SUPPLIES.**

(a) APART FROM OTHER FACILITIES WITHIN CENTRAL STERILIZING AND SUPPLY SERVICE.

(b) LOCATED TO FACILITATE ISSUE WITHOUT TRANSPORT OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT THROUGH OTHER AREAS OF CENTRAL STERILIZING AND SUPPLY SERVICE.

(c) EQUIPMENT:

ADEQUATE CABINETS<sup>6</sup> TO PROVIDE FOR STORAGE OF SUPPLIES AND EQUIPMENT IN ACCORDANCE WITH PLANNED STORES AND SUPPLY SYSTEM. May be open shelving if in separate room.

**(7) UNSTERILE EQUIPMENT STORAGE ROOM OR AREA.<sup>18</sup>**

(a) LOCATED TO FACILITATE RETURN AND ISSUE OF LARGE EQUIPMENT.

(b) Located to permit proper control and supervision of equipment handling.

(c) AREA SUFFICIENT TO PROVIDE FOR PROPER HANDLING OF EQUIPMENT IN ACCORDANCE WITH PLANNED SYSTEM.

(d) EQUIPMENT:

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE FOR CLEANING SUPPLIES AND EQUIPMENT.

(8) OFFICE SPACE.

(a) Located to allow observation of activities within central sterilizing and supply service.

(b) May be desk and file space in suitable location within main room. Separate room recommended in hospitals having over 100 beds.

**(9) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>**

Suitable combination with other housekeeping facilities permitted if convenient to central sterilizing and supply service facilities.

**NOTES:**

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

<sup>25</sup>See PHARMACY, WAC 248-18-670(4).

[Order 119, § 248-18-680, filed 5/23/75; Regulation 18.700, filed 1/25/62.]

**WAC 248-18-685 Dietary department. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.)**

(1) DIETARY DEPARTMENT, GENERAL.

(a) SUITABLY LOCATED TO FACILITATE DELIVERY OF STORES, DISPOSAL OF KITCHEN WASTE, AND TRANSPORTATION OF FOOD TO NURSING UNITS.

(b) EQUIPMENT CONSTRUCTED AND INSTALLED IN ACCORDANCE WITH NATIONAL SANITATION FOUNDATION STANDARDS.<sup>26</sup>

(c) ALL EQUIPMENT AND COUNTERS CONSTRUCTED FOR EASY CLEANING AND FREE FROM INACCESSIBLE SPACE PROVIDING HARBORAGE FOR VERMIN.

(d) ADEQUATE SPACE BETWEEN EQUIPMENT (INCLUDING CASEWORK) AND WALL AND/OR FLOOR TO PERMIT CLEANING; OR, EQUIPMENT TIGHT AGAINST WALL AND/OR FLOOR AND JOINT PROPERLY SEALED.

(e) ADEQUATE SPACE FOR CIRCULATION OF CARTS THROUGHOUT DIETARY DEPARTMENT.

(2) ADMINISTRATIVE FACILITIES.

(a) May be limited to desk and file space.

- (b) Separate room recommended.  
 (3) RECEIVING AREA.<sup>27</sup>  
 (a) LOCATED FOR READY ACCESS TO REFRIGERATION AREA.  
 (b) Floor scales.  
 (4) BULK FOOD STORAGE AREA.<sup>27</sup>  
 (5) DAY STORAGE ROOM OR AREA .  
 (a) IN OR ADJACENT TO KITCHEN – may be combined in a room with bulk food storage.  
 (b) SPACE FOR THREE DAYS SUPPLY.  
 (c) STORAGE SHELVES AT LEAST 12 INCHES OFF FLOOR AND AT LEAST 18 INCHES FROM TOP OF SHELVES TO CEILING.  
 (d) SPACE FOR LARGE CONTAINERS AND DOLLIES.  
 (6) REFRIGERATION AREA.  
 (a) IN OR ADJACENT TO KITCHEN.  
 (b) SPACE ADEQUATE FOR MINIMUM OF THREE DAYS SUPPLY.  
 (c) REFRIGERATION UNITS, GENERAL.<sup>6</sup>  
 A MINIMUM OF TWO SEPARATE SECTIONS OR BOXES (ONE FOR MEATS AND DAIRY PRODUCTS AND ONE FOR FRUIT AND VEGETABLES) – three sections or boxes recommended (one for meat, one for dairy products and one for fruit and vegetables).  
 (d) Walk-in boxes.  
 (i) SHELVES AT LEAST 12 INCHES OFF FLOOR.  
 (ii) SPACE FOR LARGE STORAGE CONTAINERS AND DOLLIES.  
 (e) Frozen food storage.  
 Section of walk-in box or separate deep freeze unit.  
 (7) Ice facilities.  
 (a) LOCATED TO AVOID CONTAMINATION OF ICE AND TO AVOID TRAFFIC INTO KITCHEN FOR ICE SERVICE FOR OTHER DEPARTMENTS.  
 (b) EQUIPMENT:  
 WORK COUNTER.<sup>6</sup>  
 ICE MACHINE OR ADEQUATE STORAGE UNIT (self-dispensing types recommended).  
 (8) KITCHEN.  
 (a) LOCATED AND ARRANGED TO AVOID CONTAMINATION OF FOOD; TO PREVENT OBJECTIONABLE HEAT, NOISE AND ODORS TO PATIENT CARE AREAS; AND TO ELIMINATE THROUGH TRAFFIC.  
 (b) ADEQUATE FLOOR DRAINS.  
 (c) ADEQUATE SPACE FOR GARBAGE CONTAINERS.  
 (d) MEAT PREPARATION AREA.  
 (i) May be omitted if only prefabricated meats are to be used.  
 (ii) EQUIPMENT:  
 SINK WITH INTEGRAL DRAINBOARD OR COUNTER.  
 WORK TABLE OR COUNTER.<sup>6</sup>  
 MEAT BLOCK.<sup>6</sup>  
 Lavatory.  
 (e) FRUIT AND VEGETABLE PREPARATION AREA.

- (i) LOCATED TO AVOID CONTAMINATION OF PREPARED FOODS AND CLEAN EQUIPMENT BY SOIL FROM VEGETABLES.  
 (ii) EQUIPMENT:  
 TWO-COMPARTMENT SINK WITH INTEGRAL DRAINBOARDS OR COUNTERS.  
 Food waste grinder.  
 Vegetable peeler.  
 (f) COOKING AREA.  
 (i) Located between preparation and serving units.  
 (ii) EQUIPMENT:  
 RANGE(S).  
 WORK TABLE(S) OR COUNTER(S).<sup>6</sup>  
 UTENSIL STORAGE.  
 COOK'S SINK – meat or vegetable sink may be used if conveniently located.  
 OVEN(S).<sup>28</sup>  
 Steam kettles.  
 Mixers.  
 (g) SALAD AND SANDWICH PREPARATION AREA.<sup>29</sup>  
 EQUIPMENT:  
 WORK TABLE OR COUNTER.<sup>6</sup>  
 REFRIGERATOR.<sup>6 30</sup>  
 (h) DESSERT PREPARATION AREA.<sup>29</sup>  
 EQUIPMENT:  
 WORK TABLE OR COUNTER.<sup>6</sup>  
 REFRIGERATOR.<sup>6 30</sup>  
 (i) SPECIAL DIET PREPARATION AREA.  
 (i) May be omitted if special diets are to be prepared in same areas as general diets.  
 (ii) EQUIPMENT:  
 SINK WITH INTEGRAL DRAINBOARD OR COUNTER.  
 REFRIGERATOR.<sup>6 30</sup>  
 WORK COUNTER.<sup>6</sup>  
 STORAGE CABINETS.  
 RANGE.  
 (j) Bakery area.  
 EQUIPMENT:  
 MIXER(S).  
 OVEN(S).  
 RANGE.  
 THREE-COMPARTMENT SINK – May be single compartment if utensils are to be washed in main pot and pan wash area.  
 WORK TABLE(S).<sup>6</sup>  
 COOLING RACK.<sup>6</sup>  
 POT AND PAN CABINET.  
 STORAGE SHELVES.<sup>6</sup>  
 PROOF BOX<sup>6</sup> unless bread is purchased elsewhere.  
 (k) PATIENT SERVING AREA.  
 (i) ADEQUATE SPACE FOR MOBILE EQUIPMENT SUCH AS FOOD CARTS AND TRAY CARTS.<sup>24</sup>  
 (ii) EQUIPMENT:  
 ADEQUATE SERVING EQUIPMENT.<sup>24</sup>  
 CLOSED STORAGE UNITS FOR FOOD CONTAINERS, DISHES AND TRAYS. May be on open shelves at least 30 inches above floor if utensils are to be reused within 24 hour periods.  
 ICE CREAM STORAGE.<sup>24</sup>

**BEVERAGE SERVICE EQUIPMENT.<sup>24</sup>****(9) EMPLOYEE SERVING AREA.<sup>24</sup>**

(a) LOCATED AND ARRANGED TO ELIMINATE TRAFFIC INTO KITCHEN FOR SERVICE. Convenient to kitchen.

(b) PROTECTION OF OPEN FOOD DISPLAY COUNTERS.

(c) REFRIGERATION FOR PERISHABLE FOODS.<sup>24</sup>

**(10) DINING ROOM OR AREA.**

(a) ADJACENT TO EMPLOYEE SERVING AREA. Adjacent to dishwashing area.

(b) AT LEAST 12 SQUARE FEET OF FLOOR AREA PER PERSON FOR THE MAXIMUM NUMBER TO BE SERVED AT ANY ONE TIME.

**(11) POT AND PAN WASH AREA.<sup>29</sup>****EQUIPMENT:**

THREE-COMPARTMENT SINK (OR EQUIVALENT) WITH INTEGRAL DRAINBOARDS OR COUNTERS.

Floor drain.

**STORAGE CABINETS.**

Food waste grinder.

**(12) DISHWASHING ROOM OR AREA.**

(a) May be located in a separate area of the kitchen.

(b) LOCATED TO AVOID TRAFFIC THROUGH OTHER AREAS OF THE KITCHEN.

(c) LOCATED TO PERMIT UNLOADING OF TRAY CARTS AND RECEIVING OF SOILED DISHES FROM DINING ROOM WITHOUT OBSTRUCTING TRAFFIC IN CORRIDORS.

**(d) EQUIPMENT:**

DISHWASHING MACHINE OR EQUIVALENT.

FLOOR DRAIN.

COUNTER FOR DIRTY DISHES.

Food waste grinder.

SPACE FOR GARBAGE CAN.

PRE-RINSE SINK UNLESS DISHWASHER EQUIPPED FOR PRE-RINSE CYCLE.

COUNTER FOR CLEAN DISHES.<sup>6</sup>

LAVATORY - may be located in cooking area if convenient to dishwashing area.

**(13) GARBAGE FACILITIES.**

(a) May be combined with general waste disposal facilities.<sup>31</sup>

(b) ADEQUATE SPACE (24 square feet of floor area plus 5 square feet of storage space per can).

**(c) STORAGE AREA.**

(i) LOCATED IN SEPARATE, WELL-VENTILATED ROOM OR OUTSIDE, ENCLOSED SPACE.

(ii) CONVENIENT TO KITCHEN.

(iii) CONSTRUCTED TO PREVENT RAT HARBORAGE.

(iv) Refrigerated storage.

**(d) CAN WASH AREA.**

GARBAGE CAN WASH AREA WITH FLOOR DRAIN AND HOT AND COLD WATER. Steam recommended.

**(14) HOUSEKEEPING FACILITIES.<sup>5</sup>**

Suitable combination with other housekeeping facilities permitted if convenient to dietary facilities.

**NOTES:**

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>24</sup>In accordance with program.

<sup>26</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(11)(d), EQUIPMENT AND CASEWORK.

<sup>27</sup>See RECEIVING AND STORES, WAC 248-18-700.

<sup>28</sup>May be combined with ranges.

<sup>29</sup>May be combined with cooking areas.

<sup>30</sup>May be combined with other refrigeration.

<sup>31</sup>See HOUSEKEEPING DEPARTMENT, WAC 248-18-690(4), WASTE DISPOSAL FACILITIES.

[Order 119, § 248-18-685, filed 5/23/75; Regulation 18.710, filed 1/25/62.]

**WAC 248-18-690 Housekeeping department. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).**

(1) Administrative facilities.

(a) Office space.

(b) Telephone.

(2) STORAGE ROOM.

(a) RACKS, BINS, SHELVES, CABINETS.

For: Extra mop trucks and pails.

Vacuum cleaners and polishers.

Wall-working equipment.

Scaffolding and ladders.

Handtrucks and maids' carts.

Extra mop heads and wringers.

Dusters and cleaning cloths.

Soaps and detergents.

(b) LOCKED CUPBOARD.

For: Pesticides, drain cleaners, etc.

(3) FACILITIES FOR CLEANING.

(a) LARGE EQUIPMENT CLEAN-UP AREA.<sup>24</sup>

(i) May be within storage room for housekeeping equipment if properly separated from storage area.

(ii) EQUIPMENT:

SINK.

FLOOR DRAIN.

(b) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

WITHIN OR CONVENIENT TO EACH AREA OF THE HOSPITAL AS REQUIRED IN OTHER SECTIONS OF THESE REGULATIONS.

(4) WASTE DISPOSAL FACILITIES.

(a) LOCATED TO PREVENT OBJECTIONABLE TRAFFIC, SMOKE AND ODORS IN OTHER AREAS OF THE HOSPITAL.

(b) Waste chutes not recommended.

(c) INCINERATION FACILITIES.<sup>32</sup>

(d) STORAGE AREA.

(i) LOCATED IN SEPARATE, WELL-VENTILATED ROOM OR OUTSIDE, ENCLOSED SPACE.

(ii) CONSTRUCTED TO PREVENT RAT HARBORAGE.

(e) CAN WASH AREA.

CAN WASH AREA WITH FLOOR DRAIN, HOT AND COLD WATER. Steam recommended.

## NOTES:

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>24</sup>In accordance with program.

<sup>32</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(9), INCINERATION FACILITIES.

[Order 119, § 248-18-690, filed 5/23/75; Regulation 18.720, filed 1/25/62.]

**WAC 248-18-695 Laundry facilities.** (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515). FACILITIES LISTED UNDER EITHER (1) OR (2) BELOW ARE REQUIRED.

(1) FACILITIES REQUIRED WHEN COMMERCIAL LAUNDRY SERVICE USED EXCLUSIVELY.

(a) ADEQUATE SPACE FOR CIRCULATION AND SEPARATE PARKING AREAS FOR CLEAN AND SOILED CARTS.

(b) SOILED LINEN ROOM.

(i) LOCATED TO PREVENT ODORS AND CONTAMINATION TO PATIENT CARE, SUPPLY, AND FOOD SERVICE AREAS.

(ii) SUITABLY LOCATED FOR DISPATCHING TO COMMERCIAL LAUNDRY.

(iii) SEPARATE ENCLOSED ROOM. ARRANGED TO AVOID THROUGH TRAFFIC.

(iv) SIZED FOR STORAGE OF 3 DAYS' ACCUMULATION OF SOILED LINEN AND NECESSARY SORTING (IF ANY).

(v) MECHANICAL VENTILATION TO PROVIDE AN EXCESS OF EXHAUST OVER SUPPLY.<sup>33</sup>

(vi) EQUIPMENT:  
HANDWASHING FACILITY IN OR ADJACENT.

FLOOR DRAIN.

(c) CLEAN LINEN ROOM.

(i) SEPARATE ENCLOSED ROOM.

(ii) ARRANGED TO AVOID THROUGH TRAFFIC.

(iii) LOCATED AND ARRANGED TO AVOID SOURCES OF MOIST OR CONTAMINATED AIR.

(iv) SIZED FOR STORAGE OF RESERVE SUPPLY OF LINEN, BLANKETS AND PILLOWS.

(d) SEWING ROOM.

May be combined with clean linen room.

(e) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

Suitable combination with other housekeeping facilities permitted if convenient to laundry facilities.

(2) FACILITIES REQUIRED WHEN LAUNDRY IS PROCESSED IN HOSPITAL.

(a) LOCATED AND ARRANGED TO PREVENT OBJECTIONABLE HEAT, NOISE, ODORS, MOISTURE AND CONTAMINATION TO PATIENT CARE, SUPPLY, AND FOOD SERVICE AREAS.

(b) ADEQUATE SPACE FOR CIRCULATION AND SEPARATE PARKING AREAS FOR CLEAN AND SOILED CARTS.

(c) SOILED LINEN ROOM.

(i) SEPARATE ENCLOSED ROOM.

(ii) ARRANGED TO AVOID THROUGH TRAFFIC.

(iii) SIZED FOR STORAGE OF 3 DAYS' ACCUMULATION OF SOILED LINEN AND NECESSARY SORTING (IF ANY).

(iv) EQUIPMENT:

HANDWASHING FACILITY IN OR ADJACENT.

FLOOR DRAIN.

MECHANICAL VENTILATION TO PROVIDE AN EXCESS OF EXHAUST OVER SUPPLY.<sup>33</sup>

(d) PROCESSING ROOM OR ROOMS.

(i) SEPARATE FROM OTHER HOSPITAL FACILITIES.

(ii) ROOM SIZE AND CAPACITY OF EQUIPMENT ADEQUATE TO PROCESS FULL 7 DAYS' LAUNDRY IN WORK WEEK.

(iii) ARRANGED FOR UNINTERRUPTED FLOW FROM SOILED TO CLEAN, (I.E., WASHING, EXTRACTING, IRONING, FOLDING, STORAGE).

(iv) BOTH SOILED AND CLEAN LINENS STORED OUTSIDE PROCESSING AREA.

(v) ADEQUATE VENTILATION PROPERLY ENGINEERED TO AVOID FLOW OF POTENTIALLY CONTAMINATED AIR FROM WASH AREA TO CLEAN AREAS.<sup>33</sup>

(vi) EQUIPMENT:

COMMERCIAL WASHER(S) LOCATED TO AVOID THE SPREAD OF CONTAMINANTS IN THE LOADING OF SOILED LINEN.

COMMERCIAL EXTRACTOR(S).

COMMERCIAL TUMBLER(S).

Commercial ironer(s).

Presses.

STORAGE FOR LAUNDRY SUPPLIES.

HANDWASHING FACILITY IN WASH AREA.

FLOOR DRAIN IN WASH AREA.

(e) Drying room.

(i) REQUIRED IF HANG DRYING IS TO BE DONE.

(ii) SEPARATE ENCLOSED ROOM.

(iii) ARRANGED TO AVOID THROUGH TRAFFIC.

(iv) SIZED AND EQUIPPED TO SUIT DRYING NEEDS, (e.g., blankets, curtains, etc.).

(v) ADEQUATE VENTILATION PROPERLY ENGINEERED TO AVOID FLOW OF POTENTIALLY CONTAMINATED AIR INTO ROOM.<sup>33</sup>

(f) SEWING ROOM.

May be combined with clean linen room.

(g) CLEAN LINEN ROOM.

(i) SEPARATE ENCLOSED ROOM.

(ii) ARRANGED TO AVOID THROUGH TRAFFIC.

(iii) LOCATED AND ARRANGED TO AVOID SOURCES OF MOIST OR CONTAMINATED AIR.

(iv) SIZED FOR STORAGE OF RESERVE SUPPLY OF LINEN, BLANKETS, AND PILLOWS.

(h) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').<sup>5</sup>

(i) FACILITIES SERVING OTHER AREAS OF THE LAUNDRY MAY NOT BE IN SOILED LINEN ROOM.

(ii) Suitable combination with other housekeeping facilities permitted if convenient to laundry facilities.

**NOTES:**

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>33</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(8), VENTILATION.

[Order 119, § 248-18-695, filed 5/23/75; Regulation 18.730, filed 1/25/62.]

**WAC 248-18-700 Receiving and stores. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).**

**(1) RECEIVING AREA.**

(a) Raised platform at truck bed height with roof over.

(b) INDOOR SPACE ADJACENT TO ENTRANCE FOR TEMPORARY STORAGE AND UNPACKING. MUST NOT RESTRICT REQUIRED MEANS OF EGRESS.

(c) One area to serve for receiving of all types of goods.

(d) Stores office for receiving and dispensing adjacent to entrance and general storage room.

(e) Floor scales.

**(2) GENERAL STORAGE ROOM.**

(a) DESIGNED AND LOCATED FOR A MINIMUM OF DISTURBANCE TO THE OPERATION OF THE HOSPITAL.

(b) LOCATED TO PREVENT CONTAMINATION OR DAMAGE DURING MOVEMENT OF GOODS TO AND FROM STORAGE.

(c) AT LEAST 20 SQUARE FEET FLOOR AREA PER BED.

(d) DESIGNED AND CONSTRUCTED TO PREVENT ENTRANCE AND HARBORAGE OF RODENTS AND INSECTS, AND SPOILAGE, CONTAMINATION AND CORROSION OF GOODS STORED THEREIN.

(e) When responsibility for different types of storage is divided, general storage room should be similarly divided to provide proper control.

(f) ALL SHELVING AT LEAST 12 INCHES ABOVE THE FLOOR.

(g) Shelving away from wall.

**(3) ALCOHOL STORAGE.<sup>34</sup>**

(a) LOCATED TO MINIMIZE HAZARD TO THE HOSPITAL.

(b) SIZED TO ACCOMMODATE QUANTITY REQUIRED BY PROGRAM.

(4) OXYGEN AND NITROUS OXIDE STORAGE.<sup>34</sup>

(a) LOCATED TO MINIMIZE HAZARD AND DISTURBANCE TO THE HOSPITAL.

(b) SIZED TO ACCOMMODATE QUANTITY REQUIRED BY PROGRAM.

(c) See NFPA 565, Standard for Nonflammable Medical Gas System and NFPA 56, Code for Use of Flammable Anesthetics.

**(5) FLAMMABLE ANESTHETIC STORAGE.<sup>34</sup>**

(a) LOCATED TO MINIMIZE HAZARD AND DISTURBANCE TO THE HOSPITAL.

(b) SIZED TO ACCOMMODATE QUANTITY REQUIRED BY PROGRAM.

(c) See NFPA 56, Code for Use of Flammable Anesthetics.

**(6) BULK FOOD STORAGE AREA.**

(a) May be in same room with other general stores or with day storage in room adjacent to kitchen.

(b) CONVENIENTLY ACCESSIBLE FROM AN OUTSIDE DELIVERY ENTRANCE.

(c) Location convenient to the kitchen.

(d) PROPER CONSTRUCTION, VENTILATION, AND TEMPERATURE TO MINIMIZE SPOILAGE.

(e) PEST-PROOF CONSTRUCTION.

(f) NO OPENINGS OR SPACES WHICH CANNOT BE CLEANED.

(g) BOTTOM SHELF FOR FOOD STORAGE AT LEAST 12 INCHES ABOVE FLOOR.

(h) NO SHELF FOR FOOD STORAGE (EXCEPT UNOPENED CANNED GOODS) TOUCHING ANY WALL.

(i) SHELVING REMOVABLE FOR CLEANING - Metal.

**NOTE:**

<sup>34</sup>For construction, ventilation and electrical requirements, refer to standards of state fire marshal and the electrical inspection division of the State Department of Labor and Industries.

[Order 119, § 248-18-700, filed 5/23/75; Regulation 18.740, filed 1/25/62.]

**WAC 248-18-705 Maintenance and mechanical facilities. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).**

**(1) BOILER AND/OR MECHANICAL EQUIPMENT ROOMS.<sup>35</sup>**

INSULATED, SOUND DEADENED, AND MECHANICALLY VENTILATED TO MINIMIZE TRANSFER OF HEAT AND NOISE TO ROOMS OCCUPIED BY PATIENTS AND EMPLOYEES. Not required if location of rooms precludes necessity.

(2) Maintenance shop.

(a) LOCATED FOR A MINIMUM OF NOISE AND DUST TO THE REST OF THE HOSPITAL.

(b) LOCATED AND DESIGNED FOR EASY DELIVERY AND REMOVAL OF EQUIPMENT.

**NOTE:**

<sup>35</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(1) through (11).

[Order 119, § 248-18-705, filed 5/23/75; Regulation 18.750, filed 1/25/62.]

**WAC 248-18-710 General requirements for service facilities. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).** This section pertains to detailed requirements for facilities in certain rooms

and areas which are required by other sections of these regulations.

(1) **MEDICINE AREA.**

May be part of other clean area (e.g., clean utility room). Located to minimize distractions.

**EQUIPMENT:**

**WORK COUNTER**

**LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED NARCOTIC STORAGE**

**SINK** (Sink in clean utility area may serve if properly located).

**REFRIGERATOR<sup>6</sup>** – May be same as for other thermolabile products used for treatment purposes.

(2) **UTILITY ROOMS.**

Size of rooms, work surfaces and storage space dependent upon volume of work.

(a) **CLEAN ROOM.**

**EQUIPMENT:**

**WORK COUNTER**

**SINK**

**STORAGE UNITS<sup>6,18</sup>**

**REFRIGERATOR<sup>6</sup>** – May be same as refrigerator for medications.

(b) **SOILED ROOM.**

(i) **ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPERS, AND OTHER LARGE EQUIPMENT.**

(ii) **EQUIPMENT:**

**WORK COUNTER**

**SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER (DOUBLE COMPARTMENT IF WASHING OF UTENSILS OR OTHER EQUIPMENT IN THIS AREA)**

**STORAGE CABINETS<sup>6</sup>**

**CLINIC SERVICE SINK (SIPHON JET)**

**AUTOCLAVE OF ADEQUATE SIZE WITH RECORDING THERMOMETER (OR EQUIVALENT), EXCEPT IF ALL STERILIZATION IS TO BE DONE ELSEWHERE.** May be in either clean or soiled room if arrangement of facilities provides for work flow which maintains separation of contaminated items from clean or sterile items.

**UTENSIL SANITIZER (BOILING TYPE OR EQUIVALENT) IF AUTOCLAVE IS OMITTED, EXCEPT IF ALL SANITIZATION OF UTENSILS TO BE DONE ELSEWHERE.**

(3) **STORAGE FACILITIES.**

(a) **LOCATED AND ARRANGED TO PROVIDE SEPARATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT FROM USED OR SOILED ITEMS.**

(b) **SEPARATE ROOM OR DUST-PROOF CLOSED STORAGE UNITS<sup>6</sup> (SHELVES, DRAWERS, BINS) FOR ALL STERILE SUPPLIES AND EQUIPMENT, EXCEPT OPEN STORAGE UNITS MAY BE USED IN CLEAN AREAS WHERE STERILE SUPPLIES AND EQUIPMENT WILL BE USED OR EXCHANGED WITHIN EVERY 24-HOUR PERIOD.**

(c) **CLOSED STORAGE UNITS (SHELVES, DRAWERS) FOR CLEAN LINEN EXCEPT THAT**

**OPEN STORAGE UNITS MAY BE USED IN A ROOM (WITH A DOOR) THAT SERVES EXCLUSIVELY FOR CLEAN FUNCTIONS.**

(d) **ADEQUATE STORAGE SPACE FOR STORAGE OF LARGE NURSING AND MEDICAL EQUIPMENT USED IN PATIENT CARE IN SEPARATE ROOM OR WITHIN A ROOM OR AREA THAT SERVES ONLY FOR CLEAN FUNCTIONS.**

(e) **STORAGE UNITS FOR SUPPLIES AND SMALL EQUIPMENT AND STORAGE SPACE PLANNED FOR LARGE EQUIPMENT (INCLUDING WHEELCHAIR AND STRETCHERS) NOT TO BE WITHIN REQUIRED CORRIDOR WIDTHS.**

(f) **Alcove space acceptable for stretchers, wheelchairs and lifts but not for other equipment used for treatment purposes.**

(4) **CLEAN-UP FACILITIES.**

(a) **SEPARATE FROM CLEAN ROOMS.**

(b) **ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPERS, AND OTHER SIMILAR LARGE EQUIPMENT.**

(c) **EQUIPMENT:**

**CLINIC SERVICE SINK (SIPHON JET)**

**WORK COUNTER**

**SINK – TO BE DOUBLE COMPARTMENT SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER IF UTENSILS OR OTHER EQUIPMENT ARE TO BE WASHED IN CLEAN-UP FACILITIES.**

**STORAGE FOR CLEANING SUPPLIES AND EQUIPMENT.**

(5) **HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').**

(a) **May be in a separate area of a soiled utility room, clean-up room or other suitable room used for soiled functions only.**

(b) **ADEQUATE STORAGE SPACE FOR HOUSEKEEPING EQUIPMENT.**

(c) **EQUIPMENT:**

**SERVICE SINK OR EQUIVALENT.** May be omitted if clinic service sink is available in room and suitable facilities for cleaning housekeeping equipment are provided elsewhere.

**MOP RACK**

**STORAGE FOR HOUSEKEEPING SUPPLIES.**

**SEPARATE WORK SURFACE<sup>6</sup> (IF FACILITIES ARE ALSO TO SERVE FOR FLOWER CARE).**

**STORAGE FOR VASES<sup>6</sup> (IF FACILITIES ARE ALSO TO SERVE FOR FLOWER CARE).**

**NOTES:**

<sup>6</sup>May be movable equipment.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-710, filed 5/23/75; Order 107, § 248-18-710, filed 1/13/75; Regulation 18.760, filed 1/25/62.]

**WAC 248-18-718 General design requirements. (REQUIREMENTS ARE SHOWN IN CAPITAL LETTERS. SEE WAC 248-18-515).**

(1) VECTOR CONTROL. CONSTRUCTION OF THE BUILDING SHALL BE SUCH AS TO PREVENT THE ENTRANCE AND HARBORAGE OF RODENTS AND INSECTS.

(2) ELEVATORS.

(a) AT LEAST ONE ELEVATOR IN ALL HOSPITALS WITH A PATIENT ROOM, OPERATING ROOM, DELIVERY ROOM, X-RAY ROOM, SOLARIUM, OR TREATMENT ROOM ON OTHER THAN A SINGLE FLOOR CONVENIENTLY ACCESSIBLE FROM GROUND LEVEL.

(b) AT LEAST TWO ELEVATORS IN ALL HOSPITALS WITH A CAPACITY OF MORE THAN 60 BEDS ON OTHER THAN THE GROUND FLOOR.

(c) AT LEAST THREE ELEVATORS IN ALL HOSPITALS WITH A CAPACITY OF OVER 200 BEDS ON OTHER THAN THE GROUND FLOOR.

(d) A GREATER NUMBER OF ELEVATORS MAY BE REQUIRED BECAUSE OF THE HOSPITAL PLAN, VOLUME OF VISITOR TRAFFIC AND FOOD AND SUPPLY DISTRIBUTION SYSTEM.

(e) SIZE OF REQUIRED ELEVATORS AT LEAST 5'-4" by 8'-0" WITH A CAPACITY OF 3500 POUNDS, CAR AND SHAFT DOORS OF AT LEAST 3'-10" CLEAR OPENING.

(3) STAIRWAYS, RAMPS AND CORRIDORS.

(a) STAIRWAYS AND RAMPS.

AT LEAST 44" WIDE.

NON-SKID TREADS.

HANDRAILS ON BOTH SIDES.

ADEQUATE GUARDRAILS AND OTHER SAFETY DEVICES ON ALL OPEN STAIRWELLS AND RAMPS.

SLOPE OF RAMPS NOT TO EXCEED ONE IN TEN.

(b) CORRIDORS.

CORRIDORS AT LEAST 7'-0" WIDE (8'-0" recommended). EXCEPTIONS MAY BE PERMITTED FOR CORRIDORS LIMITED TO FOOT TRAFFIC AND SERVING A SINGLE HOSPITAL DEPARTMENT. Sufficient additional width at elevators and where traffic and services indicate.

HANDRAILS BOTH SIDES OF CORRIDORS USED BY PATIENTS OF CHRONIC DISEASE, AND NURSING HOME UNITS.

DOORS EXCEPT CLOSET DOORS SHALL NOT SWING INTO THE CORRIDORS.

(4) DOORS, WINDOWS AND SCREENS.

(a) DOORS.

(i) 4' - 0" MINIMUM WIDTH IN OPERATING ROOM, DELIVERY ROOM, RECOVERY ROOM, EMERGENCY ROOM, FRACTURE ROOM, X-RAY ROOM INCLUDING DOORS ACROSS CORRIDORS SERVING THESE ROOMS.

(ii) 4' - 0" MINIMUM WIDTH FOR PATIENT ROOM DOORS IN ACUTE CARDIAC CARE AND OTHER INTENSIVE CARE UNITS.

(iii) 3' - 8" MINIMUM WIDTH FOR PATIENT ROOM DOORS, EXIT DOORS AND OTHER DOORS THROUGH WHICH PATIENTS ARE

TRANSPORTED IN WHEELCHAIRS, STRETCHERS OR BEDS. (3' - 10" recommended).

(iv) 3' - 0" MINIMUM WIDTH IN ALL PATIENT TOILETS AND BATHROOMS, EXCEPT DOORS TO TOILETS AND BATHROOMS WHICH OPEN INTO PATIENT ROOMS SHALL BE NOT LESS THAN 2' - 6" IN WIDTH.

(v) Doors to toilets adjoining patient rooms should not swing into toilet rooms.

(vi) Adequate width for receiving entrance doors, store room doors, and other doors through which large carts or bulk goods are transported.

(vii) Vision panels in all double-acting doors.

(viii) EXTERIOR DOORS DESIGNED TO PREVENT ENTRANCE OF RODENTS.

CLEARANCE AT BOTTOM NOT TO EXCEED 1/4 INCH.

(b) WINDOWS.<sup>33</sup>

REQUIRED IN PATIENT ROOMS EXCEPT LABOR ROOMS.

REQUIRED IN RECOVERY ROOMS, OBSERVATION ROOMS AND NURSERIES UNLESS AIR CONDITIONED.

REQUIRED WINDOWS TO HAVE CLEAR GLASS AREA EQUAL TO 1/8 FLOOR AREA.

REQUIRED WINDOWS TO BE LOCATED IN OUTSIDE WALLS PERMITTING A SATISFACTORY AMOUNT OF UNOBSTRUCTED NATURAL LIGHT.

WINDOW SILLS OF REQUIRED WINDOWS IN PATIENT ROOMS NO HIGHER THAN 3' - 0" FROM THE FLOOR. GRADE<sup>37</sup> ADJACENT TO REQUIRED WINDOWS IN PATIENT ROOMS TO BE BELOW WINDOW SILL.

(c) SCREENS.

16 MESH SCREEN OR EQUAL ON WINDOW OPENINGS WHICH SERVE FOR REQUIRED VENTILATION.

(5) FLOOR FINISHES, WALL SURFACES AND CEILINGS.

(a) FLOOR FINISHES:

(i) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(ii) COVED BASES INTEGRAL WITH FLOORS OR WITH TIGHT SEAL TO FLOORS.

(iii) ELECTRICALLY CONDUCTIVE<sup>38</sup> IN AREAS WHERE COMBUSTIBLE ANESTHETIC GASES ARE TO BE USED (such as operating rooms, delivery rooms, emergency treatment rooms) AND CORRIDORS AND ROOMS DIRECTLY COMMUNICATING WITH THESE AREAS.

(iv) SPECIFICATIONS FOR CARPETING IN NONPATIENT OCCUPIED AREAS:

(A) PILE YARN FIBER: FIBER WHICH MEETS THE STANDARDS OF THE STATE FIRE MARSHAL (SEE RCW 70.41.080) SHALL BE ACCEPTABLE PROVIDED THE FIBER IS EASILY CLEANABLE.

(B) PILE TUFTS PER SQUARE INCH: MINIMUM 64.

(C) ROWS: MINIMUM EIGHT PER INCH.

(D) PILE HEIGHT: FROM A MINIMUM OF .125 INCHES TO A MAXIMUM OF .312 INCHES.

(E) PAD: MAY BE SEPARATE PAD.

(v) SPECIFICATIONS FOR CARPETING IN PATIENT OCCUPIED AREAS:

(A) PILE YARN FIBER: FIBERS WHICH MEET THE STANDARDS OF THE STATE FIRE MARSHAL (SEE RCW 70.41.080) SHALL BE ACCEPTABLE PROVIDED THE FIBER IS EASILY CLEANABLE.

(B) PILE TYPE: ROUND LOOP.

(C) PILE TUFTS PER SQUARE INCH: MINIMUM 64.

(D) ROWS: MINIMUM EIGHT PER INCH.

(E) PILE HEIGHT: LEVEL PILE, FROM A MINIMUM OF .125 INCHES TO A MAXIMUM OF .255 INCHES.

(F) BACKING: SHALL BE WATER IMPERVIOUS OR A WATER IMPERVIOUS PAD SHALL BE PERMANENTLY BONDED TO THE BACKING.

(vi) INSTALLATION OF CARPET MATERIAL:

(A) BONDED PAD CARPET MUST BE CEMENTED TO THE FLOOR WITH WATERPROOF CEMENT.

(B) EDGES OF CARPET MUST BE COVERED AND COVE OR BASE SHOE USED AT ALL WALL JUNCTURES. SEAMS ARE TO BE BONDED TOGETHER WITH MANUFACTURER RECOMMENDED CEMENT.

(C) SAFETY OF PATIENTS OR OCCUPANTS IS TO BE INSURED DURING INSTALLATION. ROOMS MUST BE WELL VENTILATED AND NOT BE USED BY RESIDENT OCCUPANTS OR PATIENTS DURING INSTALLATION. THE ROOM MAY NOT BE RETURNED TO USE UNTIL THE ROOM IS FREE OF VOLATILE FUMES AND ODORS FROM ADHESIVES.

(b) WALL SURFACES:

(i) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(ii) SMOOTH AND WASHABLE FINISH (e.g., oil paint on putty finish plaster as opposed to sand finish plaster or exposed masonry) IN ROOMS USED FOR PATIENT CARE OR TREATMENT AND ROOMS IN WHICH SUPPLIES AND EQUIPMENT FOR PATIENT CARE OR TREATMENT ARE STORED, ASSEMBLED OR PROCESSED, AND IN CLINICAL LABORATORIES.

(iii) A FINISH WHICH WILL MINIMIZE GLARE IN PATIENT ROOMS AND LABOR ROOMS.

(iv) A WATERPROOF PAINTED, GLAZED, OR SIMILAR WATERPROOF FINISH EXTENDING ABOVE THE SPLASH LINE IN ALL ROOMS OR AREAS THAT ARE SUBJECT TO SPLASH OR SPRAY.

(v) Wainscot of five feet minimum height of a durable surface in operating rooms, delivery rooms, emergency rooms, treatment rooms and corridors.

(vi) External angles protected by metal corner guards in areas of heavy traffic.

(c) CEILINGS:

(i) 8'-0" MINIMUM HEIGHT, EXCEPTIONS MAY BE PERMITTED IN MINOR AUXILIARY ROOMS.

(ii) 9'-0" MINIMUM HEIGHT IN OPERATING ROOMS, DELIVERY ROOMS, AND SIMILAR ROOMS HAVING SPECIAL CEILING-MOUNTED LIGHT FIXTURES. Higher ceilings may be needed for some types of equipment.

(iii) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(iv) SMOOTH AND WASHABLE FINISH (e.g., oil paint on putty finish plaster as opposed to perforated tile or sand finish plaster) IN ROOMS USED FOR PATIENT CARE OR TREATMENT, AND IN ROOMS IN WHICH SUPPLIES FOR PATIENT CARE OR TREATMENT ARE STORED, ASSEMBLED OR PROCESSED, AND CLINICAL LABORATORIES. FURRED CEILINGS (WHEN USED IN THESE ROOMS) TO BE DESIGNED AND INSTALLED TO PREVENT PASSAGE OF DUST BETWEEN FURRED SPACE AND ROOM AND TO PERMIT WASHING.

(v) A FINISH WHICH WILL MINIMIZE GLARE IN PATIENT ROOMS AND LABOR ROOMS.

(vi) Sound-absorptive treatment in corridors of patient areas, nurses' stations, dining rooms and hydrotherapy rooms.

(6) PLUMBING AND SEWERAGE.

(a) PLUMBING AND SEWERAGE. CONSTRUCTED IN ACCORDANCE WITH THE NATIONAL PLUMBING CODE, ASA A-40.8-1955, OR EQUIVALENT LOCAL CODE.

(b) WATER SUPPLY.

(i) AN ADEQUATE WATER SUPPLY WHICH CONFORMS TO THE QUALITY STANDARDS OF CHAPTER .54 CODIFIED RULES, REGULATIONS AND STANDARDS OF THE STATE BOARD OF HEALTH.

(ii) TEMPERATURE OF HOT WATER AT BATHING FIXTURES AUTOMATICALLY CONTROLLED NOT TO EXCEED 110 DEGREES FAHRENHEIT.

(iii) THERMOSTATICALLY CONTROLLED HOT WATER HEATING EQUIPMENT OF SUFFICIENT CAPACITY TO SUPPLY 6 1/2 GALLONS OF WATER PER HOUR PER BED FOR GENERAL USE AT NOT LESS THAN 125 DEGREES FAHRENHEIT, AND AN ADEQUATE AMOUNT AT NOT LESS THAN 180 DEGREES FAHRENHEIT FOR LAUNDRY, MECHANICAL DISHWASHERS AND OTHER SPECIAL MECHANICAL WASHERS.

(iv) HOT WATER STORAGE TANK CAPACITY EQUAL TO 80% OF THE HOURLY HEATER CAPACITY.

(v) CIRCULATING SYSTEMS AS NECESSARY TO ENSURE A READY SUPPLY OF HOT WATER AT FIXTURES.

(c) INSULATION.

(i) HOT WATER PIPING INSULATED AS REQUIRED TO CONTROL EXCESSIVE HEAT AND TO PROVIDE SAFETY.

(ii) COLD WATER AND DRAINAGE PIPING INSULATED AS REQUIRED TO CONTROL CONDENSATION.

(iii) AVOID EXPOSING PIPING TO FREEZING TEMPERATURES. IF UNAVOIDABLE, INSULATE TO PREVENT FREEZING.

(d) SEWERAGE.

SEWAGE DISPOSAL SYSTEM IN CONFORMANCE WITH WAC 248-50-100 AND CHAPTER 248-92 WAC CODIFIED RULES, REGULATIONS AND STANDARDS OF THE STATE BOARD OF HEALTH.

(e) PLUMBING FIXTURES.

(i) DESIGNED AND INSTALLED TO BE EASILY CLEANED AND MAINTAINED.

(ii) LAVATORIES PROVIDED IN EACH TOILET ROOM EXCEPT WHERE PROVIDED IN CONNECTING PATIENT ROOM, DRESSING ROOM, OR LOCKER ROOM.

(iii) Drinking fountains or equivalent at suitable locations.

(iv) SINKS IN WHICH UTENSILS AND EQUIPMENT ARE TERMINALLY CLEANED TO BE DOUBLE COMPARTMENT WITH ADEQUATE COUNTER SPACE ON BOTH SIDES.

(v) EACH FIXTURE, EXCEPT WATER CLOSETS, PROVIDED WITH HOT AND COLD WATER THROUGH A MIXING OUTLET.

(vi) DEVICES TO PREVENT BACKFLOW ON WATER SUPPLY TO FIXTURES WHERE THE USE OF EXTENSION HOSES AND TUBE CLEANING EQUIPMENT IS ANTICIPATED (e.g., sinks in laboratory, central service, garbage can wash area, and housekeeping facilities).

(f) FITTINGS.

(i) WRIST, ELBOW, KNEE, OR FOOT FAUCET CONTROLS AND GOOSENECK SPOUTS OR THE EQUIVALENT ON LAVATORIES IN PATIENT ROOMS AND TOILETS ADJOINING PATIENT ROOMS EXCEPT THOSE FOR PSYCHIATRIC PATIENTS.

(ii) ELBOW, KNEE, OR FOOT FAUCET CONTROLS AND GOOSENECK SPOUTS OR THE EQUIVALENT ON ALL LAVATORIES AND SINKS FOR PERSONNEL USE WHERE REQUIRED TO CONTROL CROSS INFECTION (e.g., nursing service areas including isolation rooms, laboratory, and physical therapy), UNLESS THE FIXTURE IS USED FOR SOILED FUNCTIONS ONLY AND ANOTHER SINK OR LAVATORY WITH ELBOW, KNEE, OR FOOT CONTROLS IS LOCATED IN THE SAME AREA OF THE ROOM. FAUCET CONTROLS ON SCRUB SINKS AND LAVATORIES IN NEWBORN NURSERY UNITS TO BE KNEE OR FOOT CONTROLS.

(iii) WRIST CONTROLS - WATER SUPPLY CONTROLS AT LEAST 4" OVERALL HORIZONTAL LENGTH DESIGNED AND INSTALLED TO BE OPERATED BY THE WRISTS.

(iv) ELBOW CONTROLS - WATER SUPPLY CONTROLS AT LEAST 6" OVERALL HORIZONTAL LENGTH DESIGNED AND INSTALLED TO BE OPERATED BY THE ELBOWS.

(v) KNEE CONTROLS - WATER SUPPLY THROUGH MIXING VALVE DESIGNED AND INSTALLED TO BE OPERATED BY THE KNEE.

(vi) FOOT CONTROLS - WATER SUPPLY THROUGH MIXING VALVE DESIGNED AND INSTALLED TO BE OPERATED BY THE FOOT.

(vii) WRIST AND ELBOW CONTROLS TO HAVE A MINIMUM OF FOUR INCH SPACE BETWEEN SPLASH AND ENDS OF CONTROLS AT FULL OPEN AND CLOSED POSITIONS.

(g) ACCESSORIES.

(i) SUITABLE SHELF OR EQUIVALENT, AND MIRROR AT EACH LAVATORY IN TOILET ROOMS, PATIENT ROOMS, DRESSING ROOMS, AND LOCKER ROOMS.

(ii) TOWEL BAR OR HOOK AT EACH PATIENT LAVATORY ON NURSING UNITS AND AT EACH BATHING FACILITY.

(iii) ROBE HOOK AT EACH BATHING FACILITY AND WATER CLOSET.

(iv) TOILET PAPER HOLDER PROPERLY LOCATED AT EACH WATER CLOSET.

(v) Sanitary napkin dispenser in each women's toilet room except inpatient toilets.

(vi) GRAB BAR(S) OF SUITABLE MATERIAL AND FUNCTIONAL DESIGN SECURELY MOUNTED AND PROPERLY LOCATED AT EACH BATHTUB, SHOWER AND WATER CLOSET FOR INPATIENTS.

(vii) DISPENSERS FOR SINGLE USE TOWELS AT ALL LAVATORIES AND SINKS.

(viii) SUITABLE PROVISION FOR SOAP AT EACH LAVATORY, SINK, AND BATHING FACILITY.

(ix) Paper cup dispensers at all lavatories except in soiled areas.

(x) Dispenser for seat covers at each water closet.

(7) HEATING.<sup>39</sup>

(a) A HEATING SYSTEM ADEQUATE TO MAINTAIN 70 DEGREES FAHRENHEIT MINIMUM TEMPERATURE IN EACH ROOM AND OCCUPIED SPACE EXCEPT IN OPERATING ROOMS, DELIVERY ROOMS AND NURSERIES WHERE THE SYSTEM SHALL BE ADEQUATE TO MAINTAIN A MINIMUM TEMPERATURE OF 75 DEGREES FAHRENHEIT. IN SPACES WHERE RADIANT HEAT IS USED THE MINIMUM TEMPERATURE SPECIFIED MAY BE REDUCED TO MAINTAIN AN EQUIVALENT COMFORT LEVEL.

(b) A means of maintaining heat during power outages or breakdown of heating equipment.

(c) THE SYSTEM OF SUFFICIENT SIZE AND CAPACITY FOR THE PROPER DESIGN TEMPERATURE FOR THE LOCALITY.

(d) HEAT SUPPLY FOR EACH ROOM PROVIDED WITH MANUAL CONTROL; individual room thermostatic control recommended.

(e) HEATING SYSTEM SUITABLY ZONED (e.g., by exposure and usage of areas) AND THERMOSTATICALLY CONTROLLED UNLESS INDIVIDUAL ROOMS THERMOSTATICALLY CONTROLLED.

(f) Heat supply to operating rooms, delivery rooms, recovery rooms and nurseries arranged so that they may be heated at times when the general building heating system is not operating.

(g) PIPING THROUGHOUT BUILDING INSULATED AS REQUIRED TO CONTROL EXCESSIVE HEAT AND TO PROVIDE SAFETY.

(8) VENTILATION.<sup>39</sup>

(a) ALL ROOMS AND AREAS ADEQUATELY VENTILATED BY WINDOWS, GRAVITY EXHAUST OR MECHANICAL MEANS.

(b) VENTILATION SYSTEM ADEQUATE TO PROVIDE ONE COMPLETE AIR CHANGE EVERY SIX MINUTES WITHOUT RECIRCULATION IN ROOMS IN WHICH EXCESSIVE HEAT, MOISTURE, ODORS OR CONTAMINANTS ORIGINATE (e.g., toilets, baths, utility rooms, laboratory, sterilizer rooms, sterilizer equipment enclosure, central supply rooms, food preparation rooms, morgue and autopsy rooms, boiler rooms, and laundries).

(c) PROPERLY DESIGNED HOODS OVER EQUIPMENT LIKELY TO PRODUCE EXCESSIVE HEAT, MOISTURE, ODORS, OR CONTAMINANTS (e.g., kitchen, laundry, sterilizing and dishwashing equipment and special laboratory work areas).

(d) TEMPERED AIR SUPPLY TO AREAS OF THE HOSPITAL REQUIRING EXHAUST VENTILATION IN EXCESS OF NORMAL INFILTRATION.

(e) ALL SUPPLY VENTILATION SYSTEMS TO INCLUDE ADEQUATE, PROPERLY DESIGNED, ELECTRONIC OR MECHANICAL FILTERS.

(f) AIR SUPPLY INTAKES LOCATED TO ASSURE A SOURCE OF FRESH AIR (preferably above the roof or high on an exterior wall).

(g) EXHAUST AIR DISCHARGE LOCATED TO AVOID CROSS CIRCULATION TO SUPPLY AIR INTAKES OR WINDOWS.

(h) DESIGN AND BALANCING OF VENTILATION SYSTEMS TO AVOID AIR FLOW FROM ROOMS OR AREAS LIKELY TO CONTAIN CONTAMINATED AIR (e.g., isolation rooms, soiled linen storage or sorting rooms) TO OTHER PATIENT CARE ROOMS OR AREAS, FOOD PREPARATION OR SERVING AREAS, AND AREAS CONTAINING CLEAN OR STERILE SUPPLIES AND EQUIPMENT. DESIGN AND BALANCING OF VENTILATION SYSTEM FOR NEWBORN NURSERY FACILITIES TO PREVENT CIRCULATION TO ANY NURSERY ROOM FROM ANY OTHER ROOM.

(i) OPERATING ROOMS, DELIVERY ROOMS AND THEIR ANCILLARY FACILITIES MECHANICALLY VENTILATED TO PROVIDE 100% FRESH AIR WITHOUT RECIRCULATION. Recommended for nurseries, recovery rooms and intensive care units.

(j) VENTILATION SYSTEMS IN OPERATING ROOMS, DELIVERY ROOMS AND OTHER ANESTHETIZING LOCATIONS DESIGNED TO ACCOMPLISH THE OBJECTIVES OF THE RECOMMENDATIONS OF THE *CODE FOR USE OF FLAMMABLE ANESTHETICS* OF THE NATIONAL FIRE PROTECTION ASSOCIATION, NFPA 56, 1960.<sup>40</sup>

(k) Mechanical cooling of surgery suite, delivery suite, recovery unit, and nursery facilities recommended.

(l) PATIENT ROOMS, LABOR ROOMS, RECOVERY ROOMS, AND NURSERIES VENTILATED BY WINDOWS WITH OPERATIVE OPENING NOT LESS THAN ONE-SIXTH THE REQUIRED WINDOW AREA UNLESS AIR CONDITIONED TO ADEQUATELY CONTROL TEMPERATURE, HUMIDITY, AIR CHANGES, AND AIR MOTION, BOTH WINTER AND SUMMER.

(9) INCINERATION FACILITIES.

(a) INCINERATOR OF ADEQUATE SIZE AND DESIGN. LOCATED AND DESIGNED TO PREVENT OBJECTIONABLE HEAT, SMOKE, AND ODORS.

(b) GAS OR OIL FIRED.

(c) FLUE-FED INCINERATORS NOT PERMITTED.

(10) ELECTRICAL SYSTEMS AND EMERGENCY ELECTRICAL SERVICE.

(a) ELECTRICAL SYSTEMS AND EQUIPMENT IN CONFORMANCE WITH THE *CODE FOR USE OF FLAMMABLE ANESTHETICS* OF THE NATIONAL FIRE PROTECTION ASSOCIATION, NFPA 56A, 1971 IN AREAS WHERE COMBUSTIBLE ANESTHETIC GASES ARE TO BE USED (such as operating rooms, delivery rooms, emergency rooms).

(b) A separate isolating transformer recommended for each room used as an anesthetizing location, as defined in NFPA 56A.

(c) TYPES OF OUTLETS.

(i) OUTLETS OF THE TYPE, QUANTITY, LOCATION AND HEIGHT REQUIRED FOR THE SERVICES TO BE PERFORMED.

(ii) ALL RECEPTACLES TO BE GROUNDING TYPE.

(iii) POLARIZED RECEPTACLES AS REQUIRED FOR SPECIAL EQUIPMENT, INCLUDING SPECIAL PORTABLE EQUIPMENT IN PATIENT CARE AREAS.

(d) AT LEAST TWO X-RAY FILM ILLUMINATORS (may be movable equipment) IN EACH OPERATING ROOM, ONE IN EACH EMERGENCY ROOM, and one in each delivery room.

(e) ADEQUATE NUMBER OF PROPERLY LOCATED CONVENIENCE OUTLETS IN OPERATING, DELIVERY, EMERGENCY ROOMS AND INTENSIVE CARE UNITS SUITABLE FOR THE SERVICES TO BE PERFORMED.

(f) Use of booms or similar devices recommended to eliminate hazards of cords on the floors.

(g) NUMBER OF OUTLETS.

(i) TWO DUPLEX ELECTRICAL RECEPTACLES (OR EQUIVALENT) AT THE HEAD OF EACH BED, IN PATIENT ROOMS (INCLUDING LABOR, AND RECOVERY), three duplex receptacles per bed recommended.

(ii) FOUR DUPLEX ELECTRICAL RECEPTACLES (OR EQUIVALENT) AT THE HEAD OF EACH BED IN ACUTE CARDIAC CARE AND OTHER INTENSIVE CARE PATIENT ROOMS.

(iii) LIMITED TO FOUR OUTLETS PER CIRCUIT OF NUMBER 12 WIRE.

(iv) AT LEAST TWO ADDITIONAL DUPLEX RECEPTACLES (OR EQUIVALENT) AT SEPARATE CONVENIENT LOCATIONS IN EACH PATIENT ROOM (INCLUDING LABOR, RECOVERY, AND INTENSIVE CARE ROOMS).

(v) One receptacle adjacent to mirror over lavatory.

(vi) AT LEAST ONE DUPLEX RECEPTACLE (OR EQUIVALENT) FOR EVERY TWO BASSINETS FOR FULL TERM INFANTS. AT LEAST ONE DUPLEX RECEPTACLE (OR EQUIVALENT) FOR EACH BASSINET AND INCUBATOR FOR PREMATURE INFANTS.

(vii) AT LEAST ONE DUPLEX RECEPTACLE PER 4 LINEAR FEET OF COUNTER IN LABORATORY FACILITIES.

(h) LIGHTING FIXTURES.

(i) NUMBER, TYPE AND LOCATION OF LIGHTING FIXTURES TO PROVIDE ADEQUATE ILLUMINATION FOR THE FUNCTIONS OF EACH AREA.

(ii) A PROPERLY DESIGNED READING LAMP (may be movable equipment) CONVENIENTLY LOCATED FOR EACH BED IN PATIENT ROOMS.

(iii) SUITABLE LIGHT AT LAVATORIES IN PATIENT ROOMS AND PATIENT TOILET ROOMS.

(iv) NIGHT LIGHT PROPERLY LOCATED IN EACH PATIENT ROOM AND AT PROPER INTERVALS IN CORRIDORS IN NURSING UNITS.

(v) SWITCHES FOR NIGHT LIGHTS AND GENERAL ILLUMINATION ADJACENT TO DOORS TO PATIENT ROOMS. SWITCHES LOCATED OUTSIDE PSYCHIATRIC AND PEDIATRIC PATIENT ROOMS. QUIET OPERATING SWITCHES IN NURSING UNITS.

(i) CIRCUITBREAKERS. CIRCUITBREAKERS FOR ROOMS IN ACUTE CARDIAC CARE AND OTHER INTENSIVE CARE UNITS TO BE LOCATED IN OR ADJACENT TO THE UNIT AND IMMEDIATELY ACCESSIBLE TO STAFF CARING FOR PATIENTS IN THE UNIT.

(j) EMERGENCY ELECTRICAL SERVICE.

(i) ADEQUATE ELECTRICAL GENERATING EQUIPMENT (OR EQUIVALENT[]) WITH AUTOMATIC TRANSFER TO THE EMERGENCY ELECTRICAL SERVICE IN CASE OF INTERRUPTION OF NORMAL SERVICE.

(ii) EMERGENCY LIGHTING. EMERGENCY LIGHTING OF EXITS, STAIRS, PATIENTS' CORRIDORS, OPERATING ROOMS, DELIVERY

ROOMS, EMERGENCY ROOMS, NURSERIES, AND INTENSIVE CARE UNITS.

(iii) EMERGENCY POWER. EMERGENCY POWER TO THE NURSES' CALL SYSTEM, THE FIRE ALARM SYSTEM, ADEQUATE CONVENIENCE OUTLETS FOR CRITICALLY NEEDED EQUIPMENT IN ALL PATIENT CARE AREAS (e.g., recovery rooms, nurseries, operating rooms, delivery rooms, emergency rooms, intensive care units and at intervals in nursing unit corridors) AND REFRIGERATORS FOR BIOLOGICALS, and food refrigerators, culture incubators, elevators, ventilation units, sterilizers, x-ray machines, and heating plant.

(11) MISCELLANEOUS.

(a) CALL SYSTEM.

(i) PROPERLY LOCATED ELECTRICAL SIGNALING DEVICE AT EACH BED IN PATIENT ROOMS, (INCLUDING LABOR ROOMS) AT EACH WATER CLOSET AND BATHING FACILITY FOR INPATIENTS and in each dayroom, solarium and dining room.

(ii) EACH CALL TO REGISTER BY LIGHT AT THE CORRIDOR DOOR, THE NURSES' STATION, AND AT OTHER WORK STATIONS SUCH AS UTILITY ROOMS.

(iii) EMERGENCY SIGNAL DEVICE FOR USE OF THE NURSE IN NURSERIES, PSYCHIATRIC ROOMS, OPERATING, DELIVERY, RECOVERY ROOMS, AND INTENSIVE CARE UNIT.

(iv) A CALL BELL FOR NIGHT USE SHALL BE PROVIDED AT EMERGENCY ENTRANCES.

(b) TELEPHONES.

(i) ON EACH NURSING UNIT, AND OBSTETRICAL DELIVERY SUITE. ADDITIONAL TELEPHONES OR EXTENSIONS AS REQUIRED TO PROVIDE ADEQUATE COMMUNICATION (A MINIMUM OF ONE ON EACH FLOOR OF THE HOSPITAL).

(ii) PUBLIC TELEPHONE IN LOBBY.

(iii) Telephones or other similar means for two-way communication among departments of the hospital, including doctors' locker and lounge in surgery and delivery suite.

(c) CLOCKS.

(i) WALL MOUNTED CLOCKS PROPERLY LOCATED IN OPERATING ROOMS, DELIVERY ROOMS, EMERGENCY ROOMS, NURSERIES, INTENSIVE CARE UNITS, and other suitable locations.

(ii) CLOCKS IN OPERATING ROOMS, DELIVERY ROOMS, AND INTENSIVE CARE UNITS TO HAVE SWEEP SECOND HANDS.

(d) EQUIPMENT AND CASEWORK.

(i) DESIGNED, MANUFACTURED, AND INSTALLED FOR EASE OF PROPER CLEANING AND MAINTENANCE OF EQUIPMENT AND CASEWORK, AND SURROUNDING FLOOR AND WALLS.

(ii) DESIGN, MATERIALS, AND FINISHES SUITABLE TO THE FUNCTIONS OF EACH AREA.

(iii) EQUIPMENT FOR FOOD SERVICE FUNCTIONS TO MEET STANDARDS OF NATIONAL SANITATION FOUNDATION, ANN ARBOR, MICHIGAN.

NO. 1 - SODA FOUNTAIN AND LUNCHEONETTE EQUIPMENT, JULY 1952.

NO. 2 - FOOD SERVICE EQUIPMENT, OCTOBER 1952.

NO. 3 - SPRAY-TYPE DISHWASHING MACHINES, MAY 1953.

NO. 4 - COMMERCIAL COOKING AND WARMING EQUIPMENT, JANUARY 1, 1958.

NO. 5 - HOT WATER GENERATION EQUIPMENT, JANUARY 1, 1959.

NO. 6 - DISPENSING FREEZERS, JANUARY 1, 1959.

NO. C-1 FOOD VENDING MACHINES, AUGUST 1958.

(iv) ALL AUTOCLAVES TO HAVE RECORDING THERMOMETERS.

(e) Chutes.

(i) Linen chutes and trash chutes not recommended.

(ii) FLUE-FED INCINERATORS NOT PERMITTED.

(iii) CYLINDRICAL DESIGN.

(iv) TWENTY-FOUR INCH MINIMUM DIAMETER.

(v) SMOOTH, WASHABLE INTERIOR FINISH.

(vi) SELF-CLOSING, TIGHT-FITTING ACCESS DOORS AT LEAST 30 INCHES FROM THE FLOOR.

(vii) ACCESS DOORS IN SEPARATE ENCLOSED ROOMS OR SEPARATE AREA OF SOILED UTILITY OR CLEAN-UP ROOM USED FOR SOILED FUNCTIONS ONLY OR OTHER SIMILAR ROOM.

(viii) CHUTES TO DISCHARGE INTO SEPARATE ENCLOSED TRASH AND SOILED LINEN COLLECTION ROOMS.

(ix) CHUTES DESIGNED AND/OR VENTILATED TO AVOID CONTAMINATION BY AIR FLOW FROM ACCESS DOORS WHEN OPENED.

(x) CHUTES PROVIDED WITH SUITABLE MEANS TO ADEQUATELY WASH ENTIRE LENGTH.

(xi) FLOOR DRAINS AND EXHAUST VENTILATION IN TRASH AND SOILED LINEN COLLECTION ROOMS.

(xii) HANDWASHING FACILITY IN OR ADJACENT TO SOILED LINEN COLLECTION ROOM IF THIS ROOM USED FOR SORTING SOILED LINEN.

(f) HARDWARE.

(i) SELECTED TO SUIT THE FUNCTIONS OF EACH ROOM AND TO ENSURE QUIETNESS AND SANITATION.

(ii) PATIENT ROOM DOORS EQUIPPED TO HOLD OPEN IN ANY POSITION OR IN SEVERAL POSITIONS.

(iii) PROVISION FOR IMMEDIATE EMERGENCY ACCESS TO PATIENT ROOMS AND PATIENT TOILETS, SHOWERS, AND BATH ROOMS.

(iv) HARDWARE OF EXTERIOR DOORS DESIGNED TO PREVENT ENTRY OF UNAUTHORIZED PERSONS.

NOTES:

<sup>33</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(8), VENTILATION.

<sup>37</sup>See definition of "Grade", WAC 248-18-505.

<sup>38</sup>Refer to standards of state fire marshal, *Standard of the National Board of Fire Underwriters for the Use of Flammable Anesthetics*, NFBU No. 46, 1960 edition, as recommended by the National Fire Protection Association, (NFPA 56).

<sup>39</sup>Use of the guide, published by the American Society of Heating, Refrigeration, and Air Conditioning Engineers, recommended for design of heating and ventilating systems.

<sup>40</sup>Also printed as *Standard of the National Board of Fire Underwriters for the Use of Flammable Anesthetics*, NFBU No. 56, 1960 as recommended by the National Fire Protection Association.

[Order 119, § 248-18-718, filed 5/23/75.]

**WAC 248-18-999 Legal authority of the State Board of Health.** RCW 70.41.030 (Section 3, chapter 267, Laws of 1955). [Order 119, § 248-18-999, filed 5/23/75; Regulation 18.999, effective 3/11/60.]

**WAC 248-18-99901 Appendix A—Footnotes in chapter 248-18 WAC.** Footnotes in chapter 248-18 WAC shall have the following meanings.

<sup>1</sup>See WAC 248-18-505(11) for definition of "Hospital".

<sup>2</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(6), PLUMBING AND SEWERAGE.

<sup>3</sup>Not applicable to alterations and additions to existing hospitals.

<sup>4</sup>See requirements for "Windows", WAC 248-18-718(4) and see WAC 248-18-505 for definition of "Grade".

<sup>5</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

<sup>6</sup>May be movable equipment.

<sup>7</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

<sup>8</sup>Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).

<sup>9</sup>OUTSIDE FRACTURE ROOM IF ROOM IS TO BE USED AS AN OPERATING ROOM FOR OPEN SURGERY.

<sup>10</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

<sup>11</sup>May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

<sup>12</sup>May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

<sup>13</sup>See RECEIVING AND STORES, WAC 248-18-700(5), FLAMMABLE ANESTHETIC STORAGE.

<sup>14</sup>See Recovery Unit, WAC 248-18-560.

<sup>15</sup>See NURSING UNIT, GENERAL, WAC 248-18-530.

<sup>16</sup>See PATIENT TOILET AND BATHING FACILITIES, WAC 248-18-530(7) for additional requirements.

<sup>17</sup>See NURSING UNIT, GENERAL, WAC 248-18-530(8)(c), BEDPAN ROOM.

<sup>18</sup>See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

<sup>19</sup>CORROSION RESISTANT - Stainless steel recommended.

<sup>20</sup>IMPERMEABLE SURFACE.

<sup>21</sup>Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.

<sup>22</sup>May be omitted if program indicates is not needed.

<sup>23</sup>For construction and ventilation requirements for areas in which flammable agents are to be handled or stored, refer to standards of the State Fire Marshal.

<sup>24</sup>In accordance with program.

<sup>25</sup>See PHARMACY, WAC 248-18-670(4).

<sup>26</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(11)(d), EQUIPMENT AND CASEWORK.

<sup>27</sup>See RECEIVING AND STORES, WAC 248-18-700.

<sup>28</sup>May be combined with ranges.

<sup>29</sup>May be combined with cooking areas.

<sup>30</sup>May be combined with other refrigeration.

<sup>31</sup>See HOUSEKEEPING DEPARTMENT, WAC 248-18-690(4), WASTE DISPOSAL FACILITIES.

<sup>32</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(9), INCINERATION FACILITIES.

<sup>33</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(8), VENTILATION.

<sup>34</sup>For construction, ventilation and electrical requirements, refer to standards of state fire marshal and the electrical inspection division of the State Department of Labor and Industries.

<sup>35</sup>See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(1) through (11).

<sup>36</sup>See SPECIAL DESIGN FEATURES OF SPECIALIZED FACILITIES, WAC 248-18-530(5).

<sup>37</sup>See definition of "Grade", WAC 248-18-505.

<sup>38</sup>Refer to standards of state fire marshal, *Standard of the National Board of Fire Underwriters for the Use of Flammable Anesthetics*, NFBU No. 56, 1960 edition, as recommended by the National Fire Protection Association, (NFPA 56).

<sup>39</sup>Use of the guide, published by the American Society of Heating, Refrigeration, and Air Conditioning Engineers, recommended for design of heating and ventilating systems.

<sup>40</sup>Also printed as *Standard of the National Board of Fire Underwriters for the Use of Flammable Anesthetics*, NFBU No. 56, 1960 as recommended by the National Fire Protection Association.

[Order 119, § 248-18-99901, filed 5/23/75.]

### Chapter 248-19 WAC

#### CERTIFICATE OF NEED—HOSPITALS AND NURSING HOMES

##### WAC

248-19-010	Purpose.
248-19-020	Definitions.
248-19-025	Applicability determinations.
248-19-030	Procedures for review of applications for certificates of need.
248-19-031	Amendments to applications.
248-19-033	Non-substantive review.
248-19-035	Public notice.
248-19-040	Issuance of certificate.
248-19-041	Basic criteria for applications.
248-19-042	Utilization criteria and methods.
248-19-043	Criteria for specialized services.
248-19-047	Amendments to certificates.
248-19-048	Conditional certificates of need.
248-19-050	Denial of certificate.
248-19-060	Suspension of certificates.
248-19-070	Revocation of previously issued certificates.
248-19-075	Notice of appeal.
248-19-080	Separability of applications.
248-19-090	Information required.
248-19-100	Injunctions against violations.

**WAC 248-19-010 Purpose.** The following regulations are adopted pursuant to chapter 70.38 RCW for the purpose of implementing and furthering a program of comprehensive planning and development of health facilities in the state of Washington through the gathering of pertinent information and evaluation of financial and other operating data relevant to the operation of hospitals and nursing homes and providing procedures for the issuance, denial, suspension, and revocation of certificates of need for hospitals and nursing homes. [Order 126, § 248-19-010, filed 5/21/76; Order 64, § 248-19-010, filed 11/1/71.]

**WAC 248-19-020 Definitions.** The following words or phrases, as used in these regulations, shall have the following meanings unless the context otherwise requires.

(1) "Construction" means the erection, building, or substantial acquisition, alteration, reconstruction, improvement, extension or modification of a hospital or nursing home, including equipment, the inspection and supervision thereof and other actions necessary thereto, which cost in excess of one hundred thousand dollars.

(2) "Commencement of construction" includes, but is not limited to:

(a) In the case of a new building or lateral additions to existing buildings, the installation of foundation forms, pilings, or footings or substantial site preparation;

(b) In the case of conversions, alterations, or vertical additions to existing buildings, when demolition of a significant nature of any part of the existing structure has begun;

(c) In the case of a substantial acquisition, the effective date of a purchase, lease, donation or other comparable property transfer.

(3) "Defined population" means the population that is or may reasonably be expected to be served by an existing or proposed hospital or nursing home. "Defined population" shall also include persons who prefer to receive the services of a particular recognized school or theory of medical care. "Defined population" shall not be limited to a geographical area.

(4) "Department" means the Washington State Department of Social and Health Services.

(5) "Hospital" means any institution, place, building or agency, public or private, incorporated or not incorporated:

(a) Which provides or is capable of providing facilities for inpatient care of one or more persons, and inpatient health services, including physician services, through an organized medical staff and continuous nursing services for the prevention, diagnosis or treatment of patients, both surgical and nonsurgical; or

(b) Which qualifies or is required to qualify for a license under chapter 70.41 or 71.12 RCW.

(6) "Nursing home" means any home, place, institution or facility not a hospital:

(a) Which provides or is capable of providing convalescent, chronic or nursing care to sick, invalid, infirm, disabled or convalescent persons in addition to lodging and board; or

(b) Which qualifies or is required to qualify for a license under chapter 18.51 RCW.

(7) "Regional planning agency" means the area-wide comprehensive health planning agency responsible for comprehensive health planning within a defined area, and as that term is used in chapter 70.38 RCW or the "health systems agency" established under the provisions of federal Public Law 93-641.

(8) "Secretary" means the secretary of the Washington State Department of Social and Health Services or his designee.

(9) "State planning agency" means the state comprehensive health planning agency as defined by Public Law 89-749 and as now or hereafter amended and designated by the governor pursuant to RCW 70.38.030.

(10) "Hospital commission" means the Washington State Hospital Commission established pursuant to chapter 70.39 RCW.

(11) "Applicant" means an individual, a partnership, or a corporation, or other comparable legal entity proposing hospital or nursing home construction as defined herein or any individual with a 10% or greater financial interest in a partnership or corporation or other comparable legal entity proposing such construction. [Order 126, § 248-19-020, filed 5/21/76; Order 64, § 248-19-020, filed 11/1/71.]

**WAC 248-19-025 Applicability determinations.** (1) When any question exists, a potential applicant shall submit a letter requesting a formal determination by the department as to the applicability of the certificate of need requirements to a particular project. Copies of this letter shall be simultaneously sent by the potential applicant to the regional planning agency and the hospital commission, in the case of hospital projects. Such a letter shall contain a detailed description of the project including the extent of modifications, changes in services, and total costs.

(2) The department at its own initiative may request such information as may be reasonably necessary to make such applicability determinations on projects.

(3) The department shall respond within thirty days of receipt of the necessary information. The department shall take into consideration the advice of the regional planning agency and, where appropriate, the hospital commission in making such determinations. [Order 126, § 248-19-025, filed 5/21/76.]

**WAC 248-19-030 Procedures for review of applications for certificates of need.** (1) Applications shall be submitted simultaneously by the applicant to the department, to the regional planning agency, and to the hospital commission in the case of hospital projects for the commission's review and recommendations on economic feasibility and cost containment. Two copies of the application shall be submitted to the department, two additional copies shall be submitted to the regional planning agency, and one additional copy shall be submitted to the hospital commission.

(2) During the first 15 days after receipt of an application or receipt of requested supplemental information, the department, in consultation with the regional planning agency, the hospital commission and such other resources as may be utilized by the department for review purposes, shall screen the application or supplemental material for completeness in accordance with RCW 70.38.130 and notify the applicant of such other information as may be necessary to complete the application.

(3) The length of the review process including screening shall not exceed 90 days from the date of receipt of a completed application provided, however, that:

(a) Regional planning agencies and the hospital commission shall, within 60 days of receipt of completed applications or within a further specified period approved by the secretary and not to exceed an additional 30 days, evaluate all applications for certificates of need within the agency's area and make recommendations to the department. The regional planning agency or the hospital

commission shall submit a written request to the department for such an extension and indicate whether or not the applicant agrees to the extension.

(b) The secretary shall render a decision within 30 days of receipt of findings and recommendations from the regional planning agency, the state planning agency, the hospital commission where appropriate, and other resources being utilized to review and/or comment on the application, unless the applicant is notified that additional relevant information concerning unresolved issues is needed, in which case the secretary may take additional time as may be required from receipt of the requested information not to exceed 30 days unless the applicant agrees to further extensions. This additional information may include, but is not limited to, the resolution of pending medicare or medicaid decertification, license revocation, provider agreement terminations or patient trust fund violation negative actions. [Order 126, § 248-19-030, filed 5/21/76; Order 64, § 248-19-030, filed 11/1/71.]

**WAC 248-19-031 Amendments to applications.** If an applicant substantially amends its application during the review process, the department after consultation with the other reviewing agencies will decide whether or not the amendment constitutes a new application. [Order 126, § 248-19-031, filed 5/21/76.]

**WAC 248-19-033 Non-substantive review.** (1) For certain projects whose impact on the delivery of health services appears minimal, the department may waive portions of the review and comment process after seeking the advice of the regional planning agency, the hospital commission, and, where appropriate, other resources utilized by the department. These projects can include substantial acquisition of nursing homes, emergency replacement of equipment or facilities, replacement of existing equipment with equipment of similar functional capability, correction of fire and safety or health deficiencies, and decreases in services (without their elimination) which result in operational efficiencies.

(2) Non-substantive reviews shall be completed within 30 days of receipt of a complete application unless extended by the department for an additional period not to exceed 30 days at the written request of a regional planning agency or with the concurrence of the applicant. [Order 126, § 248-19-033, filed 5/21/76.]

**WAC 248-19-035 Public notice.** (1) Public notice relating to projects under review shall be given for the following purposes.

(a) The department will announce the receipt of complete applications.

(b) Regional planning agencies and the hospital commission will announce scheduled public meetings to review applications.

(c) The department will announce the findings and determinations of the secretary or the outcome of the appeal.

(2) Public notice shall be distributed to newspapers with wide circulation in the geographic area served or proposed to be served by the project.

(3) Public notice shall contain at least the following information: name of applicant, estimated cost, description of modifications, and anticipated commencement date. [Order 126, § 248-19-035, filed 5/21/76.]

**WAC 248-19-040 Issuance of certificate.** (1) A certificate of need shall be issued only where the proposed construction is reasonably necessary to provide health care to the defined population served or to be served as economically as is practical, consistent with high quality standards and in such a manner as to encourage orderly, coherent, timely and economic development of adequate and effective health services in the area, region and state. In making such determinations, the secretary shall take into consideration the proposed projects' compliance with applicable criteria appearing in chapter 70.38 RCW, WAC 248-19-041, 248-19-042, and 248-19-043.

(2) A certificate of need shall be valid for such period of time, not to exceed two years, as may reasonably be required to complete preparation of detailed construction plans, secure necessary funds and building permits, and commence construction of the hospital or nursing home in question: *Provided*, That with the advice of the regional planning agency or, when appropriate, the other resources utilized by the department, the secretary may renew the certificate for such further periods as may be reasonable where the applicant has shown that substantial and continuing progress toward commencement of construction has been demonstrated.

(3) For projects composed of a series of discrete components, the total validity period for commencement of construction on all components shall not exceed three years: *Provided*, That with the advice of the regional planning agency or, when appropriate, the hospital commission or the other resources utilized by the department, the secretary may renew the certificate for such further periods as may be reasonable where the applicant has shown that substantial and continuing progress toward commencement of construction on all components has been demonstrated.

(4) A certificate of need renewal shall be requested by the applicant at least 60 days before the expiration date and shall contain such information as the department may reasonably require. This information shall include at least the following:

(a) A description of any changes in the configuration, costs or services of the project;

(b) A description of any progress on the project including preparation of detailed construction plans, the securing of necessary funds and building permits, and commencement of any construction as defined in WAC 248-19-020(2);

(c) An estimated timetable for commencement and completion of all remaining components of the project.

(5) A certificate of need issued to an applicant for a particular project is not transferable or assignable without the approval of the secretary.

(6) Conversion of Facilities. No facility, the replacement cost of which would exceed \$100,000.00, shall be converted to a hospital or nursing home without application for and receipt of a certificate of need issued pursuant to these regulations.

(7) Subsequent certificates of need for future proposals. The issuance of a certificate of need for a specific project in a hospital's or nursing home's long-range plan shall not constitute a guarantee that all future proposals contained in that long-range plan will receive a certificate of need; however, the existence of previously certified projects that reduce the overall cost of future projects shall be taken into account by the regional planning agency and the secretary in reviewing subsequent proposals. [Order 126, § 248-19-040, filed 5/21/76; Order 64, § 248-19-040, filed 11/1/71.]

**WAC 248-19-041 Basic criteria for applications.** Proposed projects must meet the four major criteria listed below. In determining whether the major criteria are met, the department shall take into consideration at least the subcriteria listed following each major criteria.

(1) Need. The proposed project is needed or projected to be necessary to meet the needs of the defined population for health services.

The applicant shall have substantiated:

(a) That there is adequate demand for projected services to support high quality, economical health services;

(b) That such services are not now presently available or accessible to the defined population;

(c) That the proposed project is consistent with the comprehensive health plans and existing development for the area, region and state;

(d) That the proposed project is consistent, where applicable, with the utilization criteria and methods appearing in WAC 248-19-042, and the criteria for specialized services obtained pursuant to WAC 248-19-043.

(2) Staffing. The proposed project can be adequately staffed and operated when completed.

The applicant shall have substantiated that sufficient personnel in the professional disciplines required for the facility and services are available or can be recruited and/or trained.

(3) Economic feasibility. The proposed project is economically feasible and can be accommodated without unreasonable increases in the patient charge structure of the hospital or nursing home.

The applicant shall have substantiated:

(a) That the projected cost per unit of service is reasonable and that the project would not result in an unreasonable increase in the patient charge structure;

(b) That an appropriate source of financing is available, and that sufficient resources are available to support the project until the break-even point is achieved;

(c) That the project, where appropriate, is consistent with the principles adopted by the hospital commission pursuant to chapter 70.39 RCW or by the nursing home cost reimbursement program pursuant to RCW 74.09.120.

(4) Cost containment. The project will foster cost containment or improved quality of care through improved efficiency and productivity, including promotion of cost effective factors such as ambulatory care, preventive health care services, home health care, and design and construction economies, or through increased competition between different health care services delivery systems.

The applicant shall have substantiated:

(a) That the project makes appropriate use of the available resources without unnecessarily duplicating existing facilities and services, and that thorough consideration has been given to the economies and improvement of services which could be derived from joint, cooperative, or shared services or resources among facilities;

(b) That the project is cost effective considering available alternatives including alternate methods of design and construction or services delivery;

(c) That the project is consistent with high quality standards. [Order 126, § 248-19-041, filed 5/21/76.]

**WAC 248-19-042 Utilization criteria and methods.** For hospital and nursing home new construction and/or remodeling projects involving the replacement and/or addition of licensed beds, the secretary shall consider, in addition to the criteria appearing in WAC 248-19-041, the guidelines contained in adopted area, regional and state plans and the following utilization standards and methods.

(1) Hospitals. New or replacement hospital beds should be approved only where the projects encourage maximum efficiency in utilization of available hospital capacity serving the defined population.

(a) The department will review new or replacement hospital bed projects according to the allocation of the beds to the dedicated uses specified in the applications. These dedicated bed uses shall include at least the following services: medical-surgical, obstetrical, pediatric, intensive care, acute cardiac care, psychiatric, and hospital extended care.

(b) The department may utilize in review of the efficiency of proposed hospital dedicated bed uses the criteria developed by individuals or organizations with appropriate technical expertise. Such criteria may be obtained from sources including the following:

(i) nationally recognized standards from professional organizations,

(ii) standards developed by organizations in Washington State,

(iii) federal medicare and medicaid certification requirements,

(iv) state licensing regulations,

(v) the hospital commission, and

(vi) expert technical consultation.

(c)(i) An applicant shall attempt to justify any discrepancy from the utilization criteria which can be obtained through the methods expressed in subsection (1)(b).

(ii) The department shall at an applicant's request identify the criteria it will apply to a review of proposed new or replacement hospital bed projects.

(iii) The department reserves the right to utilize other appropriate criteria which subsequently come to its attention; in this event the department will notify the applicant and give him reasonable time to respond.

(2) Nursing homes. Nursing home bed new construction and replacement projects should be approved only where the projects encourage maximum efficiency in utilization of available nursing home capacity serving the defined population and where they are consistent with a 1980 bed need projection derived from a formulation that:

(a) Considers the desired occupancy rate for nursing homes to be 95%, and

(b) Calculates +/- beds needed based on an existing bed complement comprised of licensed beds in at least a county plus those beds for which there are outstanding certificate of need and/or section 1122 approvals, and

(c) Assumes a reduction in the nursing home use rate (patient days per 1,000 population 65+ years) between 1975 and 1980 through increased use of alternatives to institutionalized care such as home health care and day care.

(d) Is calculated as follows:

1975 patient days ÷ 1975 population 65+ years of age = use rate,

(Use rate x projected 1980 population 65+) ÷ 365 = projected average daily census,

Projected average daily census ÷ 95% = bed need.

The secretary may permit exceptions to this method in counties with excess beds when the nursing home to be built, expanded or replaced can substantiate it will serve a defined patient population whose needs cannot otherwise be reasonably met. [Order 126, § 248-19-042, filed 5/21/76.]

#### WAC 248-19-043 Criteria for specialized services.

In addition to adopted plans and existing development for the area, region and state, and the criteria appearing in chapter 70.38 RCW, WAC 248-19-041 and WAC 248-19-042; the department may utilize in review of specialized services (e.g. cardiac surgery, renal disease, radiation therapy) criteria developed by individuals or organizations with appropriate technical expertise.

(1) Such criteria may be obtained from sources including the following:

(a) nationally recognized standards from professional organizations,

(b) standards developed by organizations in Washington State,

(c) federal medicare and medicaid certification requirements,

(d) state licensing regulations,

(e) the hospital commission, and

(f) expert technical consultation.

(2)(i) Applicants shall research and cite such criteria in the preparation of an application.

(ii) The department shall at an applicant's request identify the criteria it will apply to a review of the proposed specialized service.

(iii) The department reserves the right to utilize other appropriate criteria which subsequently come to its attention; in this event the department will notify the applicant and give him a reasonable time to respond. [Order 126, § 248-19-043, filed 5/21/76.]

**WAC 248-19-047 Amendments to certificates.** Proposed amendments to certificates of need which would change the description of a project may be approved by the secretary after consultation with the regional planning agency and, where appropriate, the hospital commission: *Provided*, That the project as amended is still needed and that the amendment is not substantial enough to constitute a new application. [Order 126, § 248-19-047, filed 5/21/76.]

**WAC 248-19-048 Conditional certificates of need.** If in its evaluation of an application the department finds that the project is justified only under certain specific circumstances, then the secretary may approve a conditional certificate of need. A conditional certificate of need shall have attached conditions limiting the use of the approved facilities and/or equipment to the provision of services to the defined population in the manner prescribed. The conditions will be effective until released by the secretary. The secretary shall release conditions if it is substantiated that the conditions are no longer valid and the release of such conditions would not result in the unnecessary duplication of facilities and services. The department may require submission of such information as is reasonably necessary to aid the secretary in such decisions. [Order 126, § 248-19-048, filed 5/21/76.]

**WAC 248-19-050 Denial of certificate.** (1) A certificate of need may be denied by the secretary if, after review of the information provided and the recommendation of the regional planning agency and, where appropriate, the hospital commission, he determines that the proposed construction is not reasonably necessary to provide health care to the defined population served or to be served as economically as is practical, consistent with high quality standards and in such a manner as to encourage orderly, coherent, timely and economic development of adequate and effective health services in the area, region and state. In making such determinations, the secretary shall take into consideration the proposed projects' compliance with applicable criteria appearing in RCW 70.38.140, WAC 248-19-041, 248-19-042, and 248-19-043.

(2) When the Department issues an order of denial, it shall be in writing and shall state the reasons for such denial.

(3) Any applicant denied a certificate of need shall be afforded an opportunity for an administrative hearing, in accordance with chapter 34.04 RCW.

(4) Any applicant denied a certificate of need may reapply with such additional information as the department may reasonably require. [Order 126, § 248-19-050, filed 5/21/76; Order 64, § 248-19-050, filed 11/1/71.]

**WAC 248-19-060 Suspension of certificates.** (1) Grounds for suspension include, but are not limited to, suspicion of fraud, misrepresentation, false statements, misleading statements, evasion, or suppression of material facts, in the application for a certificate of need, or in any of its supporting materials.

(2) When the Department issues an order of suspension, it shall be in writing and shall state the reasons for such suspension.

(3) A suspension of a certificate of need shall not exceed 120 days. At the end of this period or sooner, a review of the suspension shall be made and the certificate reinstated or revoked.

(4) An applicant whose certificate of need has been suspended shall be afforded an opportunity for an administrative hearing, in accordance with chapter 34.04 RCW. [Order 126, § 248-19-060, filed 5/21/76; Order 64, § 248-19-060, filed 11/1/71.]

**WAC 248-19-070 Revocation of previously issued certificates.** (1) Grounds for revocation include, but are not limited to, fraud, misrepresentation, false statements, misleading statements, evasion, or suppression of material facts, in the application of a certificate of need, or in any of its supporting materials.

(2) A certificate of need may be revoked after six months if the applicant has not shown continuing progress towards commencement of construction.

(3) The certificate of need may be revoked when, after commencement of construction, the applicant fails without good cause to make reasonable and continuing progress toward completion of construction.

(4) When the Department issues an order of revocation, it shall be in writing and shall state the reasons for such revocation.

(5) An applicant whose certificate of need has been revoked may reapply for a certificate of need by submitting whatever information is required by the department including documentation regarding the resolution of the grounds for which the certificate of need was revoked.

(6) An applicant whose certificate of need has been revoked shall be afforded an opportunity for an administrative hearing, in accordance with chapter 34.04 RCW, prior to the action becoming final. [Order 126, § 248-19-070, filed 5/21/76; Order 64, § 248-19-070, filed 11/1/71.]

**WAC 248-19-075 Notice of appeal.** Any applicant for a certificate of need whose application has been denied or anyone whose certificate of need has been revoked or suspended by the secretary and who desires a hearing shall within 30 days after receiving notice of the decision of the secretary, file with the secretary a notice of appeal from the decision. [Order 126, § 248-19-075, filed 5/21/76.]

**WAC 248-19-080 Separability of applications.** When an application is for a multi-element or multi-phased project, the secretary may take individual action on separable portions of the application. [Order 126, § 248-19-080, filed 5/21/76; Order 64, § 248-19-080, filed 11/1/71.]

**WAC 248-19-090 Information required.** An application for certificate of need shall be on forms provided by the Department and shall be accompanied by attachments providing such information as is required by RCW 70.38.130 and such other information as may be required by the secretary. [Order 126, § 248-19-090, filed 5/21/76; Order 64, § 248-19-090, filed 11/1/71.]

**WAC 248-19-100 Injunctions against violations.** The secretary may bring an action to enjoin a violation or the threatened violation of any of the provisions of chapter 70.38 RCW or chapter 248-19 WAC, or may bring any legal proceeding authorized by law, including but not limited to the special proceedings authorized by Title 7 RCW, in the superior court in the county in which such violation occurs or is about to occur, or in the superior court of Thurston county. [Order 126, § 248-19-100, filed 5/21/76; Order 64, § 248-19-100, filed 11/1/71.]

### Chapter 248-22 WAC

#### PRIVATE PSYCHIATRIC HOSPITALS AND MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

##### WAC

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##### MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

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**WAC 248-22-001 Definitions.** For the purposes of these rules and regulations a "psychiatric hospital" is hereby defined to be any institution receiving and/or caring for any insane, alleged insane, mentally ill, or other incompetent person requiring psychiatric treatment by or under the supervision of a psychiatrist. A "psychiatrist" is hereby defined to be a physician who

devotes all or a major portion of his time to this specialized field of medicine. [Regulation .22.001, effective 3/11/60.]

**WAC 248-22-010 Medical service.** Provision shall be made for a duly licensed doctor of medicine who shall visit the hospital daily, be responsible for the medical service, and be on call at all times. A psychiatrist shall also be available to carry out or supervise indicated psychiatric treatment. [Regulation .22.010, effective 3/11/60.]

**WAC 248-22-015 License expiration dates.** The department shall issue private establishment licenses initially and reissue private establishment licenses as often thereafter as necessary to stagger license expiration dates throughout the calendar year so as to cause approximately one-twelfth of the total number of private establishment licenses to expire on the last day of each month, but no license issued pursuant to this chapter shall exceed twelve months in duration: *Provided, That,* when the annual license renewal date of a previously licensed private establishment is set by the department on a date less than twelve months prior to the expiration date of a license in effect at the time of issuance, the license fee shall be prorated on a monthly basis and a credit be allowed at the first renewal of a license for any period of one month or more covered by the previous license. If there is failure to comply with the provisions of chapter 71.12 RCW or this chapter, the department may, in its discretion, issue a provisional license to permit the operation of the private establishment for a period of time to be determined by the department, but not to exceed twelve months. [Order 70, § 248-22-015, filed 1/13/72.]

**WAC 248-22-020 Nursing service.** A registered nurse, preferably one with psychiatric training, shall be on duty in the hospital at all times. [Regulation .22.020, effective 3/11/60.]

**WAC 248-22-030 Laboratory service.** Provision shall be made through their own facilities or by arrangement with some other laboratory in the community for carrying out the following laboratory routines on all admissions:

- (1) Blood count and differential.
- (2) Urinalysis.
- (3) Blood examination for syphilis.

Other laboratory examinations must be made as indicated from time to time. The results of all laboratory examinations shall be made a part of the patient's record. [Regulation .22.030, effective 3/11/60.]

**WAC 248-22-040 Sanitation.** The sanitation requirements and standards applicable to nursing homes as authorized in chapter 18.51 RCW and as prescribed in chapter 248-14 WAC are hereby adopted by reference as part of these rules and regulations and shall have the same force and effect as if they were recited herein. [Regulation .22.040, effective 3/11/60.]

**WAC 248-22-050 Fire standards.** All psychiatric hospitals shall conform to the rules and regulations adopted by the Washington state fire marshal establishing minimum standards for the prevention of fire and for the protection of life and property, against fire. The Washington state fire marshal standards are found at chapter 212-12 WAC. [Order 12, § 248-22-050, filed 1/2/69; Regulation .22.050, filed 4/17/64; Regulation .22.050, effective 3/11/60.]

**WAC 248-22-060 Housing requirements for patients. (Construction, floor space, lighting, ventilation).** The housing requirements and standards applicable to nursing homes as authorized in chapter 18.51 RCW and as prescribed in chapter 248-14 WAC are herewith adopted by reference as part of these rules and regulations and shall have the same force and effect as if they were recited herein. [Regulation .22.060, effective 3/11/60.]

**WAC 248-22-070 Therapy.** Therapy facilities and procedures will be noted and fully described at time of inspection. [Regulation .22.070, effective 3/11/60.]

**WAC 248-22-080 Restraint.** Restraint, both mechanical and medicinal, shall be applied only on the written order of the attending physician, which order shall be dated and signed by the said physician. The order shall specify the time and the building to be used for the restraint. The building must measure up to reasonable fireproof standards. A strict record shall be kept as to the patient restrained, the apparatus or drugs used, length of time applied, and reason for same. [Regulation .22.080, effective 3/11/60.]

**WAC 248-22-090 Records.** The following records shall be kept, and copies of same be furnished to the state department of health when required:

- (1) Copies of all commitment papers, including voluntary agreement.
- (2) Adequate identifying information, including name, age, sex, marital status, date of birth, birthplace, race, occupation, religion, residence, name and address of close relative or friend who can be reached in an emergency.
- (3) Notices and dates of admissions, both voluntary or other commitment, including statement of physical condition and diagnosis, signed by qualified physician. Also recommended treatment.
- (4) Record of patient's valuables and clothing upon admission or received.
- (5) Record of physician's visits and observations of patient and treatment prescribed.
- (6) A separate book shall list narcotics prescribed, giving patient's name, date, name and dosage of medication recommended, time given, and initials of nurse.
- (7) Record of physician's written order prescribing narcotics.
- (8) The nurse's record shall include the physician's signed orders.
- (9) Notice and date of discharge, accident or escape.

(10) Monthly statistical report on form furnished by the state department of health. [Regulation .22.090, effective 3/11/60.]

### MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

**WAC 248-22-500 Purpose.** Regulations relating to alcoholism treatment facilities are hereby adopted pursuant to chapter 71.12 RCW. The purpose of these regulations is to provide health and safety standards and procedures for the issuance, denial, suspension, and/or revocation of licenses for facilities maintained and operated primarily for receiving or caring for alcoholics.

The board recognizes the secretary's authority to allocate and delegate the various functions, duties and responsibilities involved in licensing alcoholism treatment facilities to the department's administrative units and staff as he deems necessary to ensure the administration of these licensing regulations is consistent with the administration of the Uniform Alcoholism and Intoxication Treatment Act, chapter 70.96A RCW. [Order 100, § 248-22-500, filed 6/10/74.]

**WAC 248-22-501 Definitions.** For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) All adjectives and adverbs such as adequate, approved, competent, qualified, necessary, reasonable, satisfactory, sufficiently, effectively, appropriately, or suitable used in these rules and regulations to qualify a person, a procedure, equipment, or building shall be as determined by the Washington state department of social and health services.

(2) **Administrator** – means the individual appointed as the chief executive officer by the governing body of a facility to act in its behalf in the overall management of the alcoholism treatment facility.

(3) **Alcoholic** – means a person with alcoholism.

(4) **Alcoholism** – means an illness characterized by habitual lack of self-control as to the consumption of alcoholic beverages or the consumption of alcoholic beverages to the extent that a person's health is substantially impaired or endangered or his social or economic function is substantially disrupted.

(5) **Alcoholism counselor** – means a person who is knowledgeable about the nature and treatment of alcoholism, is knowledgeable about community resources which provide services alcoholics may need, knows and understands the principles and techniques of counseling and is skilled in the application of these principles and techniques.

(6) **Alcoholism treatment facility** – means a private hospital, sanitarium, treatment center or other place which is operated primarily for the treatment of alcoholism.

(7) **Alteration** – means any structural, electrical, mechanical, or functional changes in any room or area of an alcoholism treatment facility.

(a) **Minor alteration** – means any repair or replacement which is necessary to maintain the facility in good

operating condition. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from applicable rules and regulations.

(8) **Area (except when used in reference to a major section of an alcoholism treatment facility)** – means a portion of a room which contains the equipment essential to carry out a particular function and is separated from other facilities of the room by a physical barrier or adequate space.

(9) **Bathing facility** – means a bathtub or shower.

(10) **Client** – means any person (inpatient or outpatient) receiving services for the treatment of alcoholism.

(11) **Counseling, individual** – means an interaction between a counselor and a client for the purpose of helping the client gain a better understanding of himself and develop the ability to deal more effectively with the realities of his environment.

(12) **Counseling, group (or group therapy)** – means an interaction between two or more clients and alcoholism counselor(s) for the purpose of helping the clients gain better understandings of themselves and develop abilities to deal more effectively with the realities of their environments.

(13) **Distinct part** – means a segregated, physical, and functional section of an alcoholism treatment facility which provides the facilities, staff, and services required for a particular category of alcoholism treatment service.

(14) **Detoxification** – means care or treatment of an intoxicated person during a period in which his system is cleared of alcohol and he recovers from the transitory effects of intoxication.

(15) **Detoxicated** – means withdrawn from the consumption of alcohol and recovered from the transitory effects of intoxication.

(16) **Department** – means the Washington state department of social and health services.

(17) **Facilities** – means a room or area and/or equipment to serve a specific function.

(18) **General health supervision** – means provision of the following services as indicated:

(a) Reminding a client to self-administer medically prescribed drugs and treatments;

(b) Encouraging a client to follow any modified diet and rest or activity regimen which has been medically prescribed for him;

(c) Reminding and assisting a client to keep appointments for health care services, such as appointments with physicians, dentists, visiting nurse service or clinics;

(d) Encouraging a client to have a complete physical examination if he has not had such an examination within the past year or if he manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment are indicated.

(19) **Governing body** – means an individual or group which is legally responsible for the conduct of an alcoholism treatment facility.

(20) **Grade (adjacent ground elevation)** – means the lowest point of elevation of the finished surface of the ground between the exterior wall of a building and a point five feet distant from said wall, or the lowest point

of elevation of the finished surface of the ground between the exterior wall of a building and the property line if it is less than five feet distant from said wall. In case walls are parallel to and within five feet of public sidewalk, alley, or other public way, the grade shall be the elevation of the sidewalk, alley, or public way.

(21) **Immediate supervision** – means being on duty at the same time as another person over whose work performance one has responsibility and authority to maintain surveillance and take corrective action when indicated.

(22) **Inpatient** – means a client to whom the alcoholism treatment facility is providing board and room on a 24-hour a day basis.

(23) **Intoxication** – means acute alcohol poisoning or temporary impairment of a person's mental or physical functioning caused by alcohol in his system.

(24) **Intoxicated** – means in the state of intoxication.

(25) **Lavatory** – means a plumbing fixture of adequate size and proper design for washing hands.

(26) **Legend drug** – means a drug bearing the legend, "Caution, Federal law prohibits dispensing without a prescription."

(27) **Licensed nurse** – means either a registered nurse or a licensed practical nurse.

(a) **Licensed practical nurse** – means a person duly licensed under the provisions of the Licensed Practical Nurse Act of the state of Washington, chapter 18.78 RCW.

(b) **Registered nurse** – means a person duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(28) **May** – means permissive or at the discretion of the department.

(29) **New construction** – means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as an alcoholism treatment facility.

(b) Addition(s) to existing building(s) to be used as an alcoholism treatment facility.

(c) Alteration(s) other than minor alteration(s) to an existing alcoholism treatment facility.

(30) **Outpatient** – means a client to whom the alcoholism treatment facility does not provide board and room on a 24-hour a day basis.

(31) **Owner** – means an individual, firm, partnership, corporation, company, association, or joint stock association or the legal successor thereof who operates an alcoholism treatment facility whether he owns or leases the premises.

(32) **Pharmacist** – means a person duly licensed by the Washington state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(33) **Pharmacy** – means a place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW by the Washington state board of pharmacy.

(34) **P.r.n. drug** – means a drug which a physician has ordered to be administered only when needed under certain circumstances.

(35) **Physician** – means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.

(36) **Room** – means a space set apart by floor to ceiling partitions on all sides with proper access to a corridor or a common-use living room or area and with all openings provided with doors or windows.

(37) **Secretary** – means the secretary of the Washington state department of social and health services, or his designee.

(38) **Service sink** – means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(39) **Shall** – means compliance is mandatory.

(40) **Should** – means compliance is suggested or recommended but is not required.

(41) **Through traffic** – means traffic for which the origin and destination are outside the room or area which serves as a passageway.

(42) **Toilet** – means a room containing at least one water closet.

(43) **Usable floor space** – as used in reference to clients' sleeping rooms means the floor space exclusive of vestibules and closets, wardrobes, or portable lockers. [Order 148, § 248-22-501, filed 6/29/77; Order 100, § 248-22-501, filed 6/10/74.]

#### WAC 248-22-510 Licensure. (1) APPLICATION FOR LICENSE.

(a) An application for an alcoholism treatment facility license shall be submitted on forms furnished by the department. An application shall be signed by the owner of the facility or his legal representative and by the administrator.

(b) The applicant shall furnish to the department full and complete information, and promptly report any changes which would affect the current accuracy of such information, as to the identity:

(i) Of each person having (directly or indirectly) an ownership interest of 10 percent or more in such alcoholism treatment facility;

(ii) Of each officer and director of the corporation, if the program is operated by a legally incorporated entity, profit, or nonprofit; and

(iii) Of each partner, if the program is a legal partnership.

#### (2) DISQUALIFIED APPLICANTS.

(a) Each and every individual named in an application for an alcoholism treatment facility license shall be considered separately and jointly as applicants, and if anyone be deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked. A license may be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with these rules and regulations promulgated pursuant thereto, and, in addition, any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of any illegal act on the premises of the alcoholism treatment facility;

(iii) Cruelty or indifference to the welfare of any client;

(iv) Misappropriation of the property of the clients; and

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual client, the department, or the business community.

(b) Before granting a license to operate an alcoholism treatment facility, the department shall consider the ability of each individual named in the application to operate the alcoholism treatment facility in accordance with the law and these regulations. Individuals who have previously been denied a license to operate a health care facility in this state or elsewhere, or who have been convicted civilly or criminally of operating such a facility without a license, or who have had their license to operate such a facility suspended or revoked shall not be granted a license unless to the satisfaction of the department they affirmatively establish clear, cogent, and convincing evidence of their ability to operate the alcoholism treatment facility, for which the license is sought, in full conformance with all applicable laws and rules and regulations.

(3) **SUBMISSION OF PLANS.** The following shall be submitted with an application for license: *Provided, however,* That when any of the required plans are already on file with the department through previous applications for license or construction approval, only plans for portions or changes which are not on file need to be submitted.

(a) A plot plan showing streets, driveways, water and sewage disposal systems, the location of buildings on the site and grade elevations within ten feet of any building in which clients are to be housed.

(b) Floor plans of each building in which clients are to be housed. The floor plans shall provide the following information: Identification of each client's sleeping room by use of a lettering or numbering system; the usable square feet of floor space in each room; the clear window glass area in each client's sleeping room; the height of the lowest portion of the ceiling in any client's sleeping room; and floor elevations referenced to the grade level.

(4) **CLASSIFICATION OF ALCOHOLISM TREATMENT SERVICES.** For the purpose of licensing, alcoholism treatment services provided by alcoholism treatment facilities shall be classified as follows:

(a) *Alcoholism detoxification services* are those services required for the care and/or treatment of persons intoxicated or incapacitated by alcohol during the period in which the system is cleared of alcohol and the individual recovers from the transitory effects of intoxication. These include screening of intoxicated persons; detoxification of intoxicated persons; counseling of alcoholics regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxicated alcoholics to other, appropriate alcoholism treatment programs.

(b) *Alcoholism intensive inpatient treatment services* are those services provided to the detoxified alcoholic in a residential setting which include, as a minimum, limited medical evaluation and health supervision, alcoholism education, organized individual and group counseling, discharged referral to necessary supportive services, and a client follow-through program after discharge.

(c) *Alcoholism recovery house services* are the provision of an alcohol free residential setting with supportive services and social and recreational facilities for detoxicated alcoholics to aid their adjustment to normal patterns of living and their engagement in occupational training, gainful employment or other types of normal community activities.

(d) *Alcoholism long-term treatment services* are long term (90 days or more) provision of a residential care setting with personal care services for alcoholics with impaired self-maintenance capabilities who need personal guidance and assistance to maintain sobriety and optimum health status.

(5) **CONDITIONS FOR AUTHORIZATION OF MULTIPLE CATEGORIES OF ALCOHOLISM TREATMENT SERVICES.**

(a) An alcoholism treatment facility may provide more than one category of alcoholism treatment services provided the following requirements are met:

(i) The owner (licensee) shall request the department to license the alcoholism treatment facility as one with distinct parts classified according to categories of treatment.

(ii) For each category of alcoholism treatment service, the owner (licensee) shall designate and maintain a distinct part for which the department has shown approval for the particular category of alcoholism treatment service on the license.

(iii) Each distinct part of an alcoholism treatment facility shall comply with all special regulations applicable to a facility which provides the particular category of alcoholism treatment service for which it is approved as well as the applicable general regulations for alcoholism treatment facilities.

(iv) For each distinct part there shall be a staff which is sufficient in numbers and qualifications to provide the services needed by clients and to comply with the regulations applicable to a facility which provides the particular category of alcoholism treatment service for which the distinct part is approved. Administrative, supervisory and other personnel may be shared by an entire alcoholism treatment facility provided consistency and continuity in the care and treatment of clients are assured and the sharing of staff does not adversely affect the program for any category of alcoholism treatment service.

(v) Prior to initiation of a program for a particular category of alcoholism treatment service which is not shown on an alcoholism treatment facility's current license, the owner of the facility shall obtain the department's approval of the designated distinct part and the program for the particular category of treatment service.

(b) If the maintenance and operation of a distinct part is not in compliance with applicable laws and regulations, the department may deny, suspend, or revoke authorization to provide the particular category of

alcoholism treatment service for which the distinct part is designated without denying, suspending, or revoking the alcoholism treatment facility's license: *Provided, however,* That the maintenance and operation of the alcoholism treatment facility is otherwise in essential compliance with applicable laws and regulations.

(6) DESIGNATION OF CATEGORIES OF ALCOHOLISM TREATMENT SERVICES ON LICENSE. The license issued to an alcoholism treatment facility shall show the category(ies) of alcoholism treatment which the alcoholism treatment facility is authorized to provide and the number of beds approved for each category of treatment service.

(7) POSTING OF LICENSE. The license for an alcoholism treatment facility shall be framed and posted in a conspicuous place on the premises.

(8) NEW CONSTRUCTION.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building(s) on the site; and plans of each floor of the building(s), existing and proposed, which designate the function of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of the water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plan;

(ii) Plans of each floor of the building(s) which designate the function of each room and show all fixed equipment and the planned locations of beds and other furniture in clients' sleeping rooms;

(iii) Interior and exterior elevations, building sections and construction details;

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows;

(v) Plumbing, heating, ventilating, and electrical systems; and

(vi) Specifications which fully describe workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of clients if construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent of proposed changes, the department may require the submission of modified

plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated into a construction project. In all cases, modified plans or addenda on changes which are incorporated into the construction project shall be submitted for the department's file on the project even though it was not required that these be submitted prior to approval.

(9) EXEMPTIONS.

(a) The secretary or his designee may, in his discretion, exempt an alcoholism treatment facility from compliance with parts of these regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without jeopardizing the safety or health of the clients in the particular alcoholism treatment facility.

(b) The secretary or his designee, may upon written application, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated to his satisfaction to be at least equivalent to those prescribed.

(c) All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the department of social and health services and the alcoholism treatment facility.

(10) COMPLIANCE WITH OTHER REGULATIONS.

(a) Rules and regulations adopted by the Washington state fire marshal under the provisions of RCW 71.12-.485 which are found in chapter 212 WAC apply.

(b) If there is no local plumbing code, the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials shall be followed.

(c) Compliance with these regulations does not exempt an alcoholism treatment facility from compliance with local and state electrical codes or local zoning, building and plumbing codes.

(11) TRANSFER OF OWNERSHIP. The possession or ownership of an alcoholism treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for license has been approved.

(12) DENIAL, SUSPENSION OR REVOCATION OF LICENSE. Upon finding, as a result of an inspection, that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and these rules and regulations, the department may, if the interests of the clients so demand, issue an order to the applicant or licensee giving notice of any denial of a license application, suspension, or revocation of a license, which order shall become final thirty (30) days after the date of mailing, provided the applicant or licensee does not within ten (10) days from the date of mailing of the department's order of rejection, revocation or suspension of license make written application to the department for a hearing. Upon receipt of such an application, the department shall fix a time for such hearing and shall give the applicant or licensee a notice of the time fixed for such hearing. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC, especially WAC 248-08-700

through 248-08-740. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW. [Order 148, § 248-22-510, filed 6/29/77; Order 118, § 248-22-510, filed 5/23/75; Order 100, § 248-22-510, filed 6/10/74.]

**WAC 248-22-520 Administrative management. (1) GOVERNING BODY.**

(a) The alcoholism treatment facility shall have an effective governing body which is legally responsible for the conduct of the alcoholism treatment facility.

(b) The governing body shall:

(i) Adopt bylaws which establish the mechanism for selection of officers and members of the governing body.

(ii) Maintain a current job description for the position of administrator, which delineates the qualifications for and the responsibilities of the position.

(iii) Establish the philosophy and overall objectives for the alcoholism treatment facility and each distinct part thereof.

(iv) Adopt administrative policies which establish the mechanism for delegation of responsibility and accountability for operation and maintenance of the alcoholism treatment facility.

(v) Adopt policies for the care of clients in the facility and every distinct part thereof. These policies shall govern the admission of clients, the length of stay, the type and scope of services provided to clients, and the transfer or discharge of clients and shall provide for a continuing evaluation of the alcoholism treatment program(s).

(vi) Provide for the personnel, facilities, equipment, supplies, and special services which are necessary to meet clients' needs for services and to maintain and operate the facility in accordance with applicable laws and regulations.

(c) The bylaws, job description for the administrator, philosophy and objectives, administrative policies and policies regarding the care of clients shall be: consistent with applicable federal and state laws and regulations; written, current, dated and signed by officers of the governing body; and shall be readily available to all members of the governing body and other persons in accordance with their responsibilities or involvement in implementation.

**(2) ADMINISTRATOR.**

(a) There shall be an administrator at least 21 years of age who manages the alcoholism treatment facility effectively.

(b) At any time the administrator is not on duty or on call, there shall be a person on duty or on call to whom the administrator has delegated the authority and responsibility to act in his stead. Any person to whom the administrator's authority and responsibility are delegated shall be a competent person at least 21 years of age who is not currently a client in the facility.

(c) The administrator shall establish and maintain a current written plan of organization which includes all positions and delineates the functions, responsibilities, authority and relationships of all positions within the alcoholism treatment facility.

(d) The administrator shall ensure that written policies and procedures are: developed, reviewed and revised, as necessary to keep them current; dated and signed by persons having responsibility for approval of the policies and procedures; readily available to personnel; and followed in the care and treatment of clients.

**(3) PERSONNEL.**

(a) There shall be sufficient qualified personnel, who are not of the client population, to provide the services needed by clients and properly maintain the alcoholism treatment facility. This shall not preclude the assignment of work to a client when the assignment is part of the client's treatment program and the client works under the immediate supervision of a member of the staff.

(b) There shall be a written job description for each position classification within the facility.

(i) Each job description shall include: the job title, the definition of the position, the title of the immediate supervisor, a summary of the duties and responsibilities and the minimum qualifications.

(ii) Qualifications listed in a job description shall include the education, training, experience, knowledge and special abilities required for the position.

(iii) The appropriate job description shall be explained to each employee, and shall be used thereafter as one of the means for evaluating his performance.

(iv) Job descriptions shall be dated and shall be reviewed and revised so they are kept current.

(c) There shall be an education program which affords each employee opportunity to develop the competencies needed to perform the duties and responsibilities assigned to him.

(i) A planned, supervised orientation shall be provided to each new employee to acquaint him with the organization of the facility, the physical plant layout, his particular duties and responsibilities, the policies, procedures and equipment which are pertinent to his work and the disaster plan for the facility.

(ii) A planned training program shall be provided to any employee who has not been prepared for his job responsibilities through completion of a recognized, formal educational program.

(iii) Each employee shall be provided training for the performance of the specific functions, duties, and procedures for which he is responsible, but lacks adequate training or experience.

(iv) A record shall be maintained of the orientation, on-the-job training and continuing education provided for the employee. The data contained in this record shall be sufficient to allow determination of whether or not the employee has received the training or education necessary for performance of his functions and duties.

(d) Each employee shall have on employment and annually thereafter a tuberculin skin test by the Mantoux method, except that an employee who is known to be a positive reactor shall have a chest x-ray examination in lieu of a required tuberculin skin test. A positive test will consist of ten mm. of induration read at 48-72 hours.

(e) Employees with a communicable disease in an infectious stage shall not be on duty.

(f) For each employee there shall be a current personnel record (or file) which includes the following:

(i) Application form, which includes or is supplemented by a resume' of the employee's education or training and work experience.

(ii) Verification of the employee's professional, technical or vocational education or training.

(iii) Written performance evaluations for the initial six (6) months of employment and for each year of employment thereafter.

(iv) A record of verification of a valid, current license for any employee for whom licensure is required.

(v) Evidence of adequate health supervision including a record of tuberculin skin tests or chest x-rays, accidents occurring on duty, and illness occurring during the time of employment.

(4) **AGREEMENT FOR STUDENT PRACTICE.** If an alcoholism treatment facility provides a setting for student practice in a formal educational or training program, there shall be a written agreement with the educational agency or institution concerned. This agreement shall define the nature and scope of student activities within the facility, and ensure supervision of student activities in the interest of clients' welfare.

(5) **DISASTER PLAN.** The alcoholism treatment facility shall have a current written plan to be followed in the event of fire, explosion or other type of disaster. This plan shall be developed with the assistance of fire, safety and other appropriate experts and shall include directions regarding: the course of action to be taken according to the type and nature of a disaster; the location and use of devices for activating the alarm system; procedures for notifying the fire department; methods of containing fire; the location and use of equipment for extinguishing fires; evacuation procedures and routes; procedures for notifying appropriate persons; care and transfer of casualties; and removing and safeguarding records. The plan shall be posted in appropriate locations throughout the alcoholism treatment facility so it is readily available to all personnel. Orientation and training on the disaster plan and procedures shall be provided to all personnel and drills shall be conducted at irregular intervals during the day and night and at least 12 times each year so each employee is prepared to act in the role for which he would be responsible should a disaster occur. [Order 100, § 248-22-520, filed 6/10/74.]

**WAC 248-22-530 Client care and services, general.**

(1) **INDIVIDUAL TREATMENT PLAN.** For each client there shall be an individual treatment plan which is designed to help him understand and overcome his illness and which takes into account: his current health status; any medical treatment prescribed for him; and his physical, mental, emotional, social and religious needs. The client shall be encouraged to participate in developing his treatment plan to the extent that he is able.

(2) **GENERAL CARE AND TREATMENT.**

(a) Each client shall be provided the equipment, supplies, and assistance he needs to maintain his personal comfort, cleanliness and grooming.

(b) Each client shall be provided at least one comfortable pillow and adequate, lightweight warm bedding, clean bed linen, towels and washcloths.

(c) The client shall be treated in a manner that respects his individual identity and human dignity and fosters a constructive self-esteem on his part.

(d) The client's right to observe the tenets of his faith shall be respected. The client's care and treatment regimen shall be adapted to accommodate the client's religious beliefs and practices insofar as is reasonable.

(3) **COUNSELING SERVICES.** There shall be on staff at least one alcoholism counselor and such additional counselors as necessary to provide the alcoholism counseling services needed by clients. The alcoholism treatment facility may meet this requirement by having in effect a written agreement with a community alcoholism treatment agency or private practitioner who is an alcoholism counselor.

(4) **SOCIAL AND RECREATIONAL ACTIVITIES.** There shall be definite provision for social and recreational activities to promote and assist a client's engagement in normal activities in accordance with his interests, needs and potential.

(5) **HEALTH CARE SERVICES, GENERAL.**

(a) There shall be a physician who is responsible for direction of the medical aspects of the alcoholism treatment program. This physician may be one whose services the alcoholism treatment facility has engaged on a regular basis or, where there is an organized medical staff, a representative of the medical staff. This physician's responsibility for medical guidance of the treatment program shall include approval of policies and procedures pertaining to: medical screening of clients; care of clients having minor illnesses or other conditions requiring minor treatment or first aid; and medical emergencies. At the time of making original application for license, the alcoholism treatment facility shall furnish the department with the name of such physician together with a letter from the physician stating he has accepted responsibility for directing the medical aspects of the alcoholism treatment program. In the event of a change of such physician, immediate notice shall be given the department together with a similar letter from the physician who has then assumed the responsibility.

(b) There shall be written medical policies and procedures to guide the action of personnel in caring for clients having minor illnesses or other conditions requiring minor treatment or first aid. First aid supplies as needed to implement medical policies and procedures shall be readily available.

(c) If a client manifests signs and symptoms of a physical or mental condition for which services not provided by the alcoholism treatment facility are indicated, the alcoholism treatment facility shall, to the extent feasible, advise and assist the client to obtain the services which are indicated.

(d) A client shall be transferred to a hospital at any time he manifests signs and symptoms of a condition (serious illness including delirium tremens or severe trauma) that warrant acute care and treatment in a hospital.

(e) The delegation or assignment of any medical or nursing function, duty, or responsibility to personnel shall be consistent with the laws governing the practice of medicine, osteopathy, registered nursing, and licensed

practical nursing in Washington state and with the training and experience of the person to whom the delegation or assignment is made.

(f) Recognized standards of medical aseptic technics, including basic handwashing practices, shall be followed in all direct, personal care of clients.

(g) There shall be reporting of communicable diseases in accordance with chapter 248-100 WAC.

#### (6) ADMINISTRATION OF DRUGS AND TREATMENTS.

(a) There shall be written orders, signed by a physician or other legally authorized practitioner acting within the scope of his license, for all drugs and treatments administered to a client by personnel. There shall be an organized system, which ensures accuracy in receiving, transcribing, and implementing physicians' or other legally authorized practitioners' orders for the administration of drugs and treatments.

(i) Orders for drugs and treatments, including standing orders, used in the care of a client, shall be entered in the client's treatment record and shall be signed by a physician or other legally authorized practitioner prior to administration except when it is necessary to accept a verbal or telephone order.

(ii) Orders for drugs or medical treatments shall include: the date ordered; the name of the drug or description of the treatment including the name of the drug, solution or other agent to be used in the treatment; the dose of the drug or, for a treatment, the dose concentration or intensity of a drug, solution or other agent to be used; the route or method of administration; and the time and frequency of administration. In lieu of the time and frequency, a p.r.n. order for a drug or treatment shall clearly indicate: the minimum interval of time between doses or treatments; the maximum number of doses or treatments that may be administered; and the circumstances for which the drug or treatment is to be administered.

(iii) A verbal or telephone order for the administration of drug(s) or medical treatment(s) shall be received by a licensed nurse from the physician or other practitioner legally authorized to prescribe. Upon receipt of such an order the following shall be entered into the client's treatment record immediately: the data required under the preceding (6)(a)(ii); the name of the physician or other authorized practitioner who gave the order; and the signature of the licensed nurse who received the order. The physician's or other legally authorized practitioner's signature for such an order shall be obtained as soon as possible and not later than 48 hours after receipt of the verbal or telephone order.

(iv) Persons who administer drugs and medical treatments to clients shall be qualified by training and legally permitted to assume this responsibility.

(v) Any drug administered to a client shall be prepared, administered, and recorded in the client's record by the same person. This shall not be interpreted to preclude a physician's administration of a drug which has been prepared for administration by a person who is assisting the physician in the performance of a diagnostic or treatment procedure or the administration of a single,

properly labeled drug which has been dispensed or issued from a pharmacy so it is ready to administer.

(b) Self-administration of drugs by a client shall be in accord with the following:

(i) The client shall be physically and mentally capable of administering his own drug properly.

(ii) Any legend drug which a client has for self-administration shall have been prescribed for the client by a physician or other legally authorized practitioner acting within the scope of his license and shall have been dispensed in a legibly and securely labeled container by a pharmacist.

(iii) Prescription drugs, over-the-counter drugs purchased independently by the client and other medicinal materials used by a client shall be kept in individually keyed and locked storage units (e.g., drawers, medicine cabinets, compartments). Access to and use of such drugs and materials shall be restricted to the particular client for self-administration. It is recommended that all such individual, locked drug storage units be in a central location where personnel can maintain surveillance over clients' self-administration of drugs.

(7) PHARMACEUTICAL SERVICES. There shall be provision for timely delivery of necessary drugs and biologicals from a pharmacy so a physician's orders for drug therapy can be implemented without undue delay.

There shall be written policies and procedures which provide for the procurement, storage, control, use, retention, release, and disposal of drugs and biologicals in accordance with applicable federal and state laws and regulations. Except as provided for in the preceding WAC 248-22-530(6)(b) for self-administration of drugs by a client, the procurement, storage, control, use, retention, release and disposal of drugs shall comply with the following:

(a) There shall be adequate drug facilities which provide for locked storage of all drugs without crowding and for the observance of safe procedures and techniques in the preparation of medicines for administration. Any room or area which serves as a drug facility shall serve clean functions only and shall be well illuminated and ventilated. There shall be a sink with hot and cold running water in or adjacent to the room serving as a drug facility.

(b) All drugs shall be stored in an orderly fashion in locked cabinets or in cabinets in a locked room which serve exclusively for storage of drugs and supplies and equipment used in the administration of drugs. Drugs shall be accessible only to persons who are legally authorized to dispense or administer drugs and shall be kept in locked storage at any time such a legally authorized person is not in immediate attendance.

(c) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet: *Provided, however,* That schedule III controlled substances may be stored with schedule II controlled substances.

(d) Drugs for external use shall be stored apart from drugs for internal use on a separate shelf or in a separate compartment or cabinet. Any shelf, compartment, or separate cabinet used for storage of external drugs shall

be clearly labeled to indicate it is to be used for external drugs only.

(e) All drugs requiring refrigeration shall be stored in a separate, locked box or compartment within a refrigerator, or in a separate refrigerator which is locked or in a locked room and shall be accessible only to persons legally authorized to dispense or administer drugs. In each refrigerator in which drugs are stored, there shall be a thermometer located so it can be read easily. The inside temperature of a refrigerator in which drugs are stored shall be maintained within a 35°F. to 50°F. range.

(f) At all times, keys to drug boxes, cabinets, and rooms shall be carried by persons who are legally authorized to administer drugs.

(g) All drugs shall be obtained and kept in containers which have been labeled securely and legibly by a pharmacist, or in their original containers labeled by their manufacturers and shall not be transferred from the container in which they were obtained except for preparation of a dose for administration.

(i) Each legend drug shall have a label which shows: the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the patient's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; the controlled substances schedule, if any; the amount (e.g., number of tablets or cc's) of the drug dispensed; and the expiration date, if any. In the case of a compounded drug which contains schedule II or III controlled substances, the quantity of each controlled substance per cc or teaspoonful shall be shown on the label.

(ii) A label on a container of drugs shall not be altered or replaced except by a pharmacist. Drug containers having soiled, damaged, incomplete, illegible or makeshift labels shall be returned to the pharmacy for relabeling or disposal. Drugs in containers having no labels shall be destroyed.

(h) No drugs may be returned from the alcoholism treatment facility to a pharmacy except as provided in the preceding subsection (g)(ii).

(i) Drugs shall be released to a client upon discharge only upon authorization of a physician. A receipt shall be secured for all legend drugs released to a client or a responsible person who accepts the drug(s) for the client. The client, or other responsible person to whom the drugs are released, shall acknowledge receipt of the drugs by signing a statement in which the following data are included: the name of the client; the date of the release of the drugs; the prescription number, name, strength, and amount of each drug; the signature of the person releasing the drugs and the signature of the person receiving the drugs. Signed acknowledgements of receipt of drugs shall be kept in the client's treatment record. The release record for any schedule II and III controlled substance shall be entered on the appropriate page for the given legend drug in the bound controlled substances record book. This entry shall include the date, the amount of the drug, the location to which the client is going, the signature of the person releasing the drug, and the signature of the person receiving the drug.

(j) Any drug having an expiration date shall be removed from usage and destroyed immediately after the expiration date.

(k) All of an individual client's drugs, except those released to the client on discharge and schedule II controlled substances, shall be destroyed by a licensed nurse immediately after discharge of the client.

(i) Drugs shall be destroyed by a licensed nurse in the presence of a witness in such a manner that they cannot be retrieved, salvaged, or used; they shall not be discarded with garbage or refuse.

(ii) For any drug which is destroyed, there shall be an entry in the client's record which shall include the following: the date; the name, strength, and quantity of the drug; the signature of the licensed nurse who destroyed the drug; and the signature of the witness. In addition, a record of the destruction of any schedule III controlled substance shall be entered on the page for the particular prescription in the schedule III record book.

(l) The physician responsible for the direction of the medical aspects of the alcoholism detoxification service may provide an emergency drug supply within the alcoholism detoxification service provided the following requirements are met.

(i) The emergency drug supply shall be considered an extension of the physician's own drug supply and remain his responsibility.

(ii) All drugs for an emergency supply shall be kept in a separate, secure, locked, emergency drug drawer or cabinet.

(iii) The emergency drug supply shall be limited to drugs needed for genuine medical emergencies, including the need for the medical management of an intractable intoxicated person.

(iv) The quantity of any drug in a particular dosage strength shall be limited to a seventy-two (72) hour supply which shall be determined by calculating the number of clients and their potential need for emergency medication.

(v) A list of the drugs to be kept in the emergency drug supply shall be kept on file in the alcoholism treatment facility. This list shall include the name and dosage strength of each drug, and be dated and signed by the physician. The emergency drug supply shall contain only those drugs which are on this list.

(vi) There shall be an emergency drug supply record book, which is a bound book with numbered pages, in which a continuous inventory of the emergency drug supply is maintained and each receipt and withdrawal of an emergency drug is recorded. The record for each emergency drug (according to name and strength) shall be on a separate page. For each receipt of a drug, the following shall be recorded: the date of receipt, the number of dosage units received, the total amount of the drug on hand after the receipt and the signature of the physician or licensed nurse who placed the drug in the emergency drug supply. For each withdrawal of an emergency drug, the following shall be recorded: the name of the client to whom the drug was administered, the nature of the medical emergency condition for which the drug was administered, the date and time of administration, the amount of the drug withdrawn, the balance

of the drug remaining in the emergency supply after the withdrawal and the signature of the licensed nurse or physician who withdrew the drug from the emergency drug supply.

(vii) The contents of the emergency drug supply, the approved list of drugs to be kept in the emergency drug supply, and records relating to the emergency drug supply shall be subject to inspection by representatives of the department and the state board of pharmacy.

(m) Special requirements for controlled substances. The following requirements shall apply to all controlled substances except controlled substances which are self-administered by a client and stored in accordance with WAC 248-22-530(6)(b) and controlled substances in an emergency drug supply which is maintained in accordance with WAC 248-22-530(7)(l).

(i) All schedule II controlled substances shall be stored in separately keyed and locked, secure storage within a drug facility. This may be accomplished by maintaining a separately keyed and locked secure cabinet or metal-lined drawer or separately keyed and locked metal box securely fastened down within a locked drug cabinet or locked drug room.

(ii) There shall be a schedule II controlled substances record book which shall be a bound book with numbered pages in which each receipt and withdrawal of a schedule II controlled substance is recorded. The record for each prescription of a schedule II controlled substance shall be on a separate page. For each receipt of a schedule II controlled substance the following shall be recorded: the client's full name; the prescription number; the name of the pharmacy; the name of the prescribing physician; the name, strength, and number of dosage units of the drug received; the method of administration; the date of receipt and the signature of the licensed nurse who received the drug. For each withdrawal from a prescription container of a schedule II controlled substance, the following shall be recorded: the date and time; the signature of the nurse who withdrew the drug; the amount of the drug withdrawn; and the balance of the drug in the container after the withdrawal.

(iii) At least once a day, the amount (e.g., number of tablets, ampules or cc's) of the drug in each container of a schedule II controlled substance (including any for which a physician has ordered discontinuance of administration) shall be counted simultaneously by at least two persons, one of whom is legally authorized to administer drugs. A record of each count shall be entered on the page for the particular prescription in the schedule II controlled substances record book and signed by persons who made the count.

(iv) There shall be a schedule III controlled substances record book which shall be a bound book with numbered pages in which each receipt and withdrawal of a schedule III controlled substance shall be recorded in the same manner as that required for schedule II controlled substances.

(v) At least once a week, the amount (e.g., number of tablets, ampules or cc's) of the drug in each container of a schedule III controlled substance (including any for which a physician has ordered discontinuance of administration) shall be counted simultaneously by at least two

persons, one of whom is legally authorized to administer drugs. A record of each count shall be entered on the page for the particular prescription in the schedule III controlled substances record book and signed by persons who made the count.

(vi) For any discrepancy between actual count and the record for any schedule II or schedule III controlled substance prescription, a signed entry describing the discrepancy shall be made on the record page for the particular prescription in which the discrepancy was found. The discrepancy shall be reported in writing immediately to the responsible supervisor who shall investigate. Any discrepancy which has not been corrected within seven calendar days shall be reported to the department or the Washington state board of pharmacy.

(vii) Unused schedule II controlled substances for which a physician has ordered discontinuance of administration shall be returned to the drug enforcement administration within 60 days after having been discontinued.

All schedule II controlled substances which remain after the discharge of clients shall be returned to the drug enforcement administration at least once each month. They may be delivered in person by an authorized representative of the alcoholism treatment facility or sent by registered mail to:

District Supervisor  
Drug Enforcement Administration  
221 First Avenue West, Room 200  
Seattle, Washington 98199

Appropriate forms are furnished by the drug enforcement administration. Receipts for drugs from the drug enforcement administration shall be kept on file in the alcoholism treatment facility and readily accessible to authorized representatives of the department and the Washington state board of pharmacy.

#### (8) SAFETY MEASURES.

(a) There shall be written policies and procedures governing the action to be taken following any accident or incident which jeopardizes a client's health or life. These should include: errors in the administration of drugs or treatments; adverse reactions to a drug or treatment; and any accident or other untoward incident within the alcoholism treatment facility which may have been harmful or injurious to the client. Policies and procedures should ensure the following for each such accident or injury: timely reporting to a physician when indicated; reporting to appropriate administrative staff; and entry in the client's treatment record describing what happened and the action taken; investigation to ascertain the circumstances of the accident or incident; and institution of appropriate measures to prevent similar occurrences in the future insofar as possible.

(b) There shall be provision for personnel to gain immediate emergency access to any sleeping room, toilet, shower or bathroom and any other room occupied by clients.

(c) Methods for the cleaning, disinfecting or sterilizing, handling, and storage of all supplies and equipment shall be such as to prevent the transmission of infection.

(9) NOTIFICATION REGARDING CHANGE IN A CLIENT'S CONDITION. A client's next of kin, legal guardian or other person or agency responsible for the client shall be notified as rapidly as possible should a serious change in the client's condition, transfer of the client to a hospital or death of the client occur.

(10) REGISTER AND TREATMENT RECORDS.

(a) Client Register. There shall be a permanent, current register of all persons admitted for care or treatment in the alcoholism treatment facility on either an inpatient or outpatient basis. This shall contain the following data for each person: date and time of admission, full name, date of birth, social security number and address; date and time of discharge or transfer; and the name and address of the place to which discharged or transferred. Data on clients shall be entered into the register in chronological order according to the date and time of admission. When an alcoholism treatment facility provides more than one category of alcoholism treatment service, there shall be a separate register for each distinct part of the facility.

(b) Record system. There shall be an organized record system which provides for:

(i) Maintenance of a current, complete treatment record for each client;

(ii) A systematic method of identifying and filing clients' records so each record can be located readily;

(iii) Maintenance of the confidentiality of clients' treatment records by storing and handling them under conditions which allow only authorized persons access to them.

(c) Individual treatment records. Each client's treatment record shall include:

(i) Identifying and sociological data including the client's full name, birthdate, social security number, marital status, home address and religion;

(ii) The date of admission;

(iii) The name, address, and telephone number of the client's next of kin or other responsible person;

(iv) The name, address, and telephone number of the client's personal physician, if any;

(v) A record of the findings of each health screening;

(vi) A record of the findings of any physical examination by a physician within the alcoholism treatment facility;

(vii) A record of observations of the client's condition;

(viii) Written orders for any drugs or medical treatment administered to a client by personnel (these orders shall be dated and signed by a physician);

(ix) A physician's written order for any modified diet provided to the client;

(x) A record of any administration of a drug or treatment to a client by a physician or personnel (this shall include the time and date of administration and the signature of the person who administered the drug or treatment);

(xi) A record of counseling and educational services;

(xii) Progress notes on response to care and treatment;

(xiii) A record of a client's signed voluntary admission and consent to care and treatment or a commitment record;

(xiv) A record of discharge or transfer which shall include the date and time and a statement on the client's condition at the time of discharge or transfer;

(xv) Each entry in a client's record shall be dated and shall be authenticated by the signature and title of the person making the entry.

(11) FOOD SERVICES.

(a) The dietary service shall be directed by a person who manages the food service effectively.

(b) The number and scheduled working hours of dietary service personnel shall be adequate to meet the food service needs of clients.

(c) Work assignments of dietary personnel and schedules of routine duties of each position in the dietary service shall be posted in the dietary service area and shall be kept on file at least thirty (30) days.

(d) At least three meals a day or their equivalent shall be served daily at regular intervals with not more than 14 hours between a substantial evening meal and breakfast. The substantial evening meal shall be one that provides one-third to one-half of the protein requirement for the day.

(e) There shall be written physicians' orders for all therapeutic (special) diets served to clients. Therapeutic diets shall be prepared and served as prescribed. A current diet manual which is approved by the department shall be used as a guide in planning and preparing therapeutic diets.

(f) Meals shall provide a well-balanced diet of good quality food in sufficient quantity to meet the nutritional needs of clients and, unless medically contraindicated, the dietary allowances of the Food and Nutrition Board of the National Research Council, adjusted for age, sex and activity.

(g) All menus shall be written and prepared at least a week in advance for use in purchasing, preparing, and serving food for clients. When changes in menus are necessary, the variations or substitutions shall be recorded on the menu by the person who prepared the meal(s). Menus as prepared and served (showing any variations or substitutions which were made) shall be kept on file for at least 12 months.

(h) A file of recipes tested in the facility and adjusted to appropriate yield should be maintained.

(i) Snacks of nourishing quality shall be available as needed by clients.

(j) Cooking shall not be permitted in sleeping rooms.

(k) There shall be current written policies and procedures for food storage, preparation, and service. A copy of these policies and procedures shall be kept within the dietary service and shall be readily available to food service personnel at all times.

(l) There shall be current written procedures and schedules for cleaning of all food service equipment and work areas. A copy of the procedures shall be kept within the dietary service and shall be available for reference by the dietary personnel at all times.

(m) Food service sanitation shall be governed by chapter 248-84 WAC, "Rules and Regulations of the State Board of Health Governing Food Service Sanitation".

(12) **LAUNDRY SERVICES.** The alcoholism treatment facility shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods. [Order 100, § 248-22-530, filed 6/10/74.]

**WAC 248-22-540 Maintenance and housekeeping.**

(1) The alcoholism treatment facility structure, its component parts, facilities, and equipment shall be kept clean and in good repair and maintained in the interest of clients' safety and well-being.

(2) The storage and disposal of garbage and refuse shall be by methods which prevent conditions which are conducive to the transmission of disease or create a nuisance, breeding place for flies, or a feeding place for rodents.

(3) The alcoholism treatment facility shall be kept free from insects and rodents. [Order 100, § 248-22-540, filed 6/10/74.]

**WAC 248-22-550 Special additional requirements for an alcoholism treatment facility which provides alcoholism detoxification service.** Any alcoholism treatment facility, or distinct part thereof, which provides alcoholism detoxification service shall comply with the following additional requirements.

(1) **REQUIRED SERVICES.** There shall be an organized treatment program and staff which provide the following services:

(a) Medical screening of each person prior to admission to determine whether he manifests signs or symptoms of serious illness (including delirium tremens) or severe trauma which warrants acute care and treatment in a hospital and whether he needs detoxification.

(b) Detoxification of intoxicated persons.

(c) Counseling of alcoholics regarding their illness.

(d) Referral of detoxicated alcoholics to other appropriate alcoholism treatment programs.

(2) **CATEGORY OF CLIENTS.** Admission of clients to an alcoholism detoxification service shall be limited to persons who need detoxification services and do not manifest signs and symptoms of a condition (serious illness including delirium tremens or severe trauma) which warrants acute care and treatment in a hospital.

(3) **TRANSFER AGREEMENT.** The alcoholism treatment facility shall have in effect a written transfer agreement with one or more hospitals which provides assurance that a person can and will be transferred to a hospital when his condition necessitates acute care and treatment in a hospital.

(4) **MEDICAL SCREENING.** There shall be policies and procedures governing the medical screening of persons prior to admission. These shall be designed to ensure that any medical screening is done by a person who is: knowledgeable about medical conditions, skilled in observation and in eliciting information pertinent to assessment of a health problem, and competent to recognize significant signs and symptoms of illness or trauma.

(5) **EMERGENCY MEDICAL POLICIES AND ORDERS.**

(a) There shall be current, written medical policies and orders to guide the action of personnel should a

medical emergency arise when a physician is not present. These shall:

(i) Delineate the circumstances or signs and symptoms for which the particular policies and orders are to be followed;

(ii) Provide for a physician to be called as rapidly as possible;

(iii) Delineate the minimum qualifications or training of persons who may execute particular medical orders; and

(iv) Be approved in writing by the administrator, the physician responsible for direction of the medical aspects of the treatment program and the registered nurse responsible for the direction and supervision of nursing services.

(b) Any order for the administration of drugs or treatments during a medical emergency shall include:

(i) The name of the drug or a description of the treatment which includes the name of any drug or other agent;

(ii) The dosage of a drug, or the concentration or intensity of another agent;

(iii) The route or method of administration;

(iv) Where pertinent, the time interval, frequency or duration of administration;

(v) The date the order was written; and

(vi) The signature of the physician.

(6) **PROVISIONS FOR MEDICAL COVERAGE.**

The alcoholism treatment facility shall make definite arrangements for a physician to be on call at all times to advise regarding medical problems and to provide emergency medical services if needed. A current schedule of the names and telephone numbers or the call services through which on-call physicians can be contacted rapidly shall be posted at the nurse's station in the alcoholism treatment facility.

(7) **NURSING SERVICES.**

(a) Nursing services shall be provided to each client in accordance with his needs.

(b) A registered nurse shall be responsible for planning and supervising the nursing services and for the selection and training of personnel who provide nursing observation and care. In an alcoholism treatment facility where there is not need for the full-time services of a registered nurse, the facility may, through a written contract, employ a registered nurse supervisor on a part-time basis, provided such a supervisor is on duty within the facility at least four hours per week and such additional time as may be needed to perform nursing supervisory functions.

(c) At least one staff member who is qualified to provide the nursing observation and care needed by persons undergoing detoxification shall be on duty at all times.

At any time a licensed nurse is not on duty, there shall be on call a registered nurse who will come to the alcoholism treatment facility when indicated and who is able to reach the alcoholism treatment facility within 15 minutes.

(d) Continuing observation of each client's condition shall be by persons competent to recognize and evaluate significant signs and symptoms and take appropriate action. The frequency of observation shall correspond with

the degrees of acuity, severity, and instability of a client's condition.

(i) Observations of a client's condition shall include the client's vital signs, motor and sensory abilities, mental and emotional behavior, physical discomfort, response to care and treatment, and other signs and symptoms indicative of abnormality, adverse change, or favorable progress.

(ii) Observation of significant signs and symptoms which are indicative of abnormality, adverse change or favorable progress shall be recorded in the client's record and signed by the person who made the observations.

(iii) There shall be timely reporting to a physician about significant adverse signs and symptoms presented by a client in accordance with the nature and severity of the signs and symptoms and the indications for medical evaluation or intervention.

**(8) REQUIRED FACILITIES FOR DISTINCT PART.** When an alcoholism detoxification service is in a distinct part of an alcoholism treatment facility, the distinct part shall include the following facilities which shall be used exclusively for the alcoholism detoxification services: clients' sleeping rooms, toilets and bathing facilities, drug facilities and nurse's station with a telephone. Dining and living areas shall be available but may be shared with alcoholism intensive treatment or alcoholism rehabilitative services. [Order 148, § 248-22-550, filed 6/29/77; Order 100, § 248-22-550, filed 6/10/74.]

**WAC 248-22-560 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism intensive inpatient treatment or services or alcoholism recovery house services. (1) CATEGORY OF CLIENTS.**

(a) Admission and retention of clients for care and treatment shall be limited to detoxicated alcoholics. Persons needing detoxification shall be referred or transferred to an alcoholism detoxification service unless they manifest signs and symptoms of a condition that warrants acute care and treatment in a hospital.

(b) Nursing care of ill or disabled persons shall be limited to the following services: simple nursing care of a type ordinarily given in a private home by a lay person to a client with a mild temporary illness which does not exceed fourteen days in duration; administration of medicines and treatments of minimal complexity to clients who are unable to administer their own medicines and simple treatments properly; and periodic or occasional visiting nurse service from a community health agency. Any person who requires nursing care beyond these services shall not be admitted or retained as a client but shall be referred or transferred to another health care facility which regularly provides the nursing services he needs.

**(2) REQUIRED FACILITIES FOR A DISTINCT PART.** When alcoholism intensive inpatient treatment services or alcoholism recovery house services are provided in a distinct part of an alcoholism treatment facility, the distinct part shall include the following facilities: clients' sleeping rooms and toilet and bathing facilities. There shall be two or more rooms, suitably furnished, to

accommodate client dining and social activities, group meetings for clients and staff meetings. An alcoholism detoxification service, an alcoholism intensive treatment service and an alcoholism recovery house service may share the use of such rooms, provided such sharing does not result in the activities of one category of alcoholism service interfering with or otherwise detracting from the program of another category of alcoholism treatment service.

**(3) REQUIRED SERVICES AND STAFF COVERAGE — ALCOHOLISM INTENSIVE INPATIENT TREATMENT SERVICES.**

(a) Required services. There shall be an organized alcoholism intensive treatment program and staff which provide the following services:

- (i) Education of clients regarding alcoholism;
- (ii) Intensive individual and group counseling;
- (iii) Social and recreational activities;
- (iv) General health supervision.

(b) Staff coverage. At all times, a staff member who is competent to supervise clients shall be on duty. During the night hours, a staff member shall make regular periodic tours of the facility to check on safety of the clients and the facility.

**(4) REQUIRED SERVICES AND STAFF COVERAGE — ALCOHOLISM RECOVERY HOUSE SERVICE.**

(a) Required services. There shall be an organized alcoholism rehabilitative program and staff which provide the following services:

- (i) Vocational rehabilitative services, which may be provided through arrangements with another appropriate community agency;
- (ii) Social and recreational activities, which shall include provision for participation in community activities as well as activities within the alcoholism treatment facility;
- (iii) General health supervision.

(b) Staff coverage. At all times, a staff member who is competent to supervise clients shall be on duty or in residence within the alcoholism treatment facility and available should a client need his services. [Order 148, § 248-22-560, filed 6/29/77; Order 100, § 248-22-560, filed 6/10/74.]

**WAC 248-22-570 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism long-term treatment service. (1) CATEGORY OF CLIENTS.**

(a) Admission and retention of clients for care shall be limited to detoxicated alcoholics who are ambulatory or are independently mobile by use of a functional aid (i.e., wheel chair, brace or cane) but need personal care services to maintain sobriety and optimum health.

(b) Nursing care of ill or disabled persons shall be limited to the following services: simple nursing care of a type ordinarily given in a private home by lay persons, to a client with a mild temporary illness which does not exceed fourteen (14) days in duration; administration of medicines and treatments of minimal complexity to clients who are unable to administer their own medicines

and simple treatments; and periodic or occasional visiting nurse service from a community health agency. Any person who requires nursing care beyond these services shall not be admitted or retained as a client but shall be referred or transferred to another health care facility which regularly provides the nursing services he needs.

(2) **REQUIRED SERVICES.**

(a) Alcoholism long-term treatment services shall include the furnishing of board, room, laundry, a program of social and recreational activities, and personal care services.

(b) Personal care services shall include the furnishing of the following services to clients in accordance with their individual needs:

(i) Ensuring that functional aids or equipment (e.g., glasses, hearing aids, wheel chairs, canes) which a client needs are properly maintained.

(ii) Assistance, guidance or supervision in personal hygienic care, dressing and grooming, maintaining clothing and other personal effects, maintaining a safe and comfortable personal environment, handling personal business or financial affairs, participation in social, recreational, or church activities, and engagement in productive employment in accordance with their potentials.

(iii) General health supervision.

(3) **REQUIRED FACILITIES FOR A DISTINCT PART.** When an alcoholism long-term treatment service is provided in a distinct part of an alcoholism facility, the distinct part shall include the following: client's sleeping rooms, toilets and bathing facilities and two or more rooms suitably furnished to accommodate clients' dining, social and recreational activities.

(4) **STAFF COVERAGE.** At all times, a staff member who is competent to supervise clients shall be on duty or in residence within the alcoholism treatment facility and available should a client need his services. [Order 148, § 248-22-570, filed 6/29/77; Order 100, § 248-22-570, filed 6/10/74.]

**WAC 248-22-580 Site and grounds.** (1) The alcoholism treatment facility shall be located in an area which is properly drained and is served by at least one street which is usable under all weather conditions.

(2) There should be adequate grounds for clients' outdoor exercise and recreation. [Order 100, § 248-22-580, filed 6/10/74.]

**WAC 248-22-590 Physical plant and equipment.**  
(1) **CLIENTS' SLEEPING ROOMS.**

(a) There shall be at least 80 square feet of usable floor space in single-bed sleeping rooms and 70 square feet of usable floor space per bed in multi-bed sleeping rooms. No portion of a sleeping room having less than 7'6" ceiling height may be counted as part of the required area. For an alcoholism receiving and detoxification service, there shall be at least one semi-private room or two private rooms. For an alcoholism intensive inpatient treatment service, alcoholism recovery house or

an alcoholism long-term treatment service, the maximum capacity of any client's sleeping room shall not exceed twelve (12) beds. It is recommended that no client's sleeping room exceed a four (4) bed capacity.

(b) Each sleeping room shall be located to prevent through traffic and to minimize the entrance of excessive noise, odors and other nuisances.

(c) Each sleeping room shall be directly accessible from a corridor or a common-use activity room or area for clients.

(d) Sleeping rooms shall be outside rooms with a clear glass window area of approximately 1/8 of the usable floor area or more. Rooms shall not be considered to be outside rooms if such required window area is within 10 feet of another building or other obstruction to view or opens into a window well, enclosed porch, light shaft, ventilation shaft or other enclosure of a similar confining nature. Windows shall operate freely.

(e) No room, the floor of which is more than 3 feet, 6 inches below grade at any required window, shall be used as a client's sleeping room.

(f) Each client shall be provided with sufficient storage facilities, either in or immediately adjacent to his sleeping room, to adequately store a reasonable quantity of clothing and personal possessions.

(g) Each client shall be provided a bed which is at least 36" wide and has a firm spring and firm mattress with a waterproof protective covering. A client's bed may be a standard household bed, studio couch or day bed. A folding bed, rollaway bed, cot, daveno, or davenport shall not be used as a client's bed. Beds used for detoxification of clients should be equipped with side rails.

(h) Clients' beds shall be spaced at least 3 feet apart.

(i) Each sleeping room shall be provided with adequate furnishings which shall include one chair per bed in the room.

(2) **TOILET AND BATHING FACILITIES.**

(a) There shall be, for the floor served, one water closet and one lavatory for each eight persons or fraction thereof. There shall be one bathing facility for each twelve persons or fraction thereof residing in the facility. The word "persons" as used in this requirement includes all clients and staff members who do not have private toilet and bathing facilities for their exclusive use.

(b) Each water closet and each bathing facility shall be enclosed in a separate room or stall, with the exception that one water closet may be permitted in a bathroom containing a single bathing facility. When a room contains more than one water closet or one bathing facility, it shall be used for one sex only.

(c) Grab bars shall be securely mounted at water closets and bathing facilities in such numbers and in such locations that accidental falls will be minimized.

(3) **CLIENT DINING, LIVING AND THERAPY ROOMS.**

(a) The alcoholism treatment facility shall have two or more rooms, suitably furnished, to accommodate clients' dining, social, educational and recreational activities, group therapy and staff meetings. At least one of these rooms shall be an outside room with window(s).

- (i) There shall be a dining room or area large enough to provide table service for all clients at one time.
- (ii) If a multi-purpose room is used for dining and social and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.
- (iii) At least 25 square feet of floor space per bed shall be provided for dining, social, educational, recreational activities and group therapy.

(b) There shall be at least one room (or office) which provides privacy for interviewing and counseling of clients on an individual basis. Such additional rooms (or offices) shall be provided as needed to provide the individual counseling services needed by clients.

(4) **MEDICAL EXAMINATION ROOM.** If there is regular provision for a physician to perform physical examinations of clients within the facility, there shall be an examination room in the alcoholism treatment facility. This examination room shall be equipped with an examination table, examination light and storage units for medical supplies and equipment. There shall be a hand-washing facility in or readily accessible to the examination room.

The examination room may also serve as a private interviewing and counseling room if the room space and arrangement are adequate to accommodate the equipment and furniture for both purposes.

(5) **UTILITY AND STORAGE FOR MEDICAL AND NURSING SUPPLIES AND EQUIPMENT.** If the services provided by the alcoholism treatment facility involve the use of medical and nursing supplies and equipment, there shall be utility and storage facilities which are designed and equipped for washing, disinfection or sterilization, storage and other handling of medical and nursing supplies and equipment in a manner that ensures segregation of clean and sterile supplies and equipment from those that are contaminated.

(6) **STAFF QUARTERS.** Any sleeping or living quarters provided for staff within the alcoholism treatment facility shall be separate from clients' sleeping rooms and living area.

(7) **FOOD SERVICE FACILITIES.**

(a) The alcoholism treatment facility shall have food service facilities which are adequate to meet the food service needs of clients and to comply with chapter 248-84 WAC, "Rules and Regulations of the State Board of Health Governing Food Service Sanitation".

(b) Areas used for the storage, preparation, display or serving of food shall be located to avoid through traffic to other areas of the alcoholism treatment facility and shall be used for no other purpose except that a dining room may be used as a client or staff activity room.

(c) The location and arrangement of food service facilities shall be such that clients and personnel (other than dietary personnel) do not go through a food storage, preparation or serving area in order to go to the dining room.

(8) **LAUNDRY FACILITIES.**

(a) If a commercial laundry service is utilized, adequate soiled linen storage facilities shall be provided.

(b) If linen is washed on the premises:

- (i) The laundry equipment shall be located in an area separate from the kitchen, dining, and living areas;
- (ii) An adequate supply of hot water shall be available to provide water at a minimum of 160°F. in the washing machine; and

(iii) The soiled linen storage and sorting area shall be in a well-ventilated area separate from the washing and clean linen handling area.

(9) **HOUSEKEEPING FACILITIES.** At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable location. Additional service sinks and housekeeping closets equipped with shelving may be required depending on the size and arrangement of the alcoholism treatment facility.

(10) **STORAGE FACILITIES.** There shall be sufficient, suitable storage facilities to provide for storage of clean linen, and other supplies and equipment under sanitary conditions.

(11) **HANDRAILS ON STAIRWAYS AND RAMPS.**

(a) All stairways and ramps shall be provided with handrails on both sides.

(b) Adequate guardrails and other safety devices shall be provided on all open stairways and ramps.

(12) **SURFACES (FLOORS, WALLS, CEILINGS).**

(a) The surfaces in each room and area of the alcoholism treatment facility shall be easily cleanable and suited to the functions of the room or area.

(b) Toilet rooms, bathrooms, kitchens, and other rooms subject to excessive soiling or moisture shall have washable, impervious floors.

(c) Interior ramp surfaces and stairway treads shall be of nonslip materials.

(13) **COMMUNICATIONS.**

(a) There shall be at least one telephone and such additional telephones as may be needed to operate the alcoholism treatment facility and to provide for a telephone to be readily accessible in the event of a fire or other emergency.

(b) There should be a public telephone which is readily available for clients' use.

(14) **LIGHTING.**

(a) Lighting in all areas of the facility shall provide adequate illumination.

(b) Adequacy of lighting will be determined according to the following table.

<u>Location</u>	<u>Lighting Level (foot candles)</u>
Corridors and interior ramps	20
Exit stairways and landing, on floor	5
Recreation area	30
Dining area	30
Sleeping room	
General	10
Reading light	30
Toilet and bathing facilities	30
Laundry	50
Kitchen activities	
Sink	70
Range and work surfaces	50

<u>Location</u>	<u>Lighting Level (foot candles)</u>
Shaving (face grooming at mirror)	50
Storage rooms	15

(c) An adequate number of electrical outlets shall be provided to permit the use of lamps, radios, and other electrical fixtures as needed.

(d) General lighting shall be provided for sleeping rooms.

(e) Emergency lighting facilities such as flashlights or battery-operated lamps shall be available and maintained in operating condition.

#### (15) HEATING.

(a) The heating system shall be capable of maintaining a temperature of 72° to 76° throughout the alcoholism treatment facility during winter conditions in the particular geographical area.

(b) The heating system shall be operated to provide a comfortable temperature for clients and personnel at all times.

(c) Reliable thermometers shall be mounted four feet from the floor in a sufficient number of suitable locations to provide for monitoring the temperature throughout the building(s).

#### (16) VENTILATION.

(a) Ventilation of all rooms used by clients or personnel shall be sufficient to remove all objectionable odors or excessive heat or condensation.

(b) All inside rooms including toilets, bathrooms and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(17) WATER SUPPLY. There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the state board of health, chapter 248-54 WAC. The hot water temperature at bathing fixtures used by clients shall be automatically regulated so as not to exceed 110°F.

#### (18) PLUMBING AND PLUMBING FIXTURES.

(a) Plumbing for the water supply, plumbing fixtures and the waste and drainage system shall be constructed and maintained so as to avoid unsanitary conditions.

(b) Plumbing fixtures shall be designed and installed to be easily cleaned and maintained.

(c) There shall be a lavatory in each toilet room.

(d) Each plumbing fixture, except water closets, shall be provided with a hot and cold water outlet.

(e) There shall be devices to prevent back flow into the water supply system from fixtures where extension hoses or other cross connections may be used.

#### (19) SEWAGE DISPOSAL SYSTEM.

(a) All sewage shall be discharged into a public sewerage system where such system is available and is acceptable to the department. Otherwise, sewage shall be collected, treated and disposed of in an independent sewage disposal system which has been approved by the appropriate local health department.

(b) Discharge of sewage directly onto the ground surface, into bodies of water or directly into the ground water is prohibited.

#### (20) GARBAGE AND REFUSE DISPOSAL FACILITIES.

(a) A separate well-ventilated room or suitable outside area shall be provided for the storage of garbage and refuse.

(b) Garbage and refuse storage containers shall be of a leakproof, nonabsorbent construction with close fitting covers. [Order 148, § 248-22-590, filed 6/29/77; Order 100, § 248-22-590, filed 6/10/74.]

### Chapter 248-30 WAC

#### KIDNEY CENTERS

#### WAC

248-30-010	Definitions.
248-30-020	Purpose.
248-30-030	Funding.
248-30-040	Allocations.
248-30-050	Financial eligibility.
248-30-060	Accounting information.

**WAC 248-30-010 Definitions.** (1) For the purposes of carrying out the provisions of the 1969 appropriation bill, chapter 282, Laws of 1969 ex. sess., a "kidney center" shall mean a unit established within, as a part of or affiliated with a hospital duly licensed by the state department of health pursuant to the provisions of chapter 248-18 WAC, which has demonstrated a high level of competence in relevant medical and technical disciplines. In designating a local kidney center, the director shall consider the number of patients to be served, the geographic location, and the influence of these factors upon cost and quality of care.

(2) "Department" shall mean the Washington state department of health.

(3) "Director" shall mean the state director of health. [Order 30, § 248-30-010, filed 8/18/69.]

**WAC 248-30-020 Purpose.** Generally the kidney center shall provide all physical facilities, professional consultation, personal instruction, medical treatment and care, drugs, dialysis equipment, and supplies necessary for the carrying out of a medically sound kidney treatment program. The kidney center shall:

(1) Provide dialysis treatment for persons with chronic renal failure, when medically indicated;

(2) Provide kidney transplantation treatment for patients with chronic renal failure, either directly or by appropriate referral, where this form of therapy is medically indicated;

(3) Evaluate and select persons medically eligible for these services;

(4) Foster and improve modalities for care of patients with chronic renal failure, including management by dialysis in the home; and

(5) Provide training and supervision to medical and supporting personnel and to patients who are eligible for home dialysis. [Order 30, § 248-30-020, filed 8/18/69.]

**WAC 248-30-030 Funding.** State funding shall be available to designated kidney centers when the legislature has appropriated funds therefor and when documented evidence is submitted to the department showing:

(1) That local support funding from donations, contributions, local tax revenues and matching funds are not available to reimburse the local kidney center for the costs of individual patient care; and

(2) That the individual patient is unable to meet either in part or in whole the cost of the services rendered to him by the local kidney center from his own resources and has been determined to be financially eligible pursuant to WAC 248-30-050, and shall be consistent with the financial eligibility standards used by the division of vocational rehabilitation for comparable services. [Order 30, § 248-30-030, filed 8/18/69.]

**WAC 248-30-040 Allocations.** Allocations, when made, shall be made by the director to the local kidney center on a pro rata basis, for patients served and for which services the center receives no compensation or only partial compensation: *Provided*, That in no event shall the amount allocated annually to the center exceed the amount of indebtedness resulting from service given to those patients for whom restitution is inadequate either from their own resources or from other funding. [Order 30, § 248-30-040, filed 8/18/69.]

**WAC 248-30-050 Financial eligibility.** In determining whether an individual patient is financially eligible, the center shall determine whether he has any assets, tangible or intangible, owned by or available to him at the time the services are rendered, which can be applied toward the costs thereof, including but not limited to private medical insurance, public assistance payments, and vocational rehabilitation payments: *Provided*, That in determining financial eligibility the following resources shall be exempt:

(1) A home, which is defined as real property owned by a patient as a place of residence together with the property surrounding and contiguous thereto;

(2) Household furnishings;

(3) An automobile; and

(4) Earnings of any dependent not employed prior to the time services are rendered by the local kidney center. [Order 30, § 248-30-050, filed 8/18/69.]

**WAC 248-30-060 Accounting information.** Accounting information shall be provided by the center to the department to establish the basis for allocations to be made by the director. Such information shall include:

(1) Reporting of total costs of operation in terms of services, personnel, equipment, supplies, and indirect costs of center operation;

(2) Information on numbers and types of patients served;

(3) Sources and amounts of revenues received;

(4) Monthly reporting of individual accounts of patients for whom partial reimbursement is received, and the source of that reimbursement; or, for whom no reimbursement is received;

(5) Indication of the amount of indebtedness of the individual; and

(6) Such other information as may be required by the director on forms to be supplied by the department. [Order 30, § 248-30-060, filed 8/18/69.]

## Chapter 248-33 WAC APPROVAL OF EYE BANKS

### WAC

248-33-020	Definitions.
248-33-040	Approval process.
248-33-060	Termination of approval.
248-33-080	Reinstatement of approval.
248-33-100	Records.

**WAC 248-33-020 Definitions.** As used herein the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Accepted medical standards" shall mean those standards relating to the removal and storage of eye tissue which preserve that tissue in a state wherein the tissue may be successfully transplanted.

(2) "Approved eye bank" shall mean a facility approved by the Secretary wherein eye tissue may be received and stored in accordance with accepted medical standards for future transplantation or research.

(3) "Department" shall mean the Department of Social and Health Services.

(4) "Developmental loss" shall mean the loss of developmental opportunities including, but not limited to, hand-eye coordination, small muscle development and dexterity and large muscle coordination which would occur in the normal course of development if the loss of vision had not occurred.

(5) "Economic loss" shall mean the loss of wages from employment and the loss of services within a home requiring the replacement of those services to provide for the care of dependent children and adults.

(6) "Educational loss" shall mean the loss of educational opportunities by virtue of an inability to perceive visual images.

(7) "Emergency" shall mean a situation which occurs as a result of trauma to the eyes necessitating the replacement of corneal tissue within 48 hours to prevent the loss of sight.

(8) "Secretary" shall mean the Secretary of the Department of Social and Health Services and his or her designee. [Order 134, § 248-33-020, filed 10/21/76.]

**WAC 248-33-040 Approval process.** (1) A facility which seeks to qualify as an approved eye bank must submit a written request for approval to the Secretary. The request must include a statement of the arrangements made for the storage of tissue received, the name and availability of ophthalmologists and the policies to be followed for the distribution of tissue.

(2) Approval may be granted by the Secretary when:

(a) The eye bank meets accepted medical standards for the preservation of eye tissue in a condition suitable for transplantation including, but not limited to, the

provision of a storage area for the tissue which is maintained at an appropriate temperature and in which the tissue may be protected from contamination and/or damage, and

(b) There are one or more board certified or board qualified ophthalmologists on the staff of a hospital which seeks approval for its eye bank who are able to, and express a willingness to, perform corneal transplants, and

(c) The director or administrator of the eye bank declares it to be the intention of those who direct and/or administer the eye bank to distribute available corneal tissue to recipients in a fair and reasonable manner, which means the distribution of corneal tissue to recipients requiring such tissue:

(i) Without discrimination based on race, creed, ethnic origin, sex, or age, and

(ii) With consideration of the length of time that the potential recipient has had a medically defined need to receive corneal tissue, and

(iii) With consideration of the impact of waiting to receive such tissue on the recipient and the resulting economic, educational, or developmental loss to the potential recipient, and

(iv) With provision made for emergency requests for corneal tissue. [Order 134, § 248-33-040, filed 10/21/76.]

**WAC 248-33-060 Termination of approval.** The Secretary may, in his or her discretion, terminate a prior approval of an eye bank when the approved eye bank fails to comply with the criteria set forth in WAC 248-33-040 for approval. [Order 134, § 248-33-060, filed 10/21/76.]

**WAC 248-33-080 Reinstatement of approval.** The Secretary may, in his or her discretion, reinstate the approval of an eye bank when there has been a correction of any condition which led to the termination of approval. [Order 134, § 248-33-080, filed 10/21/76.]

**WAC 248-33-100 Records.** Every approved eye bank shall keep a record of requests made to county coroners or medical examiners for corneal tissue on forms provided by the Department. Information recorded shall include the initial request, the tissue received and its condition (acceptable for transplant or not acceptable for transplant), the name of the person who removed the tissue from the donor, the date and time of the removal of tissue, the date and time of the donor's death (observed or otherwise determined), the age of the donor (if known), the age, sex and racial or ethnic group identify of the recipient, the name of the physician who performed the transplant, the date of the transplant and the hospital where the transplant was performed.

This information shall be kept at the approved eye bank for a period of five years and made available to the Secretary or his or her designee upon request. [Order 134, § 248-33-100, filed 10/21/76.]

## Chapter 248-40 WAC VITAL STATISTICS

### WAC

248-40-010	New record when child is legitimized.
248-40-020	Father and/or mother may change given name.
248-40-030	Certificates in pencil not allowed.
248-40-040	Funerals, care of bodies and burial.
248-40-050	Transportation of dead bodies.
248-40-060	Cremated remains.
248-40-070	Confidential information on birth certificates.
248-40-080	Birth certificate to be filed for foundling child.
248-40-999	Legal authority of the state board of health.

**WAC 248-40-010 New record when child is legitimized.** Whenever it is alleged that the father and mother of an illegitimate child have become legally married, at any time subsequent to the birth of said child, the state registrar shall require such satisfactory evidence to be presented in the form of affidavits, certified copies of records or otherwise, as may be necessary to establish the fact of such marriage, and when so established a new certificate shall be substituted for the original to record the legitimate birth of the child. [Regulation .40.010, effective 3/11/60.]

**WAC 248-40-020 Father and/or mother may change given name.** The father and/or mother of any child, or the mother alone of an illegitimate child, whose birth has been registered, may during the minority of said child change the given name of the child on the record by filing an affidavit of change with the state registrar. [Regulation .40.020, effective 3/11/60.]

**WAC 248-40-030 Certificates in pencil not allowed.** All certificates of birth or death shall either be made out legibly with unfading ink or typewritten through a good grade of typewriter ribbon, and shall be signed in either case in ink. No certificate made in pencil shall be accepted by an registrar as a permanent record of birth or death. [Regulation .40.030, effective 3/11/60.]

**WAC 248-40-040 Funerals, care of bodies and burial.** (1) Funeral services for individuals who have died of the following named communicable diseases shall be conducted under the supervision of the local health officer: cholera, diphtheria, meningococcal meningitis, plague, poliomyelitis and smallpox.

The local health officer may permit the holding of a public funeral for such individuals provided members of the family or close associates of the deceased are satisfactorily segregated from the public, and provided that appropriate prophylactic treatment or immunization of such persons is accomplished according to the direction and orders of the local health officer.

(2) Bodies of persons who have died of cholera, plague, or smallpox shall be properly embalmed or cremated. If embalmed, a licensed embalmer shall prepare such bodies in the following manner:

(a) The body shall be thoroughly embalmed with a suitably effective disinfectant solution.

(b) If the body is prepared for burial at the place of death, the rooms used for the preparation shall be thoroughly aired and cleaned.

(c) In lieu of preparing for burial at the place of death, a body may be wrapped completely in a sheet soaked with an effective disinfectant and removed to the embalmer's place of business for the process of embalming.

(3) The embalmer and/or anyone assisting to prepare the body of a person who has died of an infectious disease shall wear an outer garment and rubber gloves while handling the body during preparation. These shall be removed before coming into contact with other persons after preparation has been completed and shall be properly disinfected immediately thereafter.

(4) Embalmers or their assistants shall not handle the bodies of persons who have died of smallpox unless said embalmers and assistants have been successfully vaccinated within the preceding three years and at least seven days prior to contact with the bodies.

(5) All instruments and equipment used in the preparation of a body shall be properly disinfected immediately after use.

(6) All preparation rooms or other places used for the process of embalming or for otherwise preparing a dead body for burial shall be equipped with a metal disposal can or container equipped with a tightly fitting lid or cover in which shall be placed immediately all solid matter of any sort such as bandages or cotton found upon or in contact with a dead body or used by the embalmer in the performance of his duties. Upon completion of the process of embalming or preparing the body for burial the contents of this can shall be destroyed by burning and every funeral establishment shall be equipped with an incinerator suitable for this purpose. In the instance of a reportable disease having caused the death, fluids removed from said body shall be mixed in equal parts immediately with an effective disinfectant solution and shall not be released into any drain, sewer or other disposal system public or private or otherwise disposed of before the expiration of at least three hours time. All containers or cans used in receiving solid or fluid matter taken from a dead human body shall be disinfected immediately after use.

(7) All ambulances, hearses, and first call cars, and equipment therein, and transfer cases shall be kept clean and sanitary and free from deleterious odors at all times. Such ambulances, hearses, cars, and the equipment and transfer cases thereof shall be sanitized immediately after having been used for the transportation of a human body dead of a contagious disease with a suitable disinfectant solution.

(8) Bodies of persons who have died of an infectious disease that are to be transferred outside the jurisdiction of the local health department shall be thoroughly washed with a suitably effective disinfectant and thoroughly embalmed with a suitable disinfectant embalming fluid and placed at once in a casket or transfer case.

(9) Any body that is to be transported by common carrier shall be properly embalmed and prepared for transportation by a licensed embalmer.

(10) All deceased human bodies that are to be disposed of by earth burial in the state of Washington must be buried in the ground at least three feet (top of casket

to surface of ground). [Regulation .40.040, effective 3/11/60.]

#### WAC 248-40-050 Transportation of dead bodies.

(1) When a burial-transit permit is used in connection with transportation of a dead human body by common carrier, the permit shall include the name of the embalmer, the terminal point, and shall be enclosed in a strong envelope and attached to the shipping case.

(2) When a dead body is to be transported, the casket or transfer case shall be encased in an outer box constructed of substantial material, put securely together and tightly closed, provided that no body shall be transported pending final disposition more than twenty-four hours after death unless the body is thoroughly embalmed. The outside case may be omitted in all instances where the casket or transfer case is transported in a funeral director's vehicle used for that purpose.

(3) **Disinterment** — No disinterred body dead from any disease or cause shall be transported by a common carrier unless approved by the health authorities having jurisdiction at the place of disinterment, and a burial-transit permit shall be required as provided in paragraph (1) above.

Disinterred bodies of persons who have died of cholera, plague, smallpox or typhus fever shall not be removed from the cemetery premises unless approved by the health authorities having jurisdiction at the place of disinterment.

All bodies held for more than 30 days after death shall be considered disinterred bodies when moved from the establishment where held.

(4) Any corpse shipped originally from any primary registration district within the state of Washington accompanied by a properly executed burial-transit permit to any other primary registration district within the state may be transshipped by surrendering the original burial-transit permit to the local registrar and receiving in exchange a new burial-transit permit, unless said body has been held over thirty days after death or has been interred, in which case proceed under paragraph (3) above.

If the corpse is routed to the point of final destination on an original burial-transit permit, it may be held temporarily at a stopover point for funeral or for any other purpose without any additional permit being required.

The burial-transit permit shall be accepted as authority for interment or cremation anywhere within the state of Washington by sexton or crematory official and shall be surrendered to them by the person in charge of the corpse at the point of interment or cremation. [Regulation .40.050, effective 3/11/60.]

**WAC 248-40-060 Cremated remains.** Rules and regulations adopted by the state board of health pertaining to dead human bodies shall not be construed as applying to human remains after cremation. Provided, however, that a permit for disposition of cremated remains may be issued by local registrars in cooperation with the Washington state cemetery board. The permit for the disposition of cremated remains may be used in connection with the transportation of cremated remains

by common carrier or other means. Provided, further, that the state department of health may issue a permit for the disposition of cremated remains which have been in the lawful possession of any person, firm, corporation, or association for a period of two years or more. Issuance of such a permit shall not be construed as authorizing disposition which is inconsistent with any statute of the state of Washington or rule or regulation prescribed by the state department of licenses. [Regulation .40.060, effective 3/11/60.]

**WAC 248-40-070 Confidential information on birth certificates.** The confidential section of the certificate of live birth shall contain the following information: Whether serological test for syphilis was taken before or after the fifth month of pregnancy, statement as to congenital malformations or other abnormalities (birth injuries to the infant), length of pregnancy, weight at birth, previous deliveries to mother, and legitimacy status. The confidential section of the certificate of live birth shall not be subject to public inspection and shall not be included on certified copies of the record except upon order of a court. [Regulation .40.070, effective 3/11/60.]

**WAC 248-40-080 Birth certificate to be filed for foundling child.** When an infant is found for whom no known certificate of birth is on file and for whom no other identification is known, the finder shall notify the police authorities having jurisdiction within the area of finding.

The police authorities, within 48 hours, shall have the local health officer determine or cause to be determined the approximate date of birth of the child.

The health officer, within 72 hours of notification shall complete a certificate of live birth on a standard Washington certificate of live birth form designating the place of finding as the place of birth and place of residence, the approximate date of birth, sex, and assign a given name. He shall write across the face of the certificate in the sections provided for parental information the words, "foundling child", sign, and date the certificate and cause the same to be filed with the local registrar of the area in which the finding occurred. [Regulation .40.080, effective 3/11/60.]

**WAC 248-40-999 Legal authority of the state board of health.** Chapter 70.58 RCW. [Regulation .40.999, effective 3/11/60.]

**Chapter 248-46 WAC**

**UPHOLSTERED FURNITURE AND BEDDING**

<b>WAC</b>	
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**WAC 248-46-001 Scope.** It is the purpose of these regulations to designate the terms, definitions, and nomenclature as are commonly used and as recognized in the manufacture, sale and distribution of furniture and bedding products. Classifications of materials in these regulations are intended to have understandable meaning to the ultimate consumer. The definitions contained herein are in conformity with those adopted by most of the states of the nation. [Regulation .46.001, effective 3/11/60.]

**WAC 248-46-010 Definitions—General.** (1) "Filling material" includes any hair, down, feathers, wool, cotton, kapok, or other filling material used in the manufacture of and for filling articles of bedding or upholstered furniture but shall not include any new filling material sold at retail, which is open to inspection at the time of sale, and which is prepared and intended for use in the home of the user;

(2) When contained in durable material, such combination of filling material and outer covering or container shall be considered to be an article of bedding other than filling material and shall have a law label attached;

(3) "Filling material" includes any hair, down, feather, wool, cotton, kapok, synthetic fibers, or any other material used in the manufacture of and for filling articles of bedding or upholstered furniture;

(4) The following and similar materials shall be deemed to be processed: wool (sterilized), hair (sterilized) feathers and down (sterilized), defabricated fibers, pads, batts or felt, curled fibers, foam and sponge materials, and all secondhand materials;

(5) Unprocessed material may be labeled either by the manufacturer or supply dealer, but in each case, whether processed or unprocessed, the person having his license number on the label shall be responsible for all statements on the law label and for violations in case the material is not as represented on the label;

(6) The following and similar materials shall be deemed to be unprocessed: Vegetable and synthetic fibers, excelsior, wood fiber;

(7) Unprocessed material shipped from out of the state to a jobber and held for resale must be labeled either by the original shipper or by the jobber. However, such material need not be labeled while it is at a warehouse, depot, or pier, but it must be labeled before the material is shipped from any such place;

(8) Processed materials must be labeled by the processor and must bear his license number;

(9) All filling material shipped from any point in the state of Washington shall be labeled before it leaves the point of shipment;

(10) Any new stiffening material, such as fiberboard, corrugated fiberboard, wood or paper when present in any amount shall be designated on the label and its percentage given. When made of secondhand material, regardless of the amount in which it is present, it shall be designated on the secondhand label;

(11) The presence of paper in an article of bedding in lieu of other filling material shall be disclosed on the label;

(12) Paper by-products which have been used in the manufacture or processing of other products and subsequently used for the manufacture of edging or other articles of bedding or upholstered furniture shall be classified as "new" and shall be described on the bedding law label as "all new material consisting of paper by-products;"

(13) Filling material in prebuilt border constructions need not be stated on the label, providing the filling material is new and does not exceed 10% of the filling material in the article to which the border construction is affixed;

(14) When the filling material contained in a quilted ticking or glazed wadding, or trapunto embroidery affixed to the cover of an article of bedding is in excess of 10% of the entire filling material or consists of the products of an animal or fowl, such material shall be designated on the label and its percentage given. When made of secondhand material regardless of the amount in which it is present, it shall be designated on the secondhand label;

(15) Burlap, muslin, tape, webbing, etc., when new need not be specifically mentioned. When made of secondhand material, a secondhand label must be attached to the article;

(16) Filling material which has been artificially dyed or colored shall be designated as "colored". The natural color of the filling material need not be stated;

(17) Any filling material containing more than 5% oil shall be designated as "oily";

(18) The presence of silicates in excess of 5% in any filling material shall be designated on the law label as "clay" and the actual percentage thereof contained in the filling material shall be stated on the label;

(19) To allow for unintentional variations, a variation not in excess of 5% by weight from the amount stated on the label shall not be considered as misleading;

(20) If an article of upholstered furniture or bedding contains more than one kind of material, the percentages of all filling materials shall be clearly designated on the label except as otherwise provided for in these rules;

(21) No tolerance shall be allowed to diminish the amount of any filling material in an article of bedding by more than 5% of the amount stated on the label;

(22) The 5% tolerance is allowed only where specifically designated in these rules and regulations and also for the purpose of adjusting unintentional errors due to processing difficulties in arriving at exact percentages. Tolerance is not intended to permit deliberate admixture of inferior materials;

(23) The terms "all", "pure", "100%", or terms of similar import are permitted only if the material is as

stated. No tolerance is allowed where such terms are used;

(24) The term "virgin" is permitted only if the filling material has never been used before in any manufacturing or other process;

(25) "Shoddy" (a) Any material which has been knit or woven into fabric which has been used by the ultimate consumer and subsequently defabricated, together with fibrous material from used clips and scraps which contain any undefabricated cloth fragments, shall be designated on the red "secondhand material" label as "shoddy";

(26) "Shoddy" (b) Any material which has been knit or woven into fabric which has not been used by the ultimate consumer and which has subsequently been defabricated, together with fibrous material from new clips and scraps which contain any undefabricated cloth fragments, shall be designated on the white "all new material" label as shoddy;

(27) The term "textile by-products" or the name of the specific by-products, unless otherwise provided for in these rules may be used to describe any of the fibrous by-products produced during the processing of textile fibers up to but not including the spinning of yarns;

(28) The term "card", "strips" or "stripping" preceded by the name of the textile fiber from which it is produced may be used to describe a tangled or matted mass of fibers produced by or removed from the carding cloth following the carding process;

(29) The term "comber" preceded by the name of the textile fiber or fibers from which it is produced, may be applied to tangled fibers removed during the combing process of textile fibers;

(30) The term "fly" prefixed by the textile fiber or fibers from which it is produced, may be used to designate fibers which come off the machines during carding, drawing, or other textile operations;

(31) The term "noils" prefixed by the textile fiber or fibers from which it is produced, may be used to describe the short fibers removed during the combing process;

(32) The term "picker", "picker mote", or "mote" preceded by the textile fiber or fibers from which it is produced, may be applied to matted or tangled masses of fiber resulting from the opening and cleaning of fibers in the opener room of the textile mill. [Regulation .46.010, effective 3/11/60.]

#### **WAC 248-46-020 Definitions—Feathers and**

**down.** (1) The term "down" by itself may be used for the soft undercoating of waterfowl, consisting of the light, fluffy filaments grown from one quillpoint but without any quill shaft. It is permitted, however, to set forth on the label the name of the fowl from which the down is obtained, such as "goose down", "duck down", etc. The presence of loose down fibers in excess of 10% shall be set forth on the label;

(2) The term "feathers" shall not be used alone;

(3) The term "feathers" by itself does not include crushed or chopped quill feathers, or stripped, chopped, crushed or broken feathers, or feather fibers;

(4) The term "stripped feathers" shall be applied to the feather barbs stripped from the main stem or quill but not to the extent of separating the barbs into feather fiber. The term "stripped feathers" shall not be used. Instead, the stripped feathers shall be designated by the name of the fowl from which they came, e.g., "stripped goose feathers;"

(5) The term "crushed" shall be applied to feathers which have been processed through a so-called curling machine which has changed the original form of the feathers but has not removed the quill. The term "crushed feathers" shall include the name of the fowl from which the feathers came, e.g., "crushed duck feathers," and the percentage of each kind of crushed feather shall be given if the crushed feathers are a part of a mixture;

(6) Broken feathers in excess of the amount allowed as tolerance by WAC 248-46-010(19) and (22) shall be indicated on the label and the name of the feathers shall be stated, e.g., "broken chicken feathers;"

(7) The term "chopped" shall be applied to feathers which have been processed through a chopping machine, which has cut the feathers into small pieces. The term "chopped feathers" by itself shall not be used. Instead, the chopped feathers shall be designated by the name of the fowl from which they came, e.g., "chopped duck feathers;"

(8) "Feather fibers" shall be used for the barbs of feathers separated by any process from the quills, but free from quills. The name of the fowl from which the feather fiber is obtained shall be stated on the label;

(9) The term "quill" means the main shaft or axis of a feather and the term "quill feather" means a flight feather or quill feather;

(10) The term "chicken feathers" shall be used for feathers of any kind of chicken, which are whole in physical structure;

(11) The term "turkey feathers" means the feathers of any kind of turkey, which are whole in physical structure;

(12) The term "duck feathers" means the feathers of any kind of duck, which are whole in physical structure with the natural form and curvature of the feather;

(13) The term "goose feathers" means the feathers of any kind of goose, which are whole in physical structure with the natural form and curvature of the feather;

(14) The term "waterfowl feathers" means any mixture of duck and goose feathers;

(15) Feather mixture shall be designated by name, character and percentage of each material used or the entire mixture shall be designated by the name of the lowest grade of material used. The grades of materials in descending order are as follows: Goose down, duck down, goose feathers, duck feathers, turkey feathers, chicken feathers. [Regulation .46.020, effective 3/11/60.]

**WAC 248-46-030 Definitions—Hair.** (1) The kind and percentage of hair shall be stated on the label. It is not necessary to mention whether horse hair is mane or tail hair, but hair from different animals shall

be named. When designated as "curled" it shall be in fact curled hair.

(2) The term "curled hair" shall not be used by itself. It shall be used in conjunction with the name of hair used, e.g., "curled horse hair," or "curled cattle hair."

(3) "Goat hair" shall be so designated.

(4) When hair is rubberized or resin-treated, it shall be so designated. The percentage of rubber need not be stated on the label. When rubberized hair is shredded, it shall be termed "shredded rubberized hair." The use of the term "curled" is not permitted in connection with shredded hair.

(5) The kind of hair used in a hair pad shall be stated and the percentage if there is more than one kind.

(6) "Rubberized curled hair pads" shall be so indicated on the label.

(7) **Secondhand hair.** "Secondhand hair" shall mean any hair which has sustained prior use and shall be so designated on the required secondhand material label. [Regulation .46.030, effective 3/11/60.]

**WAC 248-46-040 Definitions—Cotton.** (1) Staple cotton is the fibrous growth first removed from the cotton seed in the usual process of ginning. It shall contain no foreign material. The unavoidable presence of the usual quantity of leaves, hull, etc., shall not be considered foreign matter. Such material shall be labeled as "staple cotton."

(2) **Cotton by-products.** This term describes the fibers which are removed from the various machine operations necessary in the manufacture of cotton yarn previous to, but not including, the process of spinning. This term shall embrace only the materials which are commonly recognized in cotton-mill terms as: "cotton comber," "cotton card strips," "cotton fly," "cotton picker."

(3) **Cotton linters.** This term describes the fibrous growth removed from cotton seed in cotton-seed or cotton-oil mills subsequent to the usual process of ginning.

(4) **Cotton waste.** This term describes the fibrous by-products removed from the various machine operations necessary in the manufacture of cotton products but shall not include the grades defined in WAC 248-46-040(2). The napper flocks from fabrics made exclusively of new material, when reasonably free from oil, grease, dirt, and foreign refuse and oil mill motes, shall be classed and labeled as "cotton waste" or "colored cotton waste" as the case may be.

(5) Trash, shell, shale, stem hull and seed particles in "cotton waste" shall not exceed 5% of the weight thereof whether used singly or in a blend. Any quantity of such material in excess of 5% of the weight of such "cotton waste" shall be indicated on the label as "dirt".

(6) When two or more of the above materials are used in a product, they shall be described on the label as required above by percentage.

(7) Secondhand cotton is cotton of any grade which has sustained prior use. Such cotton shall be so designated on a "secondhand material" label.

(8) Secondhand cotton which, in the opinion of the department, is filthy, stained, or has a disagreeable odor, or is otherwise contaminated, shall be condemned.

(9) **Damaged cotton.** New cotton which has been damaged through excessive exposure to the elements, faulty storage, fire, or in any other manner or which has a disagreeable odor, or has begun to disintegrate, shall be designated on the label as "damaged", "waste" or other proper term. Such material shall be treated as determined by the director. If the examining inspector so determines, an "all new material" label may be used.

(10) When dyed cotton fibers are used in upholstered furniture or bedding the proper labeling term shall be preceded by the word "colored" or "colored cotton waste" as the true case may be.

(11) "Felt" means material that has all been carded in layers or sheets by a garnett or felting machine.

(12) Even though material has previously been carded in layers or sheets, if it is not readily distinguishable from unfelted material it shall not be designated as "felt".

(13) The term "felt" does not include felt scraps or repicked felt.

(14) The term "felt" or "felted" by itself shall not be used but shall be combined with the name of the material from which it is made, e.g., "blended cotton felt," "wool felt," "hair felt," "jute felt," etc.

(15) The term "batting" used instead of "felt" is permissible.

(16) The terms "felted textile by-products," "felted textile wastes," "felted blended fibers," "felted defabricated fibers" may be used. The kind of fibers need not be designated, but if designated on the label the fibers shall be as indicated. If the material is made of more than one kind of fiber and one fiber is stated on the label, the name of each fiber and its percentage shall be stated.

(17) Felt made entirely of staple cotton shall be designated on the label as "staple cotton felt."

(18) Felt made of mixtures of any of the following: staple cotton, cotton linters, or cotton by-products, shall be designated on the label as "blended cotton felt."

(19) Felt made from secondhand material or from mixtures containing secondhand material shall be designated on the red label as "secondhand material."

(20) Felt impregnated with vinyl or any other resin shall be designated on the label as "resin-treated felt" e.g., "resin-treated blended cotton felt." [Regulation .46.040, effective 3/11/60.]

**WAC 248-46-050 Definitions—Rubber.** (1) The term "rubber" shall apply to the following synthetic rubber-like materials as well as to natural rubber: Chloroprene, styrene-butadiene copolymers, butadiene-acrylonitrile copolymers, polymerized isobutylene, with or without comonomers present, and thioplasts (any of the polysulfide rubbers consisting of organic radicals linked through sulfur). The term "rubber products" is not permitted on the label;

(2) **Foam.** "Foam" means a polymerized material consisting of a mass of thin-walled cells produced chemically or physically. The term "foam" by itself shall not be used;

(3) Foam products. A foam product shall be designated on the label as "foam" together with the name of

the organic base from which it is made, e.g., "latex foam rubber," "urethane foam," "vinyl foam," or, when made from "urethane," "vinyl" or any other synthetic organic base, it may be designated on the label as "synthetic foam;"

(4) **Polystyrene foam.** The term "polystyrene foam" shall be used to designate foam produced during the polymerization of a styrene monomer or the product may be designated as "synthetic foam;"

(5) **Urethane foam.** The term "urethane foam" shall be used to designate a cellular urethane product which is created by the interaction of an ester and a carbamic acid derivative, or the product may be designated as "synthetic foam." However, below the "date of delivery" line on the label, the term "polyester foam" or "polyurethane foam" may appear;

(6) **Vinyl foam.** The term "vinyl foam" shall be used to designate a foam produced from vinyl or the product may be designated as "synthetic foam;"

(7) **Latex foam.** "Latex foam rubber product" means a foam produced from rubber latex which previously has not been coagulated or solidified;

(8) **Molded.** The term "molded" may precede the terms set forth in WAC 248-46-050(3) whenever all the foam product has been made in the mold in the shape in which it is intended to be used;

(9) **Pieces.** The term "pieces" shall follow the terms set forth in WAC 248-46-050(3) whenever all of the foam product consists of pieces but shall not apply to a foam product which has been subjected to a shredding process;

(10) **Shredded.** The term "shredded" shall precede or follow the terms set forth in WAC 248-46-050(3) whenever the foam product has been subjected to a shredding process;

(11) **Cemented.** When cement is used to put together shreds or pieces of a foam product whether or not this is done in a mold, the term "cemented" may be used, e.g., "cemented shredded latex foam rubber," "cemented urethane foam pieces." The term "molded" shall not be used;

(12) **Sponge rubber products.** "Sponge rubber products" means a sponge product made from rubber which has previously been coagulated or solidified.

(13) **Sponge rubber product.** "Sponge rubber" - this term shall be mandatory for a sponge rubber product consisting of not more than two inserts of unlaminated prime material for attaining desired height, not more than one vertical splice in every three square feet of top surface area excluding those permitted for T's and U's, and not more than one splice in every three linear feet of added sidewalls or in lieu thereof in each corner, excepting sidewalls that are irregular in contour and in which case the number of splices shall be subject to the approval of the director;

(14) **Molded sponge rubber.** The term "molded sponge rubber" may be used to designate a sponge rubber product which has been molded into a form in which it has been intended to be used;

(15) **Sponge rubber pieces.** The term "pieces" shall follow the term "sponge rubber" whenever a sponge rubber product consists of pieces, or otherwise fails to

conform to the requirements set forth in WAC 248-46-050 (but shall not apply to a sponge rubber product which has been subjected to a shredding process;

(16) **Shredded sponge rubber.** The term "shredded" shall precede or follow the term "sponge rubber" whenever a sponge rubber product has been subjected to a shredding process;

(17) **Cemented sponge rubber.** When cement is used to put together shreds or pieces of a sponge rubber product whether or not this is done in a mold, the term "cemented" may be used, e.g., "cemented sponge rubber pieces," "cemented shredded sponge rubber." The term "molded" shall not be used;

(18) **Topper.** If a "foam" or "sponge rubber" topper is used in any article of upholstered furniture or bedding to cover other filling material, the measurement of the topper must be stated, e.g., 54" x 12" x 1/2". Measurement in square inches alone on any label attached to the article shall be deemed to be misleading. [Regulation .46.050, effective 3/11/60.]

**WAC 248-46-060 Definitions—Synthetic fibers.**

(1) **Acetate.** A specific term used for man-made fibers, monofilaments and continuous filament yarn composed of acetylated cellulose, with or without lesser amounts of nonfiber-forming material;

(2) **Acetate fibers.** The term "acetate fibers," or the term "cellulose acetate fibers" shall be used for filling materials made of acetate;

(3) **Rayon.** The term "rayon" is a generic term for man-made fibers, monofilaments and continuous filament yarns composed of regenerated cellulose, with or without lesser amounts of nonfiber-forming materials;

(4) **Rayon fibers.** The term "rayon fibers" shall be used to designate man-made fibers composed of regenerated cellulose;

(5) **Synthetic fibers (other than acetate and rayon).** When different long-chain synthetic polymers and/or copolymers are joined either chemically or physically to form a filament or fiber, a disclosure of the polymers and/or copolymers contained therein shall be made in the descending order of their percentage in the fiber by weight, e.g., "polystyrene fibers," "vinyl-acrylic fibers," or the fibers may be designated as "synthetic fibers;"

(6) **Acrylic fibers.** This term or the term "synthetic fibers" shall be used for a long-chain synthetic polymer which contains not less than 85% acrylonitriles and which is formed into a filament;

(7) **Azlon.** A generic term for fibers or filaments manufactured from modified proteins or derivatives thereof, with or without lesser amounts of nonfiber-forming materials. The term "azlon," "protein fibers," or "synthetic fibers" shall be used to designate fibers manufactured from azlon;

(8) **Dacron.** This term or any trade name shall not be used;

(9) **Nylon.** A generic term for any long-chain synthetic polymeric amide that has recurring amide groups as an integral part of the main polymer chain, and which is capable of being formed into a filament in which the structural elements are oriented in the direction of the axis;

(10) **Nylon fibers.** The term "nylon fibers," or the term "synthetic fibers" shall be used to designate fibers manufactured from nylon;

(11) **Polyethylene fibers.** The term "polyethylene fibers" or the term "synthetic fibers" is mandatory for fibers made from polymers and/or copolymers of ethylene;

(12) **Polyester.** The term "polyester" means a polymerized reaction product of esters (i.e. a compound formed by the replacement of the acid hydrogen of an acid, organic or inorganic, by a hydrocarbon radical);

(13) **Polyester fiber.** The term "polyester fiber" means a long-chain synthetic polymer which contains 85% or more of the polymeric esters produced from the reaction of ethylene glycol and terephthalic acid or its derivatives and which is formed into a filament; or the fibers may be designated as "synthetic fibers;"

(14) **Polyether.** The term "polyether" means a polymerized reaction product of ethers (i.e., hydrocarbons in which one or several hydrogen atoms are replaced by alkoxy groups);

(15) **Polystyrene.** The term "polystyrene" shall be applied to the product resulting from the polymerization of styrene monomers;

(16) **Polyvinylidene.** The term "polyvinylidene" means a copolymer of vinylidene chloride and other monomers;

(17) **Polyvinylidene fibers.** Polyvinylidene fibers manufactured from polyvinylidene shall be designated as "polyvinylidene fibers" or "synthetic fibers;"

(18) **Urethane.** The term "urethane" means any ester of carbamic acid;

(19) **Vinyl.** The term "vinyl" shall be applied to homopolymers or copolymers of vinyl chloride;

(20) **Vinyl fibers.** The term "vinyl fibers" or "synthetic fibers" shall be used to designate fibers of filaments manufactured from vinyl. [Regulation .46.060, effective 3/11/60.]

**WAC 248-46-070 Definitions—Miscellaneous filling material.**

(1) **Cat-tail plant fibers.** "Cat-tail plant fibers" shall be so designated on the label;

(2) **Cellulose.** The term "cellulose," "cellulose fiber" or "cellulosic" shall be used to describe cellulosic products containing not more than 4% lignin and 12% pentosans;

(3) **Cellulose pads.** Pads made from "cellulose" may be designated as "cellulose pads;"

(4) **Coconut husk fiber or coir.** "Coconut husk fiber" or "coir" may be used to describe the fibrous material obtained from the husk or outer shell of the coconut;

(5) **Excelsior.** The use of the term "excelsior" is permitted to described curled shreds of wood. The term "wood wool" shall not be used;

(6) **Jute.** The term "jute" by itself shall not be used;

(7) **Jute fiber.** The term "jute fiber" shall be used to describe jute of which no prior use has been made;

(8) **Jute pad.** The term "jute pad" may be used to designate a pad made from jute fibers;

(9) **Jute shoddy.** The term "jute shoddy" shall be used to designate reclaimed used cordage or other jute material which has been fabricated and used for baling or other purposes;

(10) **Palm fibers.** The term "palm fibers" shall be used to designate the fibrous material obtained from the leaf of the palm, palmetto, or palmyra tree;

(11) **Sea grass.** The term "sea grass" shall be used to describe the material obtained from maritime plants or seaweeds;

(12) **Sisal fibers.** The term "sisal fibers" shall be used when new sisal is not made of reclaimed fibers;

(13) **Sisal pad.** The term "sisal pad" may be used to designate a pad made from sisal fibers;

(14) **Sisal shoddy.** The term "sisal shoddy" shall be used to designate reclaimed used cordage or other sisal material, excepting that material used to bind new sisal bales, which has been fabricated and used for baling or other purposes. It shall be indicated as "secondhand" and shall be sterilized and bear a red label;

(15) **Steel wool pads.** The term "steel wool pads" is not permitted. When passed through some form of garnetting machine and carded in layers or sheets, steel fibers may be described as "steel batting," or "steel fiber pads." When not garnetted they shall be described as "steel fibers;"

(16) **Tampico fibers.** Tampico fibers when curled shall be designated as "curled tampico fibers;"

(17) **Tanner's wool.** "Tanner's wool" shall be so designated. It is classed as new material but shall be sterilized by an approved process. The percentage of tanner's wool in batting shall be designated;

(18) **Wood fiber.** The term "wood fiber pad" shall be used to designate a pad made of cellulose fiber containing more than 4% lignin and/or 12% pentosans. [Regulation .46.070, effective 3/11/60.]

#### WAC 248-46-080 Labels—General requirements.

(1) **Label, labeling, labels.** The terms "labels," "label," or "labeling" or similar terms, unless otherwise specified in these rules refer to the label required by chapter 183, Laws of 1951 (chapter 18.45 RCW).

(2) Labels to be affixed to every article of upholstered furniture and bedding must be provided by the manufacturer and such labels must be in accord with the physical specifications of the nationally recognized "uniform label." The wording used on the label to describe filling materials must conform to the labeling definitions as set forth in these regulations. Labels must be made of white vellum cloth or a fabric of comparable quality which will not flake when abraded.

(3) Labels shall be submitted for approval.

(4) Labels shall be at least six square inches in area, exclusive of the portion required to attach the labels to the article.

(5) Labels shall be firmly and conspicuously attached to the outside of the article, and must be placed where they can be conveniently examined.

(6) All mandatory information required by law or by these rules and regulations to appear on the label shall be in capital letters at least 1/8 inch high.

(7) When more than one kind or grade of filling material is used in a mixture, other than blended cotton felt, WAC 248-46-040(18), the grades and kinds used shall be shown on the label in the order of their pre-dominance in the blend. Percentages shall be shown for

the component parts except as stated in WAC 248-46-040(18).

(8) **Toppers.** If a "foam" or "sponge rubber" topper is used in any article of upholstered furniture or bedding to cover other filling material, the measurement of the topper must be stated, e.g., 54" x 12" x 1/2". Measurement in square inches alone on any label attached to the article shall be deemed to be misleading.

(9) No advertisement, insignia, or trade name shall appear on the label.

(10) **All new material labels.** "All new material" labels shall be white stock, black print.

(11) **Owner's own material label.** "Owner's own material" label shall be white stock, green print; or green stock, black print.

(12) **Secondhand material label.** "Secondhand material" labels shall be red stock, black print.

(13) Responsibility for properly designating the filling material used in any article is upon the manufacturer of the finished article and upon any person who labels or re-labels such article.

(14) It is the responsibility of any person accepting delivery of unlabeled articles containing a filling material to secure and attach the proper label. [Regulation .46.080, effective 3/11/60.]

**WAC 248-46-090 Labels—Articles of upholstered furniture and bedding.** (1) If an article of upholstered furniture would not be complete without cushions, a label shall be attached to the body of the article. The label shall designate the number of cushions and the names of the materials used for filling the cushions as well as the materials used in the body of the article.

(2) Mattresses made in more than one part shall have a label attached to each part, unless fastened together by a slide fastener or other means to comprise one unit. The label on each unit shall designate the number of component parts and the mattress shall be shipped as one unit. If the articles are shipped in separate parts, each part shall be labeled.

(3) Rubber mattress cores and quilted mattress tops and side walls, contained in a carton, need not be labeled providing a label is attached to the carton.

(4) Bed pads or mattress protectors containing filling material shall be labeled.

(5) Labels may be attached to the bottoms of slip seats or other lightweight articles. They may also be attached to the backs or bottoms of upholstered dining room or bedroom chairs but they shall not be attached to the bottoms or backs of divans, sofas, love seats, daybeds, davenport or studio couches.

(6) Wood furniture which is not upholstered except for detachable cushions which are a part of the complete article, shall have a label attached to the body of the article, which label shall designate the number of cushions and the names of the filling materials used therein.

(7) Upholstered furniture with a detachable cushion shall have the label securely attached to the top at the front of the platform where it may be clearly visible when the front of the cushion is raised.

(8) Upholstered furniture without detachable cushions shall have the top of the label securely attached to the

front of the bottom of the article in such position that the label is clearly visible.

(9) **Cushions.** The following shall be interpreted as cushions and the list is to be considered incomplete: cushions or pads of kitchen chair sets; life preserver cushions unless approved by the U.S. Coast Guard; auto seat cushions measuring more than 15" x 15" x 3"; high chair sets; back rests, except those manufactured expressly for use in automobiles and are displayed and sold as such; chair pads; sanitary chair pads; cushions measuring more than 6" in any direction unless otherwise provided for in these regulations.

(10) The law is fully applicable to the rental of beds, mattresses, invalid chairs, cushions, etc., customarily used by invalids. It is not intended to and it does not apply to renting out for a few hours folding chairs used by caterers and undertakers, etc. [Regulation .46.090, effective 3/11/60.]

**WAC 248-46-100 Labels—Repaired and renovated articles, owner's own.** (1) Every remade or renovated article not for sale but for return to the owner for his own use shall have a label approved by the director affixed to it.

(2) The label shall be attached to the article upon its receipt and the name and address of the owner shall immediately be entered on the label.

(3) Any such article wherein the filling material(s) is distributed or exposed during making or renovating shall be fumigated by a process approved by the director, except that this may not apply to owner's own upholstered furniture.

(4) The presence of added material and whether it is new or secondhand shall be designated on the label.

(5) Immediately after the article has been remade, repaired or renovated, if no additional material has been used, the word "none" shall be entered in the label.

(6) There shall also be entered the date of fumigation, the permit number of the fumigator and the license number of the repairer and renovator where applicable. [Regulation .46.100, effective 3/11/60.]

**WAC 248-46-110 Cleanliness of secondhand articles.** (1) Secondhand shall mean any filling material or article of upholstered furniture or bedding, any part of which has been used.

(2) Except as provided under WAC 248-46-110(3) any person before selling or offering for sale a secondhand article which does not have a new complete outer covering shall:

(a) vacuum the outer surface and recess area of the articles so as to remove all loose dust and debris and

(b) clean the outer surface of the article so as to remove all oil, grease, and physical accumulations of soil other than stains.

(3) **Hospital-type mattresses.** All mattresses that are provided as part of rented hospital-type bed equipment shall have a washable outer surface and after each rental be cleaned with a detergent solution containing a sanitizing agent.

(4) As provided under RCW 18.45.450 the director may condemn or withhold sale any secondhand damaged

article or any filling material to be used in the manufacture of any article found to be hazardous or detrimental to health. [Order 137, § 248-46-110, filed 12/2/76; Regulation .46.110, effective 3/11/60.]

**WAC 248-46-120 Sterilization.** (1) The method of sterilization of bedding and upholstered furniture shall be determined by the director.

(2) No person shall engage in the business of sterilizing articles of upholstered furniture and bedding, or such filling materials as are or that may be used in the construction, either for himself or for others without first applying to the state department of health for a license. Such license shall not be issued until the sterilizing equipment has been inspected and has been found to comply with the recommendations of the director.

(3) Every article of upholstered furniture or bedding from any private or public hospital, jail, nursing home, or any other institution or which has been used by any person suffering from an infectious or contagious disease shall be sterilized before being offered for sale, or repaired and renovated. [Regulation .46.120, effective 3/11/60.]

**WAC 248-46-130 Fumigation.** (1) Fumigation may be carried out by the atmospheric chamber method, vacuum chamber method, or by any other method demonstrated to be effective and approved by the director.

(2) No person shall engage in the business of fumigating articles of upholstered furniture and bedding or such filling materials as are or may be used in the construction thereof, either for himself or for others, without first applying to the state department of health for a license. Such license shall not be issued until the fumigation chamber has been inspected and has been found to comply with the regulations.

(3) It shall be the responsibility of the registrant to be assured that any person who operates and/or maintains the chamber has demonstrated his ability to operate such fumigation chamber in an effective and safe manner.

(4) The director of health may revoke at any time the permission to operate a fumigation chamber when he deems it necessary for the sake of safety and welfare of the public or individuals concerned, or if there is non-compliance with chapter 183, Laws of 1951 (chapter 18.45 RCW) of the state of Washington.

(5) **Atmospheric and vacuum fumigation.** Natural or mechanical means shall be provided to insure a healthful atmosphere throughout the premises. Minimum requirements for safe ventilation, including air change, temperature, humidity, air velocity, and removal of atmospheric contaminant in all work rooms shall be such that harmful conditions are obviated.

(6) Whenever toxic gases are employed in a chamber or other types of fumigation used, an adequate system of aeration shall be provided which will insure against a hazardous exposure to the operator or to others.

(7) In any type of fumigation there shall be adequate warning system for the protection of the operator and

the public. This shall include the posting of a sign printed in English using red block letters not less than three inches in height for the two lines:

**DANGER - POISON GAS  
STAY AWAY**

(8) General ventilation may be used to maintain, by dilution, the concentrations of atmospheric contaminants below the maximum allowable concentrations, provided that general ventilation shall not be used when it is feasible to prevent the escape or dispersion of the contaminants into the workroom atmosphere.

(9) Adequate facilities for rendering medical service, including prompt first aid or emergency treatment of all accidents occurring during employment should be provided. In any operation or process employing toxic material, there must be readily available the essential drugs and equipment necessary for effective emergency first aid treatment by a physician. Such drugs and equipment shall be clearly labeled and marked

"For Use by Physician"

(10) In fumigation with any toxic gas, a helper or second person must always be present and able to render necessary aid to protect the operator in the event of errors, failure of equipment, or accident. Such person should be proficient in the technique of back pressure-arm lift method of artificial respiration.

(11) Employers and employees shall familiarize themselves with the use, sanitary care, and limitations of such respiratory equipment as they may have occasion to use.

(12) Respiratory or other protective equipment provided shall be types approved by the Washington state department of health for the specific employments involved.

(13) Protective devices and safety protective clothing shall be worn or used at all times during the period of exposure.

(14) Any vault or chamber used for fumigation purposes shall be so constructed as to be gas and air tight. This shall include making inlet and outlet vent traps, gas and air tight, and providing for their control from without.

(15) Whenever fumigation air-gas concentrations approach or exceed the lower explosive limit of the particular toxic substance used, all electrical equipment, fittings, and connections must be of explosion-proof type.

(16) In vault or chamber fumigation there must be provided a gas-tight vent pipe or stack of adequate size which will connect above the vent trap and extend at least six feet above adjacent buildings and an inlet vent of adequate size and proper location.

(17) Any vault or chamber used for fumigation purposes must be no less than 500 cubic feet capacity nor more than 1,000 cubic feet except with the written approval of the department. It must be so constructed as to be gas and air tight. It must be so designed and equipped that it can be kept clean and the fumigating agent have proper access to the material to be fumigated. It must be used only for fumigation purposes.

(18) When fumigation vaults or chambers are to be built for operation within the limits of any incorporated

city, construction plans, safety devices to be employed, and nature of fumigant to be used should be discussed with the local fire marshal or other agency having jurisdiction in such matters.

(19) Each chamber or vault shall be provided with equipment to conform with these regulations and with the standards and regulations of the department of health.

(20) **Cyanide.** This method of fumigation may not be used except by professional fumigators approved by the department.

(21) **Methyl bromide.** The use of methyl bromide is restricted to professional fumigators except with the written permission of the department.

(22) **Professional fumigator.** The term "professional fumigator" as used in these regulations shall mean a person exclusively engaged in the business of fumigating buildings, vessels, or enclosed spaces; has passed an examination and been issued a license by a municipality as a fumigator or master fumigator.

(23) **Ethylene dichloride and carbon tetrachloride.** This noninflammable liquid mixture of 75% ethylene dichloride and 25% carbon tetrachloride is approved for use in an atmospheric chamber. Liquid should be placed in a shallow tray not more than 2-1/2 inches deep. Tray should be placed 18 inches below ceiling. Not less than 14 pounds (5 quarts) per 1,000 cubic feet of air space should be used, and temperature of room maintained at not less than 75°F. nor more than 90°F. for 24 hours.

(24) Any method of fumigation not provided for herein shall be submitted to the department of health for approval before adoption or use.

(25) The fumigator shall submit to the director a monthly report of all articles treated. The necessary forms may be procured from the state department of health.

(26) All items that are so treated must be stamped, labeled, or tagged as having been treated.

(27) Fumigation chambers licensed by the state department of health are for the purpose of fumigating upholstered furniture, bedding, and filling materials, and all secondhand articles containing a soft, hidden filling material which comes within the scope of the law. The holder of the license is authorized to fumigate within the chamber, using the recommended fumigant. No other fumigant may be used without the approval of the director and no fumigation is authorized outside the chamber. [Regulation .46.130, effective 3/11/60.]

**WAC 248-46-140 Supply dealers—Standards.**

(1) **Batts.** Paper sleeves, cartons, wrappers, or containers of any kind for individual cotton or wool batts, or batts made of any other material or combination of materials, concealed or not concealed, shall state whether the material is new or secondhand and show the grades and types of filling materials used, and the statement: "Certification is made that this material is described in accordance with the law."

(2) The batt stamp or label must show the registration number of the manufacturer or supply dealer.

(3) A stamp may be used in lieu of label providing the stamp used is not smaller than the minimum size approved by the department.

(4) When a stamp is approved in lieu of label such stamp shall show or state such information as would be required on the label which it replaces.

(5) The label or stamp shall not be smaller than six square inches in area.

(6) Batting made of any material or combination of materials for use in upholstered furniture or bedding shall be labeled or stenciled as set forth in the appropriate filling material regulations.

(7) Punched pads having muslin or burlap back shall show the required information without reference to, or inclusion of, the backing or binding element.

(8) Stamps or labels on pads shall show the kinds and grades of materials used.

(9) Rubberized pads, or those using bindershaving, a similar effect, likewise need not show the percentage of rubber or other binder element, when rubber or other material is used solely as a binder element.

(10) **Bulk materials.** All filling materials sold in bulk or packages and intended for use in the manufacture of upholstered furniture or bedding, shall be tagged or labeled in accordance with regulations covering the labeling of each kind of filling material.

(11) Bulk material in packages shall show on the stamp or label, the net avoirdupois weight; the kinds and grades of materials used, together with the registration number of the manufacturer or supply dealer.

(12) For labeling of secondhand material see WAC 248-46-110.

(13) The standards and definitions for filling materials shall be those included in these rules and regulations. [Regulation .46.140, effective 3/11/60.]

WAC 248-46-200 Forms.

(1)

(Space for stitching)	
DO NOT REMOVE THIS LABEL UNDER PENALTY OF LAW	
ALL NEW MATERIAL Consisting of _____	
(This space for revenue stamp when required)	Reg. No. _____  Certification is made that the materials in this article are described in accordance with Law
Name and Address of vendor or manufacturer	

ALL NEW MATERIAL LABEL  
WHITE STOCK

BLACK PRINT

Minimum type size one-eighth inch high, capital letters

Insert description of filling materials by clearly imprinting in English, using capital letters not less than one-eighth inch high

Minimum size of exposed part of label is 2 x 3 inches

(2)

(Space for stitching)	
DO NOT REMOVE THIS LABEL UNDER PENALTY OF LAW	
This Article Contains <b>SECOND HAND MATERIAL</b> Consisting of _____	
Reg. No. _____	Certification is made that the materials in this article are described in accordance with law
FUMIGATED BY	
Name _____	
Address _____	
Date _____ Per. No. _____	
MADE OR SOLD BY	
Name _____	
Address _____	

SECONDHAND MATERIAL LABEL

RED STOCK  
BLACK PRINT

Minimum type size one-eighth inch high, capital letters

Minimum type size for description one-eighth inch high, capital letters

Minimum type size one-eighth inch

SUPPLY DEALERS LABEL — BATTING, FELT, PADDING

(3)

(Gummed Label.)

DO NOT REMOVE THIS TAG Under penalty of Law	
<b>ALL NEW MATERIAL</b>	
Net Wt.	Size
Reg. No.	
Certification is made that this material is described in accordance with law	
Name & Address of Vendor Manufacturer	

WHITE STOCK  
BLACK PRINT

24 Point Gothic Type, capital letters

Insert description of filling materials by clearly imprinting in English, using capital letters not less than one-eighth inch high

(optional)

FOR BATTING, FELT OR PADDING WRAPPER STENCIL  
OR RUBBER STAMP

(4)

<b>ALL NEW MATERIAL</b>	
Net Wt.	Size
Reg. No.	

BLACK INK

24 Point Gothic Type in capital letters

Insert description of filling material by clearly imprinting in English using capital letters not less than one-eighth inch high

(5)

(Space for stitching)
DO NOT REMOVE THIS TAG UNDER PENALTY OF LAW
This Article contains the same material received from the owner, to which has been added
Reg. No. _____
This Article Must Not Be Sold It is the property of and must be returned to the owner for his own or his tenant's use
CONTENTS FUMIGATED BY Per. No. _____
Repairer or Renovator Certifies this Article Complies with the Law
Repaired & Renovated By
Name _____
Address _____
Owner _____
Address _____

**OWNER'S OWN MATERIAL LABEL**  
GREEN STOCK — BLACK PRINT  
WHITE STOCK — GREEN PRINT

Minimum type size for description of filling material one-eighth inch high, capital letters

Minimum type size, one-eighth inch

(6)

DO NOT REMOVE THIS TAG UNDER PENALTY OF LAW	
This Article Contains <b>SECOND HAND MATERIAL</b>	
certificate is made that the materials are treated in accordance with law	
FUMIGATED BY _____	
Name _____	
Address _____	
Per. No. _____	Date _____

**FUMIGATORS OR STERILIZERS**

**LABEL**

**RED STOCK  
BLACK PRINT**

Minimum type size one-eighth inch high, capital letters

Minimum type size one-eighth inch high, capital letters

**SUPPLY DEALERS TAGS — BULK MATERIALS**

(7)

Net wt.	DO NOT REMOVE UNDER PENALTY OF LAW	Reg. No.
<b>ALL NEW MATERIAL</b>		
consisting of		
Name of Vendor or Manufacturer		

**LIGHT STOCK  
BLACK PRINT**

24 Point Gothic

Insert description of filling materials by clearly imprinting in English using capital letters not less than one-eighth inch high

(8)

Net wt.	DO NOT REMOVE UNDER PENALTY OF LAW	Reg. No.
<b>SECOND HAND MATERIAL</b>		
consisting of		
FUMIGATED BY _____		
Date _____	Per. No. _____	

**RED STOCK  
BLACK PRINT**

24 Point Gothic

Minimum type size one-eighth inch high

FOR SECONDHAND BATTING, FELT OR PADDING  
WRAPPER STENCIL OR RUBBER STAMP

(9)

SECONDHAND MATERIAL	
Net wt.	Size
Reg. No.	

## RED INK

24 Point Gothic Type in Capital Letters

Insert Description of Filling material by clearly imprinting in English using capital letters not less than one-eighth inch high.

[Forms (codified as WAC 248-46-200), effective 3/11/60.]

**WAC 248-46-999 Legal authority of the state board of health.** RCW 18.45.480 (section 38, chapter 183, Laws of 1951). [Regulation .46.999, effective 3/11/60.]

### Chapter 248-50 WAC GENERAL SANITATION

## WAC

248-50-010	Definition—Public or common nuisance.
248-50-020	Spitting.
248-50-030	Common towel.
248-50-060	Water sold to the public for drinking purposes in bottles or other containers.
248-50-070	Ice sold for public use.
248-50-080	Pollution of ground water prohibited.
248-50-090	Stream pollution.
248-50-100	Disposal of human excreta.
248-50-110	Kitchen and laundry water.
248-50-120	Disposal of garbage, trash, rubbish, offal, dead animals, and manure.
248-50-130	Keeping of animals.
248-50-140	Stagnant water.
248-50-150	Highway sanitation.
248-50-160	Sanitation of public buildings.
248-50-170	Objectionable establishment and industrial wastes.
248-50-180	Piggeries.
248-50-200	Disease producing organisms for rodent extermination forbidden.
248-50-210	Common drinking cups.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-50-050	Semipublic water supplies. [Regulation .50.050, effective 3/11/60.] Repealed by Order 54, filed 4/5/71.
248-50-190	Hotel and summer resorts. [Regulation .50.190, effective 3/11/60.] Repealed by Order 71, filed 4/11/72.

**WAC 248-50-010 Definition—Public or common nuisance.** For the purpose of these regulations, a public or common nuisance shall be considered as that which is set up, maintained or continued so as to be injurious to the health, or an obstruction to the use of property by interfering with the repose, health, safety or life of any

considerable number of persons. [Regulation .50.010, effective 3/11/60.]

**WAC 248-50-020 Spitting.** Spitting upon the floors or walls of a public building or buildings used for public assemblage, of a building used for manufacturing or industrial purposes, or upon the floors or platforms or any part of any railroad or trolley car or ferry boat, or any other public conveyance, is prohibited. [Regulation .50.020, effective 3/11/60.]

**WAC 248-50-030 Common towel.** No person, firm, corporation or authorities owning, in charge of, or in control of any lavatory or wash room in any hotel, theatre, lodging house, restaurant, factory, school, church, store, office building, railway or trolley station, or public conveyance by land, water or air, or other institution or conveyance frequented by the public, or which may be used for the purpose of public assembly or as a place of employment, shall provide in or about such lavatory or washroom any towel for common use.

The term "common use" in this section shall be construed to mean, the use of all or any portion of a towel by more than one person without adequate cleansing. [Regulation .50.030, effective 3/11/60.]

**WAC 248-50-060 Water sold to the public for drinking purposes in bottles or other containers. (1) Quality.** No water shall be sold, offered for sale or rendered available for drinking purposes in bottles or other containers unless such water is of a sanitary quality approved by the state director of health.

(2) **Inspection.** All plants for the preparation of water for sale in bottles or other containers for drinking purposes and the sources of the water supply shall be inspected as frequently as necessary by a representative of the state department of health, and samples of water collected for sanitary analyses at the state department of health laboratories.

(3) **Sterilizing containers.** Bottles or other containers in which water is sold for drinking purposes shall be

sterilized before refilling. The method of sterilization shall be approved by the state director of health.

(4) **Water purification.** Processes of purification of waters that are to be sold for drinking purposes shall be approved by the state director of health before the water can be sold or offered for sale. [Regulation .50.060, effective 3/11/60.]

**WAC 248-50-070 Ice sold for public use.** (1) **Quality.** No ice shall be sold, offered for sale or rendered available for use to the public unless such ice is of a sanitary quality approved by the state director of health.

(2) **Information.** Any company, corporation, city or individual selling artificial ice for public consumption shall submit to the state department of health complete information concerning the source of water supply used for the manufacture of the ice and a detailed description of the manufacturing processes involved.

Any company, corporation, city or individual harvesting natural ice shall file full information with the state department of health with regard to the source of the ice and method of storage. [Regulation .50.070, effective 3/11/60.]

**WAC 248-50-080 Pollution of ground water prohibited.** (1) No privy contents, drainage from a building, or the effluent from any sewage treatment device shall be discharged directly into any well, either abandoned or constructed for that purpose, that is carried to such a depth as to penetrate the water-bearing strata.

(2) No privy contents, drainage from a building, or the effluent from any sewage treatment device shall be discharged into any crevice, sink-hole, or other opening, either natural or artificial, in a rock formation which will or may permit the pollution or contamination of ground water, except with the approval of the state director of health. [Regulation .50.080, effective 3/11/60.]

**WAC 248-50-090 Stream pollution.** If, after investigation by the state department of health of any stream, lake, or other body of water within the state or forming the boundaries thereof, it is found that the entrance of sewage or industrial wastes are contributing sufficient pollution to endanger the public health and welfare, and the correction thereof is both possible and practicable, the state director of health will issue and enforce such special orders as may be necessary for the protection of the public health and welfare. [Regulation .50.090, effective 3/11/60.]

**WAC 248-50-100 Disposal of human excreta.** (1) **Waters of the state defined.** For the purpose of this regulation, the term "waters of the state" wherever used, shall include all streams and springs, and all bodies of surface and of ground water, whether natural or artificial, within the boundaries of the state.

(2) **Privies shall be fly-proof.** No privy, cesspool, septic tank, or other receptacle for human excrement shall be constructed, maintained or used so that flies have or may have access to the excrementitious matter contained therein.

(3) **Privies shall not drain in any waters of the state.** No privy, urinal, cesspool, septic tank or other receptacle for human excrement shall be constructed, maintained or used which directly or indirectly drains or discharges over or upon the surface of the ground, or into any waters of the state either directly or indirectly; unless the contents of such urinal, cesspool, septic tank or receptacle for human excrement are subjected to some recognized sterilization treatment approved by the state department of health.

(4) **Privies shall be kept clean.** All privies, urinals, cesspools, septic tanks or other receptacles for human excrement shall be cleansed at sufficiently frequent intervals to prevent the contents from overflowing.

(5) **Treating excreta on watersheds of public water supplies.** All schools, hamlets, villages, towns or industrial settlements which are now located or may be hereafter located on the watershed of any public water supply, not provided with a sewerage system, shall provide and maintain a reasonable system approved by the state director of health for collecting and disposing of all accumulations of human excrement within their respective jurisdiction or control.

(6) **Connection with sewer.** No privy, cesspool, septic tank or similar receptacle for human excrement shall be constructed, maintained or used on premises where a sewer is at all accessible which is part of a sewerage system from which sewage is lawfully discharged into the waters of the state.

(7) **Use of human excreta for fertilizer prohibited.** The contents of privies, cesspools, septic tanks or other receptacles for human excrement shall not be placed upon the surface of the ground or be used for fertilizing purposes for crops or gardens.

(8) **No privy near foodstuffs.** No privy, urinal, toilet or other receptacle for human excrement shall be constructed, maintained or used in any room, or have direct connection with any room wherein any kind of exposed foods or foodstuffs are prepared, stored or handled. [Regulation .50.100, effective 3/11/60.]

**WAC 248-50-110 Kitchen and laundry water.** No kitchen or laundry water shall be discharged or be permitted to discharge or flow into any gutter, street, roadway or public place. [Regulation .50.110, effective 3/11/60.]

**WAC 248-50-120 Disposal of garbage, trash, rubbish, offal, dead animals, and manure.** (1) **Definitions.** For the purpose of these regulations the following definitions shall apply:

"Garbage" shall mean all solid and semisolid kitchen refuse subject to decay or putrefaction and all market waste of animal and vegetable matter which was intended to be used as food.

"Trash and rubbish" shall mean all waste material not of putrescible nature, which for the purpose of this regulation shall include ashes.

"Offal" shall mean waste animal matter from butcher, slaughter, or packing houses.

"Dead animals" shall mean all animals large and small which may die or which may be killed for other than food purposes.

"Manure" shall mean cleanings from all barns, stables, corrals, pens, or cars used for stabling or penning of animals or fowl.

(2) **Methods of disposal.** Garbage, offal and manure; or rubbish, trash, and ashes mixed with garbage, offal or manure shall be disposed of by incineration, burial, sanitary fill or other method approved, and within a time limit set by the health officer. Such material shall not be disposed of by being deposited in any ditch, gulch, ravine, river, stream, lake, pond, nor upon the surface of the ground, on any highway rights of way, where it may become a nuisance or menace to health through the breeding of flies, harboring of rodents, or pollution of water.

(3) **Dead animals.** The carcass of any dead animal shall be removed and disposed of by burial, incineration or other proper method within twenty-four hours after death. If the carcass is buried it shall be placed so that every part shall be covered by at least two feet of earth and at a location not less than 100 feet from any well, spring, stream or other surface waters, and in a place not subject to overflow. In all cases of death from communicable disease, the carcass, if disposed of by burial, shall first be thoroughly enveloped in unslaked lime.

Proper disposal shall be made by the owner of the animal or by the owner of the property on which the dead animal is found. Where the owner of the animal is unknown and the carcass is found upon any street, alley or other public place, it shall be removed and disposed of by the county board of health at public expense. [Regulation .50.120, effective 3/11/60; subsection (2) amended by filing of 6/3/65.]

**WAC 248-50-130 Keeping of animals.** (1) Any person, firm or corporation is prohibited from keeping or sheltering animals in such a manner that a condition resulting from same shall constitute a nuisance.

(2) In populous districts, stable manure must be kept in a covered watertight pit or chamber and shall be removed at least once a week during the period from April 1st to October 1st and, during the other months, at intervals sufficiently frequent to maintain a sanitary condition satisfactory to the health officer. Manure on farms or isolated premises other than dairy farms need not be so protected and removed unless ordered by the health officer.

(3) Manure shall not be allowed to accumulate in any place where it can prejudicially affect any source of drinking water. [Regulation .50.130, effective 3/11/60.]

**WAC 248-50-140 Stagnant water.** (1) All marshes or swamps, and all pools or ponds, either natural or artificial, shall be maintained by the owners free from the breeding of mosquitoes. If treatment is required to prevent the breeding of mosquitoes, it shall be accomplished by filling, draining, stocking with larvae-eating fish, treating with larvicide or mineral oil or by some other method approved by the state department of health.

(2) No person shall maintain or permit to be maintained any privy vault, cesspool, well, cistern, rain barrel, or other receptacle containing water in such condition that mosquitoes may breed therein. [Regulation .50.140, effective 3/11/60.]

**WAC 248-50-150 Highway sanitation.** Any municipality, community, institution, corporation, association, firm or person who owns, operates, or maintains on or near any public highway, a place catering to the traveling public, shall maintain and operate said place in such a way that it does not constitute a menace to public health or a public nuisance. [Regulation .50.150, effective 3/11/60.]

**WAC 248-50-160 Sanitation of public buildings.** (1) **Definition.** A public building shall be construed to mean any theater, show-house, public hall, public meeting place, public transportation terminal, or any other public building not covered by specific regulations: *Provided*, That a public building shall not be construed to include any store, market, supermarket, or other commercial establishment open to the general public for commercial purposes which does not cater to an audience.

(2) **Lighting and ventilation.** All public buildings shall be properly lighted and ventilated according to the type of said building and the uses to which it is put.

(3) **Water supply.**

(a) Any public place supplied with water under pressure shall be equipped with sanitary drinking fountains of an approved type.

(b) Where water supplied for drinking is not obtained from a public water supply, such water shall be of a quality approved by the secretary of the department of social and health services. When not under pressure, drinking water shall be stored in a covered container of an approved type.

(c) The use of the common drinking cup is prohibited.

(4) **Toilet facilities.** Every public building shall be provided with adequate sanitary toilet facilities for each of the sexes; and such facilities shall be convenient and accessible. Every public building which must provide adequate sanitary toilet facilities shall provide at least one free sanitary toilet facility for each of the sexes. Where toilet facilities are voluntarily provided by any store, market, supermarket, or other commercial establishment for use by customers of such establishment or the general public, there shall be at least one free sanitary toilet facility provided for each of the sexes. It shall be the duty of the owner, manager, or other responsible person in charge to see that the toilet system is properly installed and maintained in a usable and sanitary condition at all times.

The method of sewage disposal for all public buildings shall comply with the rules and regulations of the state board of health.

(5) **Cleaning.** All public buildings shall be kept at all times in a clean and sanitary condition and the cleaning shall be carried on under proper sanitary conditions. All rooms used for public meetings shall be cleaned after each meeting held in them, such cleaning to consist of

thorough sweeping of the floors and wiping of the woodwork, together with proper airing of the rooms. No room shall be swept without the use of a proper dust-laying substance. Dry dusting is prohibited. In construing this regulation all meetings held during the course of a single day shall be regarded as one meeting. [Order 98, § 248-50-160, filed 4/5/74; Order 89, § 248-50-160, filed 10/3/73; Regulation .50.160, effective 3/11/60.]

**WAC 248-50-170 Objectionable establishments and industrial wastes.** (1) No person, partnership, firm or corporation maintaining a slaughter house, rendering works, depository of dead animals, glue works, tannery, wool washing establishment, paper mill, by-product coke oven, dye works, oil refinery, dairy, creamery, cheese factory, milk station or similar establishment; or engaged in the manufacture of gas, chemicals, explosives, fertilizers, or similar products; or in the business of soap making, fish oil extraction, bone boiling or similar occupation, shall allow any noxious exhalation, odors or gases that are deleterious or detrimental to public health to escape into the air, or any substance that is deleterious or detrimental to public health to accumulate upon the premises; or be thrown or allowed to discharge into any street, roadway or public place; or be thrown or allowed to discharge into any stream or other waters of the state.

(2) All slaughter houses, rendering works, bone boiling establishments, depositories for dead animals, garbage disposal works, piggeries and similar establishments handling organic matter shall have an adequate water supply for the purpose of keeping the place clean and sanitary. All floors shall be constructed of concrete or other impervious material and shall have adequate provision for drainage to a sewer or treatment works approved by the state department of health. [Regulation .50.170, effective 3/11/60.]

**WAC 248-50-180 Piggeries.** (1) No pigsty or piggery shall be built or maintained on marshy ground or land subject to overflow, nor within 200 feet of any stream or other source of water supply.

(2) When garbage is fed to pigs all unconsumed garbage shall be removed daily and disposed of by burial or incineration.

(3) No organic material furnishing food for flies shall be allowed to accumulate on the premises.

(4) All garbage shall be handled and fed upon platforms of concrete or other impervious material.

(5) Unslaked lime, hypochlorite of lime, borax or mineral oil shall be used daily in sufficient quantities to prevent offensive odors and the breeding to flies.

(6) All garbage, offal and flesh fed to swine must be sterilized by cooking before feeding. [Order 44, § 248-50-180, filed 12/11/70; Regulation .50.180, effective 3/11/60.]

**WAC 248-50-200 Disease producing organisms for rodent extermination forbidden.** The use of any disease-producing organisms such as the so-called "rat viruses" or any bacteria for the purpose of rodent extermination is prohibited. [Regulation .50.200, effective 3/11/60.]

**WAC 248-50-210 Common drinking cups.** No person, firm, corporation or authorities owning, in charge of, or in control of any hotel, theatre, restaurant, lodging house, factory, school, church, store, office building, railway, trolley or other public conveyance station, or public conveyance by land, water or air, or other institution or conveyance frequented by the public or which may be used for the purpose of public assembly or as a place of employment, is permitted to furnish any cup, vessel or other receptacle for common use in any such place for drinking or eating purposes.

The term "common use" in this section shall be construed to mean, for use by more than one person without adequate cleansing. [Regulation .50.210, effective 3/11/60.]

## Chapter 248-54 WAC PUBLIC WATER SUPPLIES

### WAC

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248-54-780	Enforcement.	248-54-190	Cross-connections—Methods of providing for fire protection. [Regulation .54.190, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
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248-54-810	Sanitary survey.	248-54-220	Fluoridation. [Regulation .54.220, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-820	Cross-connections.		
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**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

248-54-001	Definitions. [Regulation .54.001, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-010	Approval of plans required for public water supplies—Preliminary report required. [Regulation .54.010, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-020	Approval of plans required for public water supplies—Submission of plans for new waterworks. [Regulation .54.020, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-030	Approval of plans required for public water supplies—Submission of plans for alterations to waterworks. [Regulation .54.030, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-040	Approval of plans required for public water supplies—Final approval. [Regulation .54.040, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-050	Approval of plans required for public water supplies—Requirements for engineers. [Regulation .54.050, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-060	Operation of public water supplies—Quality. [Regulation .54.060, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
247-54-070	Operation of public water supplies—Operation. [Regulation .54.070, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-080	Operation of public water supplies—Alteration or changes in operation required. [Regulation .54.080, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-090	Operation of public water supplies—Analyses of water required. [Regulation .54.090, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-100	Operation of public water supplies—Disinfection of new wells and pipe lines. [Regulation .54.100, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-110	Operation of public water supplies—Prohibiting return of cooling waters. [Regulation .54.110, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-120	Operation of public water supplies—Emergency notification. [Regulation .54.120, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-130	Operation of public water supplies—Regulations to be posted. [Regulation .54.130, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-140	Surface water supply—Inspection of watersheds. [Regulation .54.140, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-150	Surface water supply—Watershed sanitation. [Regulation .54.150, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-160	Surface water supply—Cities to define watersheds. [Regulation .54.160, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-170	Cross-connections—Definitions. [Regulation .54.170, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.
248-54-180	Cross-connections—Cross-connections prohibited. [Regulation .54.180, filed 4/28/66; Regulation .54.180, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

**WAC 248-54-250 Purpose and scope.** Pursuant to the provisions of RCW 43.20.050, the regulations set forth in this chapter are adopted for the protection of public health through the provision of minimum requirements and standards for design, construction, operation, and maintenance of public water supplies. [Order 49, § 248-54-250, filed 12/17/70.]

**WAC 248-54-260 Definitions.** (1) "Division" – The Washington state division of health, department of social and health services.

(2) "Secretary" – The secretary of the department of social and health services, or his authorized agent, or the health officer as set forth in WAC 248-54-270.

(3) "Health officer" – The city, county, city-county, or district health officer having jurisdiction, or his authorized agent.

(4) "Public water supply" – Any system or water supply intended or used for human consumption or other domestic uses, including source, treatment, storage, transmission and distribution facilities where water is furnished to any community, collection or number of individuals, or is made available to the public for human consumption or domestic use, but excluding water supplies serving one single family residence.

(5) "Service" – A connection between the purveyor's distribution system and the customer's system. Except, when the customer's system distributes to more than one single family dwelling, each dwelling shall be considered as a service connection.

(6) "Class I System" – A public water supply having more than one hundred services in use at any time, or which serves more than one thousand people at any time, or which serves more than one hundred thousand gallons per day of water at the time of peak usage, or is an interstate carrier water supply under the interstate quarantine regulations.

(7) "Class II System" – Any public water supply not classified as a Class I system.

(8) "Complete treatment" – A water treatment process consisting of coagulation, rapid sand filtration, and disinfection and any additional treatment processes required to meet the quality standards.

(9) "Purveyor" – The federal, state, county, city, town, municipal corporation, firm, company, mutual, cooperative, association, institution, person, or persons, owning or operating a public water supply or his authorized agent.

(10) "Contamination" – The entry into or presence in a public water supply of any substance which may be deleterious to health.

(11) "Disinfection" – Introduction of chlorine, or other disinfecting agent approved by the secretary, in a sufficient concentration and followed by an adequate contact time so as to inactivate coliform or other indicator organisms.

(12) "Standard Methods" – *Standard Methods for the Examination of Water and Waste Water, 12th Edition, 1965*, jointly published by the American Public Health Association, American Water Works Association, and Water Pollution Control Federation, or any superseding edition.\*

(13) "Coliform group" – All organisms determined by the confirmed or completed test of the multiple-tube fermentation technique, or by the membrane filter technique, standard test, as set forth in "Standard Methods".

(14) The following abbreviations are defined as follows:

psi – pounds per square inch

mg/L – milligrams per liter

ml – milliliter

MPN – most probable number of coliform bacteria per 100 ml

(15) "Distribution reservoir" – A structure which is used to store potable water for direct delivery to consumers.

\*Copies of this book may be obtained by writing APHA, Inc. 1970 Broadway, New York City, New York 10019. 13th Edition, 1971, Now Available.

[Order 114, § 248-54-260, filed 5/23/75; Order 49, § 248-54-260, filed 12/17/70.]

**WAC 248-54-270 Administration.** (1) The secretary and the health officer for each local health jurisdiction shall develop a joint plan of operation for the purpose of delineating the respective responsibilities of each agency for the administration of the provisions of these regulations. Such plan shall be based upon the services essential to the supervision of public water supplies, and full utilization of appropriate resources within the respective agencies; and, shall provide for a maximum level of water supply protection. This plan shall be submitted to the local board of health for approval. The secretary shall periodically review and report on the adequacy of water supply supervision to both the state and local boards of health.

(2) Wherever in these regulations the term secretary is used, it is understood that the term "health officer" may be substituted, according to the terms of the plan of operation in WAC 248-54-270(1). [Order 49, § 248-54-270, filed 12/17/70.]

**WAC 248-54-280 Comprehensive plan.** (1) Every public water supply having more than one thousand services shall have a comprehensive water system plan approved by the secretary in accordance with the following:

(2) The comprehensive plan shall include:

(a) A description of the existing water sources, storage and distribution facilities, and the physical, chemical, and bacteriological quality of the supply;

(b) For those systems utilizing surface supplies, with disinfection only, the purveyor shall include a report identifying all facilities, conditions and activities within its watershed, together with a proposed program for necessary surveillance, limitation and control;

(c) A time schedule for improvements required to meet any existing deficiencies of supply, storage, distribution, or quality; including any treatment facilities not in compliance with WAC 248-54-360;

(d) A projection of anticipated system needs at least ten years into the future and a proposed construction schedule to meet these needs;

(e) The plan shall set forth the means for financing any proposed improvements.

(3) The plan should conform with the county or regional water supply plan, and should be compatible with the plans of any adjacent water purveyors.

(4) The plan shall be revised at least once every five years as necessary to meet projected needs. Revisions shall be submitted to the secretary for approval.

(5) Projects submitted for approval under WAC 248-54-300 or 248-54-310 by purveyors required to have a comprehensive plan will not be considered if they are not encompassed by an approved and current comprehensive plan as required in this section.

(6) Purveyors whose systems expand and attain the one thousand service size during a given calendar year shall develop a water supply plan in accordance with this section and secure approval of same by the secretary no later than December 31 of the next calendar year. [Order 114, § 248-54-280, filed 5/23/75; Order 49, § 248-54-280, filed 12/17/70.]

**WAC 248-54-290 Preliminary report required.** (1) Prior to or concurrent with the preparation of detailed plans and specifications for new construction or improvements to a public water supply as outlined in WAC 248-54-300 the purveyor shall submit to the secretary for approval a preliminary report concerning the nature and scope of the proposed construction, together with sufficient engineering data concerning populations, water demand, quality, quantity, pressure, adequacy of available sources, water treatment, and financing necessary to permit a thorough evaluation of the proposal. Information contained in an approved and current comprehensive plan need not be resubmitted.

(2) When a source of surface water is to be developed as a public water supply, the following additional information shall be submitted as a part of the engineering report.

(a) If complete treatment including coagulation and filtration is to be provided, the following information shall be included:

(i) A general description of the watershed, including area, topography and hydrologic data.

(ii) Upstream uses and discharges, such as industrial and domestic waste water treatment plans, storm sewer discharge, etc., which might affect water quality.

(iii) Land uses that may adversely affect the quality of the surface water such as feed lots, commercial orchards, etc.

(iv) Information on the physical, chemical and bacteriological quality of the source.

(b) If less than complete treatment is to be provided, the information required in WAC 248-54-360(5)(b) shall be included.

(3) When a well or spring is to be used as a source of supply, the following additional information shall be submitted as a part of the engineering report:

(a) Location map showing topography, distances to the well or spring from existing property lines, buildings, potential sources of pollution, ditches, drainage patterns, and any other geological or man made features that may affect the quality or quantity of water.

(b) Dimensions and location of sanitary control area as set forth in WAC 248-54-350.

(4) The application number for a water right permit shall be submitted with the preliminary engineering report. [Order 49, § 248-54-290, filed 12/17/70.]

**WAC 248-54-300 Submission of plans for new water works.** (1) Every purveyor, before installing or entering into a contract for installing a public water supply or portion thereof except as provided in WAC 248-54-300(6), shall submit to the secretary complete plans and specifications fully describing such public water supply and upon receipt of the secretary's written approval the plans and specifications shall be adhered to unless deviations are first submitted to and receive written approval of the secretary. Routine field deviations required during construction need not be submitted for approval.

(2) When a well is developed as a source of supply, the following information shall be submitted along with the final plans and specifications.

(a) Well location as required in WAC 248-54-290(3)(a) and evidence showing control area has been provided as set forth in WAC 248-54-350, if this information was not submitted with the engineering report; and

(b) Well log as obtained during construction; and

(c) Detailed construction plans to include; well housing, pump location, diameter of well, depth of completed well, depth of casing installed, location and type of screens or perforations, location and depth of all cement grout or other formation seals.

(d) Well development data to include; static water level, yield (gallons/minute) with amount of drawdown (feet), recovery (feet/time) and duration of pumping. Pump test duration shall be for a minimum of four hours or until drawdown stabilization has been established for at least two hours. If drawdown stabilization does not occur after an extended period of pumping, additional geological investigations will be required; and

(e) A bacteriological analysis taken after completion and disinfection of the well.

(3) The following information shall be provided for all new sources of supply:

(a) A chemical analysis shall be made on a representative sample and analysed for at least the following substances:

- (1) Chlorides
- (2) Fluorides
- (3) Iron
- (4) Manganese
- (5) Nitrates
- (6) Sulfates
- (7) Total Dissolved Solids
- (8) Hardness
- (9) Alkalinity
- (10) pH
- (11) Turbidity
- (12) Color

(b) When the source water quality is subject to variation, the range of variation shall be provided; and

(c) Detailed plans and specifications of any treatment equipment required.

(4) The water right permit number shall be included with the submission of final construction plans for projects developing a new source or enlarging an existing source.

(5) Plans submitted to the secretary shall include the proposed provisions for inspection of the work during construction.

(6) If the purveyor has received approval of a comprehensive plan in accordance with WAC 248-54-280, and has submitted and received approval of standard construction specifications, detailed plans and specifications for distribution mains need not be submitted individually for approval. [Order 49, § 248-54-300, filed 12/17/70.]

**WAC 248-54-310 Submission of plans for alterations to water works.** No purveyor shall make or enter into a contract for making any additions, extensions, changes, or alterations in any existing public water supply without first having submitted complete plans and specifications fully describing the proposed work to be performed to the secretary for review and received the secretary's written approval except as provided in WAC 248-54-300(6) and specifications shall be adhered to unless deviations therefrom have been submitted to the secretary and received his written approval. This section does not apply to routine main repair or replacement. [Order 49, § 248-54-310, filed 12/17/70.]

**WAC 248-54-320 Requirements for engineers.** All comprehensive plans, preliminary reports or final plans for new public water supplies, extensions or alterations as required in WAC 248-54-280, 248-54-290, 248-54-300 and 248-54-310 except minor pipeline extensions and replacement or other minor improvements shall be prepared by a professional engineer licensed in the state of Washington in accordance with chapter 18.43 RCW and shall bear his seal on all copies of plans and specifications, engineering reports, or comprehensive plans

submitted to the secretary for review. [Order 49, § 248-54-320, filed 12/17/70.]

**WAC 248-54-330 Approval by health officer.** For those water supplies where the health officer has assumed primary responsibility under WAC 248-54-270, the health officer may approve preliminary reports, plans and specifications in accordance with engineering criteria prepared by the secretary and he may waive sections WAC 248-54-320 and 248-54-340. [Order 49, § 248-54-330, filed 12/17/70.]

**WAC 248-54-340 Inspection and certification by a professional engineer.** Within sixty days following the completion of and prior to the use of any project or portions thereof for which plans and specifications have received the approval of the secretary, a certification shall be made to the secretary and signed by a professional engineer that the project was inspected by him or his authorized agent and that it was constructed in accordance with the plans and specifications approved by the secretary. [Order 49, § 248-54-340, filed 12/17/70.]

**WAC 248-54-350 Source protection.** (1) All public water supplies shall be obtained from the highest quality source which is feasible, and attention should be given to minimize contamination of the source.

(2)(a) Ground water sources shall be located, constructed and maintained in a manner which will assure the minimum possibility of contamination and be so situated and developed as to prevent surface water from entering the well or spring. To assure adequate sanitary control in the vicinity of the source, the purveyor shall control all land within a radius of one hundred feet of the well or spring and any additional land as may be determined necessary by the secretary. The total required control area shall be based upon an evaluation of well construction details; and geological, hydrological, and other relevant factors.

(b) The control area required in subsection (a) must be owned by the purveyor in fee simple absolute, or he must have the right to exercise complete sanitary control of the land through the provisions of a long-term renewable lease or a restrictive easement or a restrictive covenant or some combination of these. If control is by easement or covenant the rights granted the purveyor must run with the land so long as it is used as a source of public water supply. Fee titles, lease agreements, easements and covenants shall be recorded with the appropriate county auditor, and a copy of each document shall be filed with the secretary. [Order 49, § 248-54-350, filed 12/17/70.]

**WAC 248-54-360 Water treatment.** (1)(a) The minimum degree of treatment for public water supplies shall be continuous and effective disinfection, except as provided in WAC 248-54-360(2) and 248-54-360(3).

(b)(i) When chlorine or a chlorine compound is used as the disinfecting agent, and where the pH does not exceed 8.0, a minimum free chlorine residual of 0.2 mg/L shall be maintained following a contact period of thirty minutes, or 0.6 mg/L after ten minutes. A minimum of

ten minutes of contact shall be provided ahead of the first point of domestic use at peak flow conditions except as otherwise approved by the secretary.

(ii) If the pH exceeds 8.0, or unusual conditions of raw water contamination exist or are suspected or anticipated, or bacteriological results indicate that chlorination may be ineffective, a higher free chlorine residual shall be maintained, as required by the secretary.

(iii) A test for chlorine residual shall be made daily or at an interval necessary to assure effective operation as determined by the secretary. The tests shall be measured by any method listed in "Standard Methods". The results shall be recorded and submitted to the secretary in accordance with WAC 248-54-440.

(iv) Continuous chlorine analysers are recommended.

(2) Wells - At the discretion of the secretary, disinfection will not be required for well water sources when a consideration of the depth and geologic setting of the aquifer, well construction, the extent of the sanitary control area surrounding the site, existing or potential sources of contamination, and the bacteriological quality indicate disinfection is not necessary for public health protection.

(3) Springs - The minimum treatment for springs shall be disinfection unless in the judgment of the secretary sufficient evidence is submitted to show that the spring originates in a stratum not subject to contamination. All springs shall be collected in a structure not subject to contamination by surface water.

(4) The presence of iron or sulfur bacteria or other conditions that affect the quality of the water supply may also necessitate chlorination or other methods of quality control.

(5) Surface water supplies—

(a) All surface water supplies shall be treated by a process which has a demonstrated capability to produce water in compliance with the quality standards in WAC 248-54-430. Consideration will be given to the physical, chemical and bacteriological quality of the source, and the presence, type and degree of facilities or activities having an effect on water quality. Methods of treatment may include coagulation, sedimentation, filtration, disinfection or combinations of these.

(b) Disinfection shall be the minimum treatment acceptable for surface water supplies. Additional treatment will be required if in the opinion of the secretary certain conditions are not met. These shall include but not be limited to:

(i) All facilities and activities in the watershed which may affect public health are under the surveillance of the purveyor and are satisfactorily limited and controlled so as to preclude degradation of the physical, chemical, biological or radiological quality of the source of supply.

(ii) The purveyor, as part of the comprehensive plan required in WAC 248-54-280 or independently for those systems not required to prepare such a plan, shall develop and submit to the secretary for approval a report identifying all facilities, conditions and activities within its watershed, together with a proposed program for necessary surveillance, limitation and control.

(iii) Coliform bacteria do not exceed 100 MPN in raw water as measured by a monthly arithmetic mean and at

the frequency required in WAC 248-54-430. If fecal coliform concentration is measured it shall not exceed 20/100 ml.

(iv) Physical and chemical quality of the source conforms with WAC 248-54-430.

(6) The degree of treatment required may be increased from time to time if raw water quality or sanitary control is deteriorating or has deteriorated; or where such deterioration is reasonably certain and imminent.

(7) As an additional safeguard, and to help prevent water quality deterioration in distribution piping, it is recommended that a chlorine residual be maintained throughout the distribution system of all public water supplies.

(8) Pressure sand filtration or diatomaceous earth filtration may be used for removal of taste, odor, color, or hardness; or for the removal of turbidity from a source not subject to contamination. [Order 49, § 248-54-360, filed 12/17/70.]

**WAC 248-54-370 Fluoridation.** (1) Where fluoridation is practiced, the concentration of fluoride shall be maintained at 1.0 mg/L insofar as possible, and shall be maintained within the range 0.8 - 1.3 mg/L or as required by the secretary. Analyses for fluoride shall be made daily, or as required by the secretary, and reports of such analyses submitted to the division monthly. Such analyses shall be made in accordance with procedures listed in "Standard Methods". Check samples shall be submitted to the division monthly, or as required by the secretary.

(2) Plans and specifications for any fluoridation installation shall be submitted to the secretary for approval prior to construction, as required in WAC 248-54-300. [Order 49, § 248-54-370, filed 12/17/70.]

**WAC 248-54-380 Design of public water supply facilities.** Public water supply facilities shall be designed according to good engineering practice, such as the *Recommended Standards for Water Works, A Committee Report of the Great Lakes - Upper Mississippi River Board of State Sanitary Engineers, 1968 Edition\** or any superseding edition, or other design criteria and standards acceptable to the secretary.

\*Published by Health Education Services. P.O. Box 7283, Albany, New York 12224.

[Order 49, § 248-54-380, filed 12/17/70.]

**WAC 248-54-385 Distribution reservoirs.** (1) All new distribution reservoirs shall have suitable water-tight roofs or covers which exclude birds, animals, insects and dust, and shall include appropriate provisions to safeguard against trespass, vandalism, and sabotage.

(2) All uncovered distribution reservoirs in existence on June 1, 1975, shall be scheduled for covering or replacement unless it is demonstrated to the satisfaction of the secretary that the reservoirs deliver water consistently meeting the quality standards of WAC 248-54-430, and the reservoirs meet the following minimum standards of protection:

(a) All water leaving the reservoir shall be disinfected.

(i) Disinfection equipment shall be proportional feed and shall be otherwise designed in accordance with WAC 248-54-380.

(ii) Disinfection equipment shall be operated in accordance with WAC 248-54-360(1)(b), including a minimum free chlorine residual of 0.2 mg/L after 30 minutes of contact or 0.6 mg/L after 10 minutes of contact. Maintaining a chlorine residual through the reservoir will be considered the equivalent of post chlorination if the water leaving the reservoir contains a minimum of 0.2 mg/L free chlorine residual at all times. Where residuals are carried through the reservoir in lieu of post chlorination, continuous chlorine residual analysis and recording will be required.

(iii) Continuous chlorine residual analyzers shall also be used in cases of variable chlorine demand or where other methods of chlorination control have been found unsatisfactory.

(b) The reservoir shall be protected from unauthorized entry and from vandalism. Use of 24-hour security patrols and/or automatic security devices is recommended and may be required by the secretary if a reservoir has been subjected to frequent security violations. The following security measures are required for all reservoirs:

(i) The reservoir shall be surrounded by a fence, chain link or equivalent. The fence shall be at least 7 feet high; in addition, two strands of barbed wire or the equivalent shall be placed above the fence.

(ii) The fence shall be set back from the parapet a sufficient distance so that debris cannot easily be thrown into the water from outside the fence. A setback of 100 feet is recommended; a setback of 50 feet shall be considered minimum, provided that the multiple of the fence height and the setback, expressed in feet, shall be not less than 600.

(iii) The setback shall be increased if the ground surface beyond the fence has a substantial upward gradient.

(iv) The reservoir and fence shall be inspected at least once daily.

(v) An emergency reaction plan shall be established so that the reservoir can be isolated from the distribution system within one hour after a security violation has been reported.

(c) Undesirable growths of algae or other aquatic organisms shall be controlled. Tastes, odors, color, turbidity, and debris in water within and leaving the reservoir shall be minimized. A control program shall be conducted consisting of at least the following:

(i) Monitoring water in the reservoir for temperature, pH, color, turbidity, and where possible, phytoplankton.

(ii) Application of algicides as necessary to prevent or control algal growths.

(d) The reservoir shall be of suitable construction so as to minimize water quality deterioration.

(i) A parapet wall shall completely encircle the reservoir.

(ii) Surface drainage shall be diverted away from the reservoir.

(iii) The reservoir shall have a smooth impervious lining.

(iv) The outlet shall be covered with a screen of 1/4" mesh or smaller.

(v) The reservoir shall be equipped with a drain so that it can be easily emptied for cleaning.

(vi) The reservoir shall not be subject to ground water infiltration or to flotation when empty.

(e) Reservoirs may be subject to unusual and excessive airborne contamination including dust, leaves, drifting pesticide sprays, and industrial emissions. Where the secretary determines that airborne contamination of a reservoir constitutes a potential hazard to health, the water purveyor maintaining the reservoir shall eliminate the source of contamination, or curtail the activity producing the contamination so as to eliminate the potential hazard to health.

(f) Birds shall be discouraged from landing on the water or inside the parapet wall by such measures as water sprays, ultra sonic devices, wires, or other effective means.

(g) Monitoring and reporting.

(i) Violations of reservoir security and breakdowns of the post-chlorination system shall be reported to the secretary by telephone immediately.

(ii) Bacterial monitoring shall be performed on water in the reservoir, and of water leaving the reservoir at such locations and frequency as may be specified by the secretary.

(iii) The following records shall be maintained by the utility for at least five years:

1. list of debris found during cleaning
2. consumer complaints related to taste, odor or debris
3. algae control methods practiced, water quality parameters relevant to aquatic growths such as temperature, pH, turbidity, clarity, and concentrations of phytoplankton where available.

4. episodes of actual or threatened contamination and security violations, actual or attempted

(iv) Utility records shall be evaluated by the secretary during sanitary surveys or when the utility comprehensive plan is under review.

(h) Operation

(i) Reservoirs shall be drained annually for inspection and cleaning.

(ii) Reservoir sides and bottom shall be kept free of debris, algae, and attached biological growths.

(iii) Floating debris shall be removed regularly as needed.

(iv) In case of any episode of actual contamination, or where reservoir security has been breached, the reservoir shall immediately be isolated from the distribution system and the secretary notified. The reservoir shall be drained and/or held out of service until the secretary has authorized its use.

(v) Each utility operating an open reservoir shall develop and keep current a written emergency plan of operations designed to provide effective response to reservoir problems.

(3) Prior to December 31, 1975, the secretary shall provide a report to each purveyor having one or more open reservoirs. This report will evaluate each open reservoir with regard to its compliance with the standards listed in subsection (2) of this section.

(4) Within 6 months after receipt of the report provided in subsection (3) of this section, the purveyor shall notify the secretary in writing that compliance with the provisions of this section will be achieved by either of the following courses of action:

(a) establishment of a program of reservoir protection in accordance with the provision of subsections (2) and (5) of this section; or,

(b) establishment of a schedule for covering or replacement of the uncovered reservoirs in accordance with subsection (6) of this section.

(5) If the purveyor chooses to establish a protection program in accordance with subsection (2) of this section, the written response required in subsection (4) of this section shall include a schedule for implementation which shall be designed to accomplish the improvements as soon as practicable consistent with the complexity of the work, and in any case, within two years.

(6) If the purveyor chooses to cover or replace an open reservoir, the written response required in subsection (4) of this section shall include a proposed time schedule. The acceptability of the schedule will depend upon the condition of the existing facility and the scope of the planned action. Schedules extending beyond two years will be considered only if it is demonstrated that satisfactory interim protective measures are in effect. The maximum time allowed for covering or replacement of an open distribution reservoir shall be five years. [Order 114, § 248-54-385, filed 5/23/75.]

**WAC 248-54-390 Disinfection of facilities.** No portion of a public water supply which is to contain potable or finished water, including wells, shall be put into service, nor may the use of any such facility be resumed after it has been out of service, until such facility has been effectively disinfected. The procedure used for disinfection shall conform to the American Water Works Association Standard C601-68 and D102-64.\*\* In cases of new construction, water shall not be furnished for consumer's use until bacteriological samples have been analysed and negative results obtained.

\*\*Copies of these standards may be obtained by writing to the American Water Works Association, 2 Park Avenue, New York City, New York 10016.

[Order 49, § 248-54-390, filed 12/17/70.]

**WAC 248-54-400 Bypasses.** No bypass shall be established or maintained whereby water may be diverted around any feature of a purification process of a public water supply except with the approval of the secretary. [Order 49, § 248-54-400, filed 12/17/70.]

**WAC 248-54-410 Quantity and pressure.** (1) Public water supplies shall be capable of satisfying peak demands in all parts of the distribution system by supplying an ample quantity of water at a pressure of not less than 20 psi under normal peak flow conditions, measured at the water meter, or at the property line of the premises when meters are not used.

(2) If individual booster pumps are used to maintain adequate pressure in a customer's system, the installation shall be made under the supervision of the purveyor to assure that minimum pressure requirements in the purveyor's system are maintained at all times.

(3) In general the minimum diameter of all distribution mains should be six inches. Use of water mains less than six inch diameter, except as provided in WAC 248-54-410(4) must be justified by submission of a hydraulic analysis showing that design flows and minimum pressure will be attained in all parts of the distribution system.

(4) In the case of a rural system designed for domestic use only, with no provision for fire flow, the maximum length of pipe run as shown in Table 1 may be followed without justification by a hydraulic analysis.

TABLE 1

Pipe Diameter	Maximum Length of Run	
	Deadended	Looped
Under 2-Inch	None Permitted	None Permitted
2-Inch	300 Feet	600 Feet
3-Inch	300 Feet	600 Feet
4-Inch	1300 Feet	No Limit

[Order 49, § 248-54-410, filed 12/17/70.]

**WAC 248-54-420 Reliability.** (1) Public water supplies shall be designed and operated so as to provide adequate water service at all times. The system shall be designed to protect against failures of the power supply, equipment and structural failure and provide backup facilities so that failures which can be reasonably foreseen shall not cause a loss of water service. If water service must be shut off for system repair or maintenance, reasonable notice shall be given to consumers, except in emergencies, unless a local ordinance permits otherwise.

(2) Standby or backup facilities, automatic alarms or shut offs shall be provided if necessary to assure that water quality will comply with WAC 248-54-430 under all normal operating conditions and under any reasonably foreseeable emergencies. [Order 49, § 248-54-420, filed 12/17/70.]

**WAC 248-54-430 Quality.** (1) The standards of water quality in this section shall apply throughout the distribution system.

(2) Bacteriological - the presence of organisms of the coliform group as found in the distribution system samples examined shall not exceed the limits of WAC 248-54-430(2)(b) or 248-54-430(2)(c).

(a)(i) Bacteriological samples shall be collected at regular intervals from representative points in the distribution system. Samples shall be collected, transported and analysed in accordance with procedures contained in "Standard Methods".

(ii) Samples required in this section shall be analysed only in laboratories holding a current certificate of approval from the division.

(iii) For Class I systems the minimum number of routine distribution system samples to be analysed per month shall be in accordance with Table 2.

(iv) For Class II systems, the number of routine samples shall be as required by the secretary.

(v) Where disinfection without filtration is practiced, a number of untreated water samples not less than twenty percent of the number shown in Table 2 shall be collected for bacteriological analysis. When complete treatment is practiced, a number of untreated water samples not less than ten percent of the number shown in Table 2 shall be collected for bacteriological analysis.

(vi) Untreated water samples may be subjected to bacteriological analyses other than the standard coliform test, such as examination for fecal coliform, fecal streptococci, total 35° plate count, plankton counts, and other tests as may be required by the secretary.

(b) When 10 ml standard portions are examined, not more than ten percent in any month shall show the presence of the coliform group. The presence of the coliform group in three or more 10 ml portions of a standard sample shall not be allowable if this occurs:

(i) In two consecutive samples;

(ii) In more than one sample per month when less than twenty or more are examined per month; or

(iii) In more than five percent of the samples when twenty or more are examined per month.

(c) When the membrane filter technique is used, the arithmetic mean coliform density of all standard samples examined per month shall not exceed one per 100 ml. Coliform colonies per standard sample shall not exceed 3/50 ml, 4/100 ml, 7/200 ml, or 13/500 ml in:

(i) Two consecutive samples;

(ii) More than one standard sample when less than twenty are examined per month; or

(iii) More than five percent of the standard samples when twenty or more are examined per month.

(d) When coliform organisms are found in three or more tubes of a standard sample or there are three or more colonies per 50 ml when examined by the membrane filter technique, action shall be taken by the purveyor to determine and correct the cause for such occurrence. Also, daily samples from that sampling point shall be collected promptly and examined until the results obtained from at least two consecutive samples show the water to be of satisfactory quality.

TABLE 2

MINIMUM NUMBER OF ROUTINE BACTERIOLOGICAL SAMPLES TO BE TAKEN FROM THE DISTRIBUTION SYSTEM PER MONTH FOR CLASS I SYSTEMS \*\*

*Population Served	Minimum No. Samples Per Month	Population Served	Minimum No. Samples Per Month
**Less than 2,400	2	19,201- 20,000	24
2,401- 3,200	3	20,001- 20,800	25
3,201- 4,000	4	20,801- 21,600	26

*Population Served	Minimum No. Samples Per Month	Population Served	Minimum No. Samples Per Month
4,001- 4,800	5	21,601- 22,400	27
4,801- 5,600	6	22,401- 23,200	28
5,601- 6,400	7	23,201- 24,000	29
6,401- 7,200	8	24,001- 26,400	30
7,201- 8,000	9	26,401- 30,400	35
8,001- 8,800	10	30,401- 34,400	40
8,801- 9,600	11	34,401- 38,400	45
9,601-10,400	12	38,401- 42,400	50
10,401-11,200	13	42,401- 46,400	55
11,201-12,000	14	46,401- 50,000	60
12,001-12,800	15	50,001- 60,000	70
12,801-13,600	16	60,001- 70,000	85
13,601-14,400	17	70,001- 80,000	90
14,401-15,200	18	80,001- 90,000	95
15,201-16,000	19	90,001-100,000	100
16,001-16,800	20	For 200,000 populations in this range interpolate to the nearest ten samples per month	150
16,801-17,600	21	300,000	180
17,601-18,400	22	400,000	200
18,401-19,200	23	500,000	220
		1,000,000	300

Based on Figure I, 1962 Revision, U.S.P.H.S. Drinking Water Standards.

\* Does not include water wholesaled to other utilities.

\*\* For Class II systems see WAC 248-54-430(2)(a)(iv).

### (3) Physical—

(a) The following limits shall not be exceeded, except with the approval of the secretary:

#### Turbidity

- 5 JTU for unfiltered water
- 1 JTU for filtered water

Color - 15 units

Threshold odor number - 3

(b) Analyses for the above physical properties shall be made often enough to assure compliance. For those systems supplied with surface water and providing complete treatment, automatic turbidity monitoring and recording equipment shall be provided for filtered water, and for untreated water as necessary for process control. For Class I systems supplied by surface water, and not providing complete treatment, automatic turbidity measuring and recording devices shall be provided unless in the

opinion of the secretary the source of supply is not subject to rapid fluctuations in turbidity.

### (4) Chemical—

(a) If the following chemical substances are present in excess of the listed concentrations, either treatment shall be provided, another supply developed, or other action acceptable to the secretary shall be taken.

Substance	Concentration mg/liter
Arsenic (As)	0.01
Barium (Ba)	1.0
Boron (B)	1.0
Cadmium	0.01
Carbon Chloroform Extract (CCE)	0.2
*Chloride (Cl)	250.0
Chromium (hexavalent, Cr <sup>+6</sup> )	0.05
Copper (Cu)	1.0
Cyanide (CN)	0.01
Methylene Blue Active Substances (Detergents)	0.5
*Fluoride (F)	2.0
*Iron (Fe)	0.3
Lead (Pb)	0.05
Mercury	.005
*Manganese (Mn)	0.05
*Nitrogen (N) (nitrate plus nitrite)	10.0
Phenols	0.001
Selenium (Se)	0.01
Silver (Ag)	0.05
*Sulfate (SO <sub>4</sub> )	250.0
*Total Dissolved Solids (TDS)	500.0
Uranyl ion (UO <sub>2</sub> =)	5.0
Zinc (Zn)	5.0

(b) For Class I systems, analyses for those substances noted above by an asterisk (\*) shall be made annually, or more often if required by the secretary to assure compliance. Analyses for the remainder of substances listed above shall be made as required by the secretary. For Class II systems, analyses shall be made as required by the secretary. Analyses shall be made in accordance with procedures listed in "Standard Methods", or other procedures approved by the secretary.

(c) Purveyors shall exercise surveillance over any use of pesticides which might affect the water quality of their source. If pesticides are found in raw or treated water of a public water supply at a concentration of 1 microgram per liter (ppb) or at the level of detection if this is higher, the secretary shall be notified immediately. The secretary shall investigate the situation and shall direct such action to be taken which will, in his judgment, prevent or correct any threat to the health of water consumers.

(5) Radioactivity—The limits for radioactive substances as contained in the U.S. Public Health Service Drinking Water Standards, 1962, \*or any subsequent edition, shall not be exceeded.

\*Copies may be obtained by requesting Public Health Service Publication No. 956 from the Superintendent of Documents, U.S. Government

Printing Office, Washington, D.C.

[Order 49, § 248-54-430, filed 12/17/70.]

**WAC 248-54-440 Maintenance and operation.** (1) Maintenance—All units of a public water supply shall be maintained and operated in an effective and efficient manner.

(2) Supply of Chemicals—Whenever chemical and other supplies are used in connection with any treatment process, a sufficient quantity shall be kept on hand at all times to insure effective operation.

(3) Supervision—A competent person, qualified by experience and education shall be in charge of the maintenance and operation of each public water supply. Certification through the Washington certification program for water works operators will be considered satisfactory evidence of competency.

(4) Analyses and Records—The purveyor shall keep such records of operation and analyses as are required by the secretary. Class I systems shall send copies of these records to the division monthly. Class II systems shall keep these records available for inspection by the secretary, and shall send them to the secretary if requested.

(5) Annual Report—Every purveyor of a Class I water supply system shall submit to the secretary not later than July 1 of each year, an annual report summarizing the utility's operation for the preceding calendar year. The annual report shall contain the following information, as a minimum: number of services and meters; average annual and peak daily demand; the range of distribution system pressures; a summary of the major features of the system and additions or changes made during the year; a summary of the physical, bacteriological, and chemical quality maintained in the system. [Order 49, § 248-54-440, filed 12/17/70.]

**WAC 248-54-450 Emergency measures.** (1) No intake or other connection shall be maintained between a public water supply and a source of water which has not been approved by the secretary unless the connection has been approved by the secretary.

(2) The purveyor shall immediately notify the secretary by telephone when a breakdown or failure occurs in the water treatment process, when an emergency arises which causes, or threatens to cause, a loss in water service of more than twenty-four hours duration, or when any other situation occurs where the public health may be threatened. [Order 49, § 248-54-450, filed 12/17/70.]

**WAC 248-54-460 Alterations or changes required.** If after investigation, the secretary finds that any public water supply presents an actual or potential hazard to health because of failure to comply with the law or these rules and regulations or because of defective design or construction, lack of treatment, inadequate quantity or quality, incompetent supervision or ineffective operation, the secretary shall issue an order notifying the purveyor of the changes in the construction, maintenance or operation considered necessary in order to bring the system

into compliance with the law and the rules and regulations, and the time within which the required changes shall be made. In the event the purveyor fails to comply with the order of the secretary, the secretary shall take such legal action as is deemed necessary under RCW 43.20.170 to secure compliance with his order. [Order 49, § 248-54-460, filed 12/17/70.]

**WAC 248-54-470 Cross-connections.** (1) Purpose—The purpose of this section is to protect the health of water consumers by the control of actual and/or potential cross-connections through two basic programs:

(a) Through proper installation and surveillance of backflow prevention devices on service lines leading to premises where cross-connections exist, or are likely to occur; and

(b) Through inspection and regulation of plumbing within premises to minimize the danger of contamination of the water system on the premises or the public water supply itself.

(2) Implementation—The control of cross-connections requires cooperation between the customer, water purveyor, the health officer, and/or plumbing authority. The water purveyor has primary responsibility to prevent contamination of the public water supply through cross-connections. The customer served and the municipal, county, or other authority having legal jurisdiction are jointly responsible for preventing contamination of the water system within the customer's premises. An effective control program requires attention to both of these. Backflow prevention devices are not a substitute for a continuing and aggressive program of cross-connection investigation, surveillance and control.

(3) These regulations are to be reasonably interpreted. It is their intent to recognize the varying degrees of hazard and to apply the principle that the degree of protection shall be commensurate with the degree of hazard. These regulations are not to be construed as prohibiting local authorities or water purveyors from establishing requirements more stringent than these. [Order 49, § 248-54-470, filed 12/17/70.]

**WAC 248-54-480 Definitions.** As used in this section unless the context states otherwise, the following definitions shall apply:

(1) Air gap separation means the unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or faucet supplying water to a tank, plumbing fixture, or other device and the flood level rim of the receptacle, and shall be at least double the diameter of the supply pipe measured vertically above the flood level rim of the vessel. In no case shall the gap be less than one inch.

(2) Auxiliary supply means any water source or system, other than the public water supply, that may be available in the building or premises.

(3) Backflow means the flow other than the intended direction of flow, of any foreign liquids, gases, or substances into the distribution system of a public water supply.

(a) Back pressure means backflow caused by a pump, elevated tank, boiler, or other means that could create

pressure within the system greater than the supply pressure.

(b) Back siphonage means a form of backflow due to a negative or subatmospheric pressure within a water system.

(4) Backflow prevention device, means a device to counteract back pressures or prevent back siphonage.

(5) Cross-connection means any physical arrangement whereby a public water supply is connected, directly or indirectly, with any other water supply system, sewer, drain, conduit, pool, storage reservoir, plumbing fixture, or other device which contains, or may contain, contaminated water, sewage, or other waste or liquid of unknown or unsafe quality which may be capable of imparting contamination to the public water supply as a result of backflow. Bypass arrangements, jumper connections, removable sections, swivel or change-over devices, and other temporary or permanent devices through which, or because of which, backflow could occur are considered to be cross-connections.

(6) Double check valve assembly, means an assembly composed of two single, independently acting check valves, including tightly closing shutoff valves located at each end of the assembly and suitable connections for testing the watertightness of each check valve.

(7) Reduced pressure principle backflow prevention device means a device incorporating two or more check valves and an automatically operating differential relief valve located between the two checks, two shutoff valves, and equipped with necessary appurtenances for testing. The device shall operate to maintain the pressure in the zone between the two check valves, less than the pressure on the public water supply side of the device. At cessation of normal flow, the pressure between the check valves shall be less than the supply pressure. In case of leakage of either check valve the differential relief valve shall operate to maintain this reduced pressure by discharging to the atmosphere. When the inlet pressure is two pounds per square inch or less the relief valve shall open to the atmosphere thereby providing an air-gap in the device. [Order 49, § 248-54-480, filed 12/17/70.]

**WAC 248-54-490 Cross-connections prohibited.** (1) Except as provided in WAC 248-54-500, all cross-connections as defined in WAC 248-54-480(5) whether or not such cross-connections are controlled by automatic devices, such as check valves, or by hand operated mechanisms such as gate valves or stop cocks, are hereby prohibited.

(2) Failure on the part of persons, firms, or corporations to discontinue the use of any and all cross-connections and to physically separate such cross-connections will be sufficient cause for the discontinuance of the public water service to the premises on which the cross-connection exists.

(3) The purveyor shall, in cooperation with the health officer or the local plumbing inspection authority, make periodic inspections of premises served by the water supply to check for the presence of cross-connections. Any cross-connections found in such inspection shall be ordered removed by the responsible agency. If an immediate hazard to health is caused by the cross-connection,

water service to the premises shall be discontinued until it is verified that the cross-connection has been removed. [Order 49, § 248-54-490, filed 12/17/70.]

**WAC 248-54-500 Use of backflow prevention devices.** (1) Backflow prevention devices shall be installed at the service connection or within any premises where in the judgment of the purveyor or the secretary the nature and extent of activities on the premises, or the materials used in connection with the activities, or materials stored on the premises would present an immediate and dangerous hazard to health should a cross-connection occur, even though such cross-connection does not exist at the time the backflow prevention device is required to be installed. This shall include but not be limited to the following situations:

(a) Premises having an auxiliary water supply, unless the quality of the auxiliary supply is in compliance with WAC 248-54-430 and is acceptable to the purveyor.

(b) Premises having internal cross-connections that are not correctible, or intricate plumbing arrangements which make it impracticable to ascertain whether or not cross-connections exist.

(c) Premises where entry is restricted so that inspections for cross-connections cannot be made with sufficient frequency or at sufficiently short notice to assure that cross-connections do not exist.

(d) Premises having a repeated history of cross-connections being established or reestablished.

(e) Premises on which any substance is handled under pressure so as to permit entry into the public water supply, or where a cross-connection could reasonably be expected to occur. This shall include the handling of process waters and cooling waters.

(f) Premises where materials of a toxic or hazardous nature are handled such that if back siphonage should occur, a serious health hazard may result.

(g) The following types of facilities will fall into one of the above categories where a backflow prevention device is required to protect the public water supply. A backflow prevention device shall be installed at these facilities as set forth in WAC 248-54-500(3) unless the purveyor and the secretary determines no hazard exists.

- (i) Hospitals, mortuaries, clinics
- (ii) Laboratories
- (iii) Piers and docks
- (iv) Sewage treatment plants
- (v) Food or beverage processing plants
- (vi) Chemical plants using a water process
- (vii) Metal plating industries
- (viii) Petroleum processing or storage plants
- (ix) Radioactive material processing plants or nuclear reactors
- (x) Others specified by the secretary.

(2) The type of protective device required in WAC 248-54-500(1) shall depend on the degree of hazard which exists as follows:

(a) An air-gap separation or a reduced pressure principle backflow prevention device shall be installed where the water supply may be contaminated with sewage, industrial waste of a toxic nature or other contaminant which would cause a health or system hazard.

(b) In the case of a substance which may be objectionable but not hazardous to health, a double check valve assembly, air-gap separation or a reduced pressure principle backflow prevention device shall be installed.

(3) Backflow prevention devices required in this section shall be installed at the meter, at the property line of the premises when meters are not used, or at a location designated by the secretary or purveyor. The device shall be located so as to be readily accessible for maintenance and testing, and where no part of the device will be submerged.

(4) Backflow prevention devices required in this section shall be installed under the supervision of, and with the approval of, the purveyor.

(5) Any protective device required in this section shall be a model approved by the secretary. A double check valve assembly or a reduced pressure principle backflow prevention device will be approved if it has successfully passed performance tests of the University of Southern California Engineering Center or other testing laboratories satisfactory to the secretary.

(6) Backflow prevention devices installed under this section shall be inspected and tested annually, or more often where successive inspections indicate repeated failure. The devices shall be repaired, overhauled, or replaced whenever they are found to be defective. Inspections, tests and repairs and records thereof shall be done under the purveyor's supervision.

(7) Failure of the customer to cooperate in the installation, maintenance, testing or inspection of backflow prevention devices required in this section shall be grounds for the termination of water service to the premises or the requirements for an air-gap separation. [Order 49, § 248-54-500, filed 12/17/70.]

**WAC 248-54-510 Exemptions.** The State Board of Health may, in its discretion, grant exemptions from portions of these regulations upon demonstration by a purveyor that an exemption may be made in an individual case without jeopardizing the safety or health of water consumers. [Order 114, § 248-54-510, filed 5/23/75.]

**WAC 248-54-550 Purpose and scope.** Pursuant to the provisions of RCW 43.20.050, the regulations set forth in this chapter are adopted for the protection of public health through the provision of minimum requirements and standards for design, construction, operation, and maintenance of public water systems. The regulations are intended to conform with the requirements of PL 93-523, the Federal Safe Drinking Water Act of 1974. [Order 153, § 248-54-550, filed 12/5/77.]

**WAC 248-54-560 Definitions.** (1) "Class 1 system" - A community water system having 100 services or more.

(2) "Class 2 system" - A community water system having 10 through 99 services.

(3) "Class 3 system" - A noncommunity water system serving 25 or more people at least 60 days out of the year.

(4) "Class 4 system" - A community water system having fewer than 10 services or a noncommunity water system serving fewer than 25 people or any other public water system which is not a Class 1, 2, or 3 system.

(5) "Community water system" - A public water system which serves a permanent or seasonal population, such as a residential or recreational subdivision, mobile home park, apartment or condominium complex. See "Noncommunity water system."

(6) "Contaminant" - Any physical, chemical, biological, or radiological substance or matter in water which at sufficient levels may be deleterious to health.

(7) "Critical water supply service area" - A geographical area which is characterized by a proliferation of small, inadequate water systems or by water supply problems which threaten the present or future water quality or reliability of service in such a manner that efficient and orderly development may best be achieved through coordinated planning by the water utilities in the area in accordance with chapter 142, Laws of 1977, First Extraordinary Session. (Public Water System Coordination Act)

(8) "Department" - The Washington state department of social and health services or the health officer in accordance with WAC 248-54-570.

(9) "Disinfection" - Introduction of chlorine, or other agent approved by the department, in a sufficient concentration and followed by an adequate contact time so as to kill or inactivate pathogenic and indicator organisms.

(10) "Distribution system" - The piping used to deliver water intended for human consumption without additional treatment by the purveyor and which meets the water quality standards of WAC 248-54-740.

(11) "Dose equivalent" - The product of the absorbed dose from ionizing radiation and such factors as account for differences in biological effectiveness due to the type of radiation and its distribution in the body as specified by the International Commission on Radiological Units and Measurements (ICRU).

(12) "Exemption" - Permission granted by the state board of health which officially allows a water purveyor to exceed one or more of the maximum contaminant levels identified in WAC 248-54-740 or any treatment technique requirement because of factors other than the nature of the raw water sources. See "Variance" and "Waiver".

(13) "Gross alpha particle activity" - The total radioactivity due to alpha particle emission as inferred from measurements on a dry sample.

(14) "Gross beta particle activity" - The total radioactivity due to beta particle emission as inferred from measurements on a dry sample.

(15) "Health officer" - The city, county, city-county, or district health person having jurisdiction, or his authorized agent.

(16) "Man-made beta particle and photon emitters" - All radionuclides emitting beta particles and/or photons listed in Maximum Permissible Body Burdens and Maximum Permissible Concentration of Radionuclides in Air or Water for Occupational Exposure, National Bureau

of Standards Handbook 69, except the daughter products of thorium-232, uranium-235 and uranium-238.

(17) "Maximum contaminant level" - The maximum permissible level of a contaminant in water which is delivered to the free flowing outlet of the ultimate user of a public water system, except in the case of turbidity where the maximum permissible level is measured at the point of entry to the distribution system. The free flowing outlet shall be considered any location in the active portion of the distribution system where water samples may be gathered which represent the quality of water typically served to and ingested by the consumer. The outlet may be continuously running or flushed out as needed to remove stale or standing water. If deemed necessary, the department may require that a certain percentage of samples be collected from standing water sources. Contaminants added to the water under circumstances controlled by the user, except those resulting from corrosion of piping and plumbing caused by water quality, are excluded from this definition.

(18) "Noncommunity water system" - A public water system which serves a transitory population such as a restaurant, motel, school, or campground. See "Community water system".

(19) "Picocurie (pCi)" - That quantity of radioactive material producing 2.22 nuclear transformations per minute.

(20) "Public water system" - Any system or water supply intended or used for human consumption or other domestic uses, including source, treatment, storage, transmission and distribution facilities where water is furnished to any community, collection or number of individuals, or is made available to the public for human consumption or domestic use, but excluding water system serving one single family residence.

(21) "Purveyor" - The federal agency, state agency, county agency, city, town, municipal corporation, firm, company, mutual, cooperative, association, corporation, partnership, district, institution, person or persons, owning or operating a public water system or his authorized agent.

(22) "Rem" - The unit of dose equivalent from ionizing radiation to the total body or any internal organ or organ system. A "millirem" (mrem) is 1/1000 of a rem.

(23) "Service" - A connection between the purveyor's distribution system and the customer's system. If the customer's system distributes to more than one single family dwelling, individual dwelling unit, site, or lot, then each single family dwelling, individual dwelling unit, site, or lot shall be considered as one service connection.

(24) "Standard methods" - *Standard Methods for the Examination of Water and Waste Water, 14th Edition*, jointly published by the American Public Health Association, American Water Works Association, and Water Pollution Control Federation, or any superseding edition.\*

(25) "Variance" - Permission granted by the state board of health which officially allows a water purveyor to exceed one or more of the maximum contaminant levels identified in WAC 248-54-740 in those cases where, because of the nature of the raw water sources,

the maximum contaminant level requirements cannot be met despite application of the best technology, treatment techniques or other means generally available. See "Exemption" and "Waiver".

(26) "Waiver" - Permission granted by the state board of health which officially waives the need for compliance with specific requirements of these regulations excluding any mandatory provisions of the Safe Drinking Water Act of 1974 or any mandatory provision of regulations adopted by the United States environmental protection agency pursuant thereto. See "Exemption" and "Variance".

(27) The following abbreviations are defined as:

kPa - kilo Pascal (Metric equivalent of psi)

m - meter

ml - milliliter

mm - millimeter

mg/l - milligrams per liter

MPN - most probable number

psi - pounds per square inch.

\*Copies of this book may be obtained by writing APHA, Inc., 1015 Eighteenth St. N.W., Washington D.C. 20036.

[Order 153, § 248-54-560, filed 12/5/77.]

**WAC 248-54-570 Administration.** (1) The department and the health officer for each local health jurisdiction shall develop a joint plan of operation for the purpose of delineating the respective responsibilities of each agency for the administration of the provisions of these regulations. Such a plan shall be based upon the services essential to the supervision of public water systems and full utilization of appropriate resources within the respective agencies; and shall provide for a maximum level of water system supervision. This plan shall be submitted to the local board of health for approval. The department shall periodically review and report on the adequacy of water supply supervision to both the state and local boards of health.

(2) Wherever in these regulations the term department is used, it is understood that the term "health officer" may be substituted, according to the terms of the plan of operation in WAC 248-54-570(1). [Order 153, § 248-54-570, filed 12/5/77.]

**WAC 248-54-575 Class 4 public water systems.** (1) Requirements for Class 4 water systems are limited to basic health protection concerns. Each Class 4 system is required to submit one sample for bacteriological analysis annually, and to submit one sample for nitrate analysis every three years. Class 4 systems shall conform to the applicable provisions of the following sections of the regulations set forth in this chapter: WAC 248-54-570, 248-54-600, 248-54-620, 248-54-630, 248-54-640, 248-54-660, 248-54-680, 248-54-700, 248-54-710, 248-54-740, 248-54-780, and 248-54-790.

(2) The local board of health shall adopt regulations which establish a surveillance program for Class 4 water systems within its jurisdiction consistent with this section and local needs and resources. [Order 153, § 248-54-575, filed 12/5/77.]

**WAC 248-54-580 Water system plan.** (1) This section establishes a uniform process for larger water systems to identify their present and future needs and sets forth means for meeting those needs in the most efficient manner possible consistent with other relevant plans and policies affecting the area in which they are located.

(2) The following categories of public water systems shall develop and implement a water system plan which has been reviewed and approved by the department:

(a) All Class 1 public water systems having more than one thousand services or any public water system which attains a size of one thousand services after the effective date of these regulations.

(b) All Class 1 public water systems with less than one thousand services and all Class 2 public water systems located within the boundaries of a critical water supply service area established pursuant to chapter 142, Laws of 1977, First Extraordinary Session (Public Water System Coordination Act). Nonmunicipally owned public water systems are exempt from the planning requirements except for the establishment of service area boundaries if they were in existence prior to adoption of these regulations, and they have no plans for water service beyond their existing service area, and they meet minimum quality and pressure standards established by these regulations. If the county legislative authority permits a change in development that will increase the demand for water service of such a system beyond the existing system's ability to provide minimum water service, the purveyor shall develop a water system plan in accordance with this section. Public water systems located within a critical water supply service area may, provided that mutually agreeable arrangements are made with appropriate water utilities, choose to be included within the water system plan developed by another public water system.

(3) The water system plan shall contain, but not be limited to, the following elements:

(a) A description of the water system planning area, an assessment of the present and anticipated population growth, and an assessment of water demands;

(b) A description and inventory of existing water system facilities, including a hydraulic analysis of the system, source of supply, the physical, chemical, and bacteriological quality of both raw and treated water, and for surface water supplies, a watershed control program in accordance with WAC 248-54-660;

(c) Identification of water system needs projected at least 10 years into the future, an assessment of alternatives, and a program including a time schedule and financial plan for implementing needed improvements;

(d) A discussion of the relationship and compatibility with county or regional water system plans, plans of adjacent or nearby purveyors (including service area agreements), and other related plans affecting land use or development of water system facilities including review comments by those agencies or water systems affected by the plan;

(e) An operations program in accordance with WAC 248-54-610 including provisions for routine maintenance and operation, water quality monitoring, cross-connection control, responding to emergencies, and an

identification of person(s) responsible for system management;

(f) Maps depicting existing and future service area boundaries (including adjacent or nearby water systems), water system facilities, existing and proposed pipe networks, critical elevation and pressure zones, existing local zoning and land use, and present and future population distribution patterns within the water system planning area;

(g) State Environmental Policy Act of 1971 (SEPA) considerations relevant to the proposal in accordance with the guidelines\* of the department in chapter 248-06 WAC; and

(h) The necessary information in accordance with WAC 248-54-800 in those instances when either a variance or exemption is requested.

(4) Approval of the water system plan shall be in effect for a period five years subsequent to the date of issuance appearing on the formal letter of approval issued by the department. The purveyor shall update the water system plan every five years or sooner, if necessary, and submit the water system plan to the department for approval. If no changes are considered necessary, then the purveyor shall submit evidence supporting this conclusion.

(5) Projects submitted for approval in accordance with WAC 248-54-590 or 248-54-600 by purveyors required to have a water system plan will not be considered for approval unless the purveyor has an approved and current water system plan.

\*Copies of DSHS SEPA guidelines may be obtained from the Department of Social and Health Services, Water Supply and Waste Section, LD-11, Olympia, WA 98504.

[Order 153, § 248-54-580, filed 12/5/77.]

**WAC 248-54-590 Engineering report.** (1) The intent of this section is to assure that the engineering concepts and design criteria used in preparation of plans and specifications meet the intent of these regulations, and that the department receives sufficient information to permit a thorough evaluation of proposals which are complex in nature or require engineering design beyond the detail provided by a water system plan, such as the design of water treatment facilities.

(2) Prior to or concurrent with preparation of detailed plans and specifications for new construction or improvements to a public water system in accordance with WAC 248-54-600, the purveyor shall submit an engineering report to the department for review and approval.

(3) The engineering report need not duplicate information contained in an approved and current water system plan and shall include, as a minimum, the following elements:

(a) Planning considerations relevant to the proposal, including:

(i) General background about the public water system and the community served including present and future population;

(ii) Description of existing public water system and proposed future improvements;

(iii) Schedule of improvements and financial arrangements;

(iv) Operations program in accordance with WAC 248-54-610; and

(v) The necessary information in accordance with WAC 248-54-800 in those instances when either a variance or exemption from these regulations is requested.

(b) Engineering considerations relevant to the proposal, including:

(i) Design criteria, water demand, water quantity, water pressure;

(ii) Water quality and water treatment;

(iii) Available alternatives; and

(iv) Water right status and application number.

(c) State Environmental Policy Act of 1971 (SEPA) considerations relevant to the proposal in accordance with the guidelines\* of the department in chapter 248-06 WAC;

(d) When a surface water source is to be developed:

(i) A general description of the watershed;

(ii) Upstream water requirements and discharges which might affect water quality;

(iii) Existing and projected land uses on and adjacent to the designated watershed and how these land uses could affect the quality of the surface water; and

(iv) Information on the physical, chemical, and bacteriological quality of the water source, including variations, and pilot plant test results if necessary.

(e) When a well or spring is to be developed:

(i) A map depicting topography, distances to the well or spring from existing property lines, buildings, potential sources of contamination, ditches, drainage patterns, and any other natural or man-made features that may affect the quality or quantity of water;

(ii) The dimensions and location of sanitary control area as set forth in WAC 248-54-660; and

(iii) Results of well site inspection by the department.

\*Copies of DSHS SEPA guidelines may be obtained from the Department of Social and Health Services, Water Supply and Waste Section, LD-11, Olympia, WA 98504.

[Order 153, § 248-54-590, filed 12/5/77.]

**WAC 248-54-600 Plans and specifications.** (1) Every water purveyor, before installing or entering into a contract for installing any portion of a new public water system or additions, extensions, changes or alterations to an existing public water system, except as waived in WAC 248-54-600(3), shall submit to the department complete plans and specifications fully describing the proposed project and upon receipt of the written approval of the department the plans and specifications shall be adhered to unless deviations are first submitted to the department and receive written approval of the department. Minor field deviations required during construction need not be submitted for approval. This section does not apply to routine main repair.

(2) Plans and specifications shall contain, but not be limited to:

(a) Detailed construction drawings;

(b) General layout of the system including elevations, distribution line sizes, valving and source and reservoir locations;

(c) Provisions for inspection and certification by a professional engineer so as to assure compliance with WAC 248-54-650;

(d) Water right permit number when developing a new source or increasing the capacity of an existing source;

(e) The following information shall be provided for all new sources of supply:

(i) An initial analysis of the raw water. The analysis for Class 1 and 2 water systems shall include organic chemicals, inorganic chemicals, radionuclides, and the secondary chemical and physical contaminants consistent with the requirements of WAC 248-54-740. The analysis for Class 3 and 4 water systems shall include nitrates and all secondary and physical contaminants consistent with the requirements of WAC 248-54-740.

(ii) When source water quality is subject to variation, the range of variation shall be provided; and

(iii) Detailed plans and specifications of any treatment equipment required pursuant to WAC 248-54-660.

(f) The following information shall be provided when a well is developed as a source of supply:

(i) Well location as required in WAC 248-54-590(3)(e)(i) and evidence showing that a sanitary control area has been provided as set forth in WAC 248-54-660(2);

(ii) Well log as obtained during drilling;

(iii) Detailed construction plans to include well housing, pump location, diameter of well, depth of completed well, depth of casing installed, location and type of screens or perforations, location and depth of all cement grout or other formation seals, provisions for air line, gauge, vent, and metering equipment, sampling tap, and provisions for emergency chlorination;

(iv) Well development data to include static water level (feet or meters), yield (gallons/minute or liters/minute) and the amount of drawdown (feet or meters), recovery rate (feet/time or meters/time) and duration of pumping. Wells shall be pump tested until drawdown stabilization has been established for at least two hours. In no case shall wells be pump tested for less than four hours. If drawdown stabilization does not occur after an extended period of pumping, additional geological investigation as specified by the department shall be performed to determine sustained yield;

(v) Results of at least one bacteriological sample taken after complete flushing of the disinfecting agent from the well; and

(g) State Environmental Policy Act of 1971 (SEPA) considerations relevant to the proposal in accordance with the guidelines\* of the department in chapter 248-06 WAC.

(3) If the purveyor has received approval of a water system plan in accordance with WAC 248-54-580, and

has submitted and received approval of standard construction specifications, detailed plans and specifications for distribution mains need not be submitted individually for approval provided the proposed mains are within the scope of the approved water system plan.

(4) If a certificate of completion has not been received by the department within two years subsequent to the date of issuance of the formal letter of approval for plans and specifications, the department shall notify the purveyor that the approval of the plans and specifications shall become null and void 14 days after receipt of the notification, unless the purveyor requests an extension of the approval period. Extension of the approval may be obtained by submitting a status report which includes a written schedule for work completion to the department for approval. The department may require updated or revised plans and specifications which are in accordance with current regulations and design standards of the department provided that in the opinion of the department, any construction which has taken place will not be affected by the required changes in the plans and specifications. Failure to comply with the written schedule may result in the extended approval becoming null and void.

\*Copies of DSHS SEPA guidelines may be obtained from the Department of Social and Health Services, Water Supply and Waste Section, LD-11, Olympia, WA 98504.

[Order 153, § 248-54-600, filed 12/5/77.]

**WAC 248-54-610 Operations program.** (1) Public water systems shall have an operations program as necessary to assure continuous reliable service at all times in a manner consistent with the size, complexity, and use of the water system. The purveyor shall keep the operations program available for reference and shall send the operations program to the department if requested. An operations program shall be submitted to the department in conjunction with the water system plan as required by WAC 248-54-580.

(2) The operations program shall include the following elements:

(a) Identification of the individual or group having responsibility for management, maintenance, operation, and quality control of the system;

(b) Evidence that a competent person or persons, qualified by experience, education, and training has assumed the responsibility of providing maintenance and continuous operation of the public water system. Certification through the provisions of sections 3 through 14, chapter 99, Laws of 1977 First Extraordinary Session (Water Works Certification Law) will be considered satisfactory evidence of competency;

(c) A plan of operation during emergencies in accordance with WAC 248-54-770;

(d) Provisions for maintenance of a reserve supply of chemicals and other supplies used in connection with any treatment process, quality control monitoring, or major segment of the system to assure adequate water service for all customers;

(e) A planned program of preventative maintenance for all facilities necessary for pumping, treatment, storage, distribution, and monitoring of water;

(f) Provisions for continuity of water service to the customers during any change in or transfer of utility or managerial responsibilities. No purveyor shall end utility operations without providing written notice to all customers and the department at least 90 days prior to termination of service; and

(g) A plan of water quality monitoring, cross connection control, reporting, public notification and record keeping and analyses in accordance with WAC 248-54-740, 248-54-750, 248-54-760 and 248-54-810.

(3) For the purpose of establishing an operations program, the water purveyor may enter into mutual aid agreements with other organizations or public water systems capable of providing the operations program elements outlined in WAC 248-54-610(2).

(4) The operations program shall be reviewed and updated as necessary to assure adequate water service at all times, and shall be located and maintained in such a manner as to be usable by personnel of the public water system. [Order 153, § 248-54-610, filed 12/5/77.]

**WAC 248-54-620 Approval of water systems existing prior to August 1, 1977.** (1) In order to consider any public water system in existence prior to August 1, 1977, for approval, the department may require the purveyor to provide any or all of the following information:

(a) As-build plans of the water system, size of the water system, estimate of water consumption, results of sanitary survey, source capacity, and water right status;

(b) Specific data on chemical, bacteriological, physical, and radiological water quality for both the raw and drinking water;

(c) An operations program in accordance with WAC 248-54-610; and

(d) Other data as required by the department. This may include, but not be limited to full compliance with WAC 248-54-580, 248-54-590, and/or 248-54-600.

(2) The department may take one of the following actions based upon review of the data submitted by the purveyor:

(a) Not approve the system, in which case a compliance program may be required;

(b) Grant limited or provisional approval based on a program to bring the system into full compliance; or

(c) Grant full approval. [Order 153, § 248-54-620, filed 12/5/77.]

**WAC 248-54-630 Requirements for engineers.** All water system plans and engineering documents or final plans and specifications for new public water systems, extensions or alterations as required in WAC 248-54-580, 248-54-590, and 248-54-600, except minor pipeline extensions and replacement or other minor projects not requiring engineering expertise, shall be prepared by a professional engineer licensed in the State of Washington in accordance with chapter 18.43 RCW and

shall bear his seal on all copies of plans and specifications, engineering reports, or water system plans submitted to the department for review. [Order 153, § 248-54-630, filed 12/5/77.]

**WAC 248-54-640 Approval by health officer.** For those public water systems where the health officer has assumed primary responsibility under WAC 248-54-570, the health officer may approve preliminary reports, plans and specifications in accordance with engineering criteria prepared by the department. [Order 153, § 248-54-640, filed 12/5/77.]

**WAC 248-54-650 Inspection and certification by a professional engineer.** Within sixty days following the completion of and prior to the use of any project or portion thereof for which plans and specifications have received the approval of the department, a certification shall be made to the department and signed by a professional engineer that the engineer or his authorized agent has inspected the physical facilities of the project; which as to layout, size and type of pipe, valves and materials, reservoirs and other designed physical facilities has been constructed in accordance with the plans and specifications approved by the department, and in the opinion of the engineer, the installation, testing and disinfection of the system was carried out in accordance with the specifications approved by the department for the project. It shall be the responsibility of the purveyor to assure that the requirements of this section have been fulfilled prior to the use of any completed project or portion thereof. [Order 153, § 248-54-650, filed 12/5/77.]

**WAC 248-54-660 Source protection and treatment.**  
(1) General - All public water systems shall be obtained from the highest quality source which is feasible, and attention must be given to minimize contamination of the source. The minimum degree of treatment for all public water systems shall be continuous and effective disinfection except as provided in WAC 248-54-660(2)(d).

(a) Chlorination

(i) When chlorine or a chlorine compound is used as the disinfecting agent, and where the pH does not exceed 8.0, a minimum free chlorine residual of 0.2 milligrams per liter (mg/l) shall be maintained following a contact period of thirty minutes or 0.6 mg/l after ten minutes. A minimum of ten minutes of contact shall be provided ahead of the first point of domestic use at peak flow conditions except as otherwise approved by the department. Longer contact times and higher chlorine residuals shall be required for sources more susceptible to contamination such as shallow wells and infiltration galleries, and for sources with quality factors such as pH and turbidity that interfere with disinfection efficiency.

(ii) Chlorine residual shall be measured at least daily or at an interval necessary to assure effective operation as determined by the department. The analysis shall be conducted in accordance with "Standard Methods".

(b) Disinfection methods, other than chlorine, may be approved by the department under special circumstances.

(2) Wells

(a) Ground water sources shall be located, constructed, and maintained in a manner which will assure the minimum possibility of contamination, and be so situated and developed as to prevent surface water from entering the well or spring. To assure adequate sanitary control in the vicinity of the source, the water purveyor shall control all land within a radius of 100 feet (30 meters) of the well; except that the water purveyor shall control land of a greater or lesser size or of a different shape than is defined by a 100 foot radius where an evaluation of geological and hydrological data, well construction details, and other relevant factors indicates that a control area of different size or shape will assure adequate sanitary control in the vicinity of the source.

(b) The control area must be owned by the water purveyor in fee simple, or he must have the right to exercise complete sanitary control of the land through the provisions of a long term renewable lease or a restrictive easement or a restrictive covenant or some combination of these. In any event, continuity of the control area must be assured by a covenant filed with the county auditor to run with the land as long as it is used as a source of public water supply. The document shall contain a statement to the effect that no source of contamination will be constructed, stored, disposed of, or applied, in the control area without the written permission of the department. Fee titles, lease agreements, easements and covenants shall be recorded with the appropriate county auditor, and a copy of each document shall be filed with the department.

(c) The construction of all groundwater supplies shall be in accordance with the *Minimum Standards for Construction and Maintenance of Water Wells*, as adopted by the Department of Ecology pursuant to chapter 18-.104 RCW.

(d) At the discretion of the department, disinfection will not be required for well water sources when a consideration of the depth and geologic setting of the aquifer, well construction, the extent of the sanitary control area surrounding the site, existing or potential sources of contamination, and the bacteriological quality indicate disinfection is not necessary for public health protection.

(3) Springs - The minimum treatment for springs shall be disinfection unless sufficient evidence is submitted to the department showing that the spring originates in a stratum not subject to contamination. All springs shall collect in a covered structure not subject to contamination by surface water.

(1) Surface Water Supplies

(a) All surface water supplies shall be treated by a process which has a demonstrated capability to produce water in compliance with the quality standards in WAC 248-54-740. Consideration will be given to the physical, chemical, radiological, and microbiological quality of the source, and the presence, type and degree of facilities or activities having an actual or potential effect on water quality.

(b) Treatment including at least coagulation, filtration, and disinfection shall be the minimum required for surface supplies unless certain conditions regarding watershed control, raw water quality, and system operation

are met; in which case, disinfection as the sole means of treatment shall be allowed. These conditions shall include but not be limited to:

(i) Watershed Control

(A) All facilities and activities in the watershed which may affect public health shall be under the surveillance of the water purveyor and shall be satisfactorily limited and controlled so as to preclude degradation of the physical, chemical, microbiological, viral, or radiological quality of the source of supply.

(B) The water purveyor shall submit to the department for approval a report identifying all conditions, activities, and facilities within its watershed, together with an acceptable program for necessary surveillance, limitation, and control. This report shall be part of the water system plan required in WAC 248-54-580, or prepared independently for those systems not required to have such a plan. The report shall be reviewed, updated as necessary, and submitted to the department annually.

(ii) Raw Water Quality - The physical, chemical and radiological water quality of the source shall conform to the requirements of WAC 248-54-740. Coliform bacteria shall not exceed 100 MPN or 100 organisms per 100 milliliters when using the membrane filter method as measured by a monthly arithmetic mean and at the frequency required in WAC 248-54-740. If fecal coliform bacteria are measured, results shall not exceed 20 MPN or 20 organism per 100 milliliters when using the membrane filter method.

(iii) System Operation

(A) A continuous free chlorine residual of 0.2 mg/l shall be maintained in all active parts of the system. Booster chlorination may be necessary to meet this requirement. Dead-end mains and other locations where it is not possible to maintain a chlorine residual shall be flushed on a routine basis.

(B) The purveyor shall monitor and record turbidity on a continuous basis at the point where the water enters the distribution system. Monthly reports shall be made to the department on forms provided by the department.

(C) The water purveyor shall monitor chlorine residual at a representative number of points in the system on at least a daily basis. Reports shall be made to the department on forms provided by the department. In order to assure adequate monitoring of chlorine residual, the department may require the use of continuous chlorine residual analyzers and recorders. [Order 153, § 248-54-660, filed 12/5/77.]

**WAC 248-54-670 Fluoridation.** (1) Where fluoridation is practiced, the concentration of fluoride shall be maintained in the range 0.8 - 1.3 mg/l or as required by the department. Determination of fluoride concentration shall be made daily, or as required by the department, and reports of such analyses submitted to the department monthly on forms provided by the department. Such analyses shall be made in accordance with procedures listed in "Standard Methods". Check samples shall be submitted monthly or as required by the department to the state public health laboratory.

(2) Plans, specifications and an operations manual discussing testing, sampling and maintenance for any

fluoridation installation shall be submitted to the department for approval prior to construction, as required by WAC 248-54-600. [Order 153, § 248-54-670, filed 12/5/77.]

**WAC 248-54-680 Design of public water system facilities.** (1) Public water system facilities shall be designed so as to provide an adequate quantity and quality of water in a reliable manner. Good engineering practice, such as the *Recommended Standards for Water Works, A Committee Report of the Great Lakes - Upper Mississippi River Board of State Sanitary Engineers, 1976 Edition\** or any superceding edition or other design criteria and standards acceptable to the department, shall be used.

(2) Fences, locks, physical barriers, and other security devices shall be provided in order to assure that the water source, water treatment processes, water storage facilities, and the distribution system are under the strict control of the purveyor.

(3) Bypasses - No bypass shall be established or maintained whereby water may be diverted around any feature of a treatment process of a public water supply except with the approval of the department.

\*Published by Health Education Services, P.O. Box 7283, Albany, New York 12224.

[Order 153, § 248-54-680, filed 12/5/77.]

**WAC 248-54-690 Distribution reservoirs.** (1) All new distribution reservoirs shall have suitable water-tight roofs or covers which exclude birds, animals, insects and dust, and shall include appropriate provisions to safeguard against trespass, vandalism, and sabotage.

(2) All uncovered distribution reservoirs in existence on June 1, 1975, shall be scheduled for covering or replacement unless it is demonstrated to the satisfaction of the department that the reservoirs deliver water consistently meeting the quality standards of WAC 248-54-740, and the reservoirs meet the following minimum standards of protection:

(a) All water leaving the reservoir shall be disinfected.

(i) Disinfection equipment shall be proportional feed and shall be otherwise designed in accordance with WAC 248-54-680.

(ii) Disinfection equipment shall be operated in accordance with WAC 248-54-660(1)(a), including a minimum free chlorine residual of 0.2 mg/l after 30 minutes of contact or 0.6 mg/l after 10 minutes of contact. Maintaining a chlorine residual through the reservoir will be considered the equivalent of post chlorination if the water leaving the reservoir contains a minimum of 0.2 mg/l free chlorine residual at all times. Where residuals are carried through the reservoir in lieu of post chlorination, continuous chlorine residual analysis and recording will be required.

(iii) Continuous chlorine residual analyzers shall also be used in cases of variable chlorine demand or where other methods of chlorination control have been found unsatisfactory.

(b) The reservoir shall be protected from unauthorized entry and from vandalism. Use of 24 hour security

patrols and/or automatic security devices is recommended and may be required by the department if a reservoir has been subjected to frequent security violations. The following security measures are required for all reservoirs:

(i) The reservoir shall be surrounded by a fence, chain link or equivalent. The fence shall be at least seven feet high; in addition, two strands of barbed wire or the equivalent shall be placed above the fence.

(ii) The fence shall be set back from the parapet a sufficient distance so that debris cannot easily be thrown into the water from outside the fence. A setback of 100 feet is recommended; a setback of 50 feet shall be considered minimum, provided that the multiple of the fence height and the setback, expressed in feet, shall be not less than 600.

(iii) The setback shall be increased if the ground surface beyond the fence has a substantial upward gradient.

(iv) The reservoir and fence shall be inspected at least once daily.

(v) An emergency reaction plan shall be established so that the reservoir can be isolated from the distribution system within one hour after a security violation has been reported.

(c) Undesirable growths of algae or other aquatic organisms shall be controlled. Tastes, odors, color, turbidity, and debris in water within and leaving the reservoir shall be minimized. A control program shall be conducted consisting of at least the following:

(i) Monitoring water in the reservoir for temperature, pH, color, turbidity, and where possible, phytoplankton;

(ii) Application of algacides as necessary to prevent or control algal growths.

(d) The reservoir shall be of suitable construction so as to minimize water quality deterioration.

(i) A parapet wall shall completely encircle the reservoir.

(ii) Surface drainage shall be diverted away from the reservoir.

(iii) The reservoir shall have a smooth impervious lining.

(iv) The outlet shall be covered with a screen of 1/4" mesh or smaller.

(v) The reservoir shall be equipped with a drain so that it can be easily emptied for cleaning.

(vi) The reservoir shall not be subject to ground water infiltration or to flotation when empty.

(e) Reservoirs may be subject to unusual and excessive airborne contamination including dust, leaves, drifting pesticide sprays, and industrial emissions. Where the department determines that airborne contamination of a reservoir constitutes a potential hazard to health, the water purveyor maintaining the reservoir shall eliminate the source of contamination, or curtail the activity producing the contamination so as to eliminate the potential hazard to health.

(f) Birds shall be discouraged from landing on the water or inside the parapet wall by such measures as water sprays, ultra sonic devices, wires, or other effective means.

(g) Monitoring and reporting.

(i) Violations of reservoir security and breakdowns of the post-chlorination system shall be reported to the department by telephone immediately.

(ii) Bacterial monitoring shall be performed on water in the reservoir, and of water leaving the reservoir at such locations and frequency as may be specified by the department. Bacteriological samples shall be analyzed in a laboratory holding a current certificate of approval from the department.

(iii) The following records shall be maintained by the utility for at least five years.

(A) list of debris found during cleaning.

(B) consumer complaints related to taste, odor or debris.

(C) algae control methods practiced, water quality parameters relevant to aquatic growths such as temperature, pH, turbidity, clarity, and concentrations of phytoplankton where available.

(D) episodes of actual or threatened contamination and security violations, actual or attempted.

(iv) Utility records shall be evaluated by the department during sanitary surveys or when the utility comprehensive plan is under review.

(h) Operation

(i) Reservoirs shall be drained annually for inspection and cleaning.

(ii) Reservoir sides and bottom shall be kept free of debris, algae, and attached biological growths.

(iii) Floating debris shall be removed regularly as needed.

(iv) In case of any episode of actual contamination, or where reservoir security has been breached, the reservoir shall immediately be isolated from the distribution system and the department notified. The reservoir shall be drained and/or held out of service until the department has authorized its use.

(v) Each utility operating an open reservoir shall develop and keep current a written emergency plan of operations designed to provide effective response to reservoir problems.

(3) Compliance with the provisions of this subsection (2) will be achieved by either of the following courses of action:

(a) Establishment of a program of reservoir protection in accordance with the provision of subsections (2) and (4) of this section; or

(b) Establishment of a schedule for covering or replacement of the uncovered reservoirs in accordance with subsection (5) of this section.

(4) If the purveyor chooses to establish a protection program in accordance with subsection (3) of this section, the program shall include a written schedule for implementation which shall be designed to accomplish the improvements as soon as practicable consistent with the complexity of the work, and in any case, prior to June 30, 1978.

(5) If the purveyor chooses to cover or replace an open reservoir, a written schedule as required in subsection (3) shall be submitted to the department. The acceptability of the schedule will depend upon the condition of the existing facility and the scope of the planned action. Schedules extending beyond June 30,

1978 will be considered only if it is demonstrated that satisfactory interim protective measures are in effect. The maximum time allowed for covering or replacement of an open distribution reservoir shall be completed no later than June 30, 1981. [Order 153, § 248-54-690, filed 12/5/77.]

**WAC 248-54-700 Disinfection of facilities.** No portion of a public water system which is to contain potable or finished water, including wells, shall be put into service, nor may the use of any such facility be resumed after it has been out of service, until such facility has been effectively disinfected. The procedure used for disinfection shall conform to the American Water Works Association Standard C601-68, D102-64, A100-66 (A1-10)\* or other standards acceptable to the department. In cases of new construction, water shall not be furnished for the use of the consumer until bacteriological samples have been analyzed by a laboratory holding a current certificate of approval from the department and satisfactory results obtained.

\*American Water Works Association, 6666 West Quincy Avenue, Denver, Colorado 80235.

[Order 153, § 248-54-700, filed 12/5/77.]

**WAC 248-54-710 Quantity and pressure.** (1) Public water systems shall be designed to provide an ample quantity of water at a minimum pressure of at least 30 psi (207 kPa), and in no event shall the pressure in any part of a distribution system drop below 20 psi (138 kPa), under normal peak flow conditions measured at the water meter or at the property line of the premises when meters are not used.

(2) In general, the minimum diameter of all distribution mains should be six inches (150mm). Systems designed to provide fire flows shall have a minimum distribution main size of six inches (150mm). Installation of standard fire hydrants with pumper connections shall not be allowed on mains less than six inches (150mm) in diameter.

(3) If individual booster pumps are used to maintain adequate pressure in a customer's system, the installation shall be made under the supervision of the purveyor to assure that minimum pressure requirements in the purveyor's system are maintained at all times. Low pressure cutoff switches may be required on the suction side of the pump.

(4) Distribution systems shall be designed by use of a hydraulic analysis considering pipe size, type, restrictions, peak demand, length of run and elevation differences. In the case of a system on level terrain (no greater than 40 feet (12m) elevation difference) designed for domestic use only, the maximum length of pipe run as shown in Table 1 may be followed without justification by a hydraulic analysis.

TABLE 1

Pipe Diameter	Maximum Length of Run Deadended	Looped
Under 2-Inch (50mm)	None Permitted	None Permitted
2-Inch (50mm)	300 Feet (90m)	600 Feet (180m)

[Title 248 WAC—p 178]

Pipe Diameter	Maximum Length of Run Deadended	Looped
3-Inch (80mm)	300 Feet (90m)	600 Feet (180m)
4-Inch (100mm)	1300 Feet (390m)	

[Order 153, § 248-54-710, filed 12/5/77.]

**WAC 248-54-720 Reliability.** (1) Public water supplies shall be designed, operated and maintained so as to provide adequate water service at all times. The system shall be designed to protect against failures of the power supply, treatment, equipment or structural failure. Appropriate backup facilities shall be provided so that failures which can be reasonably foreseen will not cause a loss of water service or treatment.

(2) Prior to shut off of water service for system repair or maintenance, reasonable notice shall be given to the department and affected customers. Under emergency conditions, prior notification of water service interruption is not required.

(3) Standby or backup facilities, automatic alarms, or shut offs shall be provided if necessary to assure that water quality will comply with WAC 248-54-740 under all normal operating conditions and under any reasonably foreseeable emergencies. [Order 153, § 248-54-720, filed 12/5/77.]

**WAC 248-54-730 Location of public water system facilities.** (1) Prohibited Areas - New public water systems or additions to existing public water systems shall not be located at sites which are subject to a significant risk from earthquakes, floods, fires, or other disasters which could cause a breakdown of any portion of the public water system.

(2) Exceptions - Any proposal to locate a new public water system or an addition to an existing public water system within an area subject to a significant risk from earthquakes, floods, fires, or other disasters which could cause a breakdown of any portion of the public water system shall be fully justified in the water system plan or supplemental engineering report. [Order 153, § 248-54-730, filed 12/5/77.]

**WAC 248-54-740 Quality.** (1) The standards of water quality in this section shall apply throughout the distribution system unless otherwise specified. The purveyor shall be responsible for satisfying the requirements of this section. The monitoring requirements set forth in this section are minimums, additional monitoring may be required by the department.

(2) Samples required in this section shall be analyzed in accordance with methods approved by the department and only in the State Public Health Laboratory or laboratories holding a current certificate of approval from the department, except that measurements for turbidity, free chlorine residual, and fluoride as required by WAC 248-54-670, may be performed by trained water utility personnel.

(3) When a public water system receives its water from another public water system, the water quality of the received water shall meet all bacteriological, inorganic chemical, organic chemical, turbidity, and radionuclide requirements of this section. Unless additional

monitoring is required by the department, only bacteriological monitoring as required by this section need be performed by the receiving public water system.

(4) Bacteriological

(a) The presence of organisms of the coliform group as found in the distribution system samples examined shall not exceed the limits in subdivision (4)(b) of this subsection.

- (i) Bacteriological samples shall be collected at regular intervals from representative points in the distribution system. Samples shall be collected, transported and analyzed in accordance with procedures contained in "Standard Methods".
- (ii) For Class 1 systems the minimum number of routine distribution system samples to be analyzed per month shall be in accordance with Table 2.
- (iii) For Class 2 systems the number of routine samples shall be one per calendar month, except where a less frequent sampling frequency is allowed by the department for a protected groundwater supply. In no case shall the sampling frequency be less than one per quarter.
- (iv) For class 3 systems, the number of routine samples shall be one in each calendar quarter during which the system provides water to the public, except where an increased sampling frequency is required by the department.
- (v) For Class 4 systems, the number of routine samples shall be a minimum of one per year, except where an increased sampling frequency is required by the department.
- (vi) Public water systems shall collect untreated water samples from each source for bacteriological analysis in accordance with the following schedule:
- (A) Protected groundwater sources shall be sampled at least once per quarter.
- (B) Groundwater sources disinfected for health reasons shall be sampled at a frequency not less than twenty percent of the number shown in Table 2 and in no case less than one per quarter.
- (C) Surface sources with treatment including at least coagulation, filtration, and disinfection shall be sampled at a frequency not less than ten percent of the number shown in Table 2 and in no case less than one per quarter.
- (D) Surface sources without treatment including coagulation and filtration shall be sampled at a frequency not less than twenty percent of the number shown in Table 2 and in no case less than one per quarter.

**TABLE 2**  
MINIMUM NUMBER OF ROUTINE  
BACTERIOLOGICAL  
SAMPLES TO BE TAKEN FROM THE  
DISTRIBUTION SYSTEM\*

**Population Served	Minimum No. Samples Per Month	Population Served	Minimum No. Samples Per Month
***Less than 2,500	2	83,001 to 90,000	90
2,501 to 3,300	3	90,001 to 96,000	95
3,301 to 4,100	4	96,001 to 111,000	100
4,101 to 4,900	5	111,001 to 130,000	110
4,901 to 5,800	6	130,001 to 160,000	120
5,801 to 6,700	7	160,001 to 190,000	130
6,701 to 7,600	8	190,001 to 220,000	140
7,601 to 8,500	9	220,001 to 250,000	150
8,501 to 9,400	10	250,001 to 290,000	160
9,401 to 10,300	11	290,001 to 320,000	170
10,301 to 11,100	12	320,001 to 360,000	180
11,101 to 12,000	13	360,001 to 410,000	190
12,001 to 12,900	14	410,001 to 450,000	200
12,901 to 13,700	15	450,001 to 500,000	210
13,701 to 14,600	16	500,001 to 550,000	220
14,601 to 15,500	17	550,001 to 600,000	230
15,501 to 16,300	18	600,001 to 660,000	240
16,301 to 17,200	19	660,001 to 720,000	250
17,201 to 18,100	20	720,001 to 780,000	260
18,101 to 18,900	21	780,001 to 840,000	270
18,901 to 19,800	22	840,001 to 910,000	280
19,801 to 20,700	23	910,001 to 970,000	290
20,701 to 21,500	24	970,001 to 1,050,000	300
21,501 to 22,300	25	1,050,001 to 1,140,000	310
22,301 to 23,200	26	1,140,001 to 1,230,000	320
23,201 to 24,000	27	1,230,001 to 1,320,000	330
24,001 to 24,900	28	1,320,001 to 1,420,000	340
24,901 to 25,000	29	1,420,001 to 1,520,000	350
25,001 to 28,000	30	1,520,001 to 1,630,000	360
28,001 to 33,000	35	1,630,001 to 1,730,000	370
33,001 to 37,000	40	1,730,001 to 1,850,000	380
37,001 to 41,000	45	1,850,001 to 1,970,000	390
41,001 to 46,000	50	1,970,001 to 2,060,000	400
46,001 to 50,000	55	2,060,001 to 2,270,000	410
50,001 to 54,000	60	2,270,001 to 2,510,000	420
54,001 to 59,000	65	2,510,001 to 2,750,000	430
59,001 to 64,000	70	2,750,001 to 3,020,000	440
64,001 to 70,000	75	3,020,001 to 3,320,000	450
70,001 to 76,000	80	3,320,001 to 3,620,000	460
76,001 to 83,000	85	3,620,001 to 3,960,000	470
		3,960,001 to 4,310,000	480

**Population Served	Minimum No. Samples Per Month	Population Served	Minimum No. Samples Per Month	Sample Type	System Class	Minimum Number of Samples Required*	Date Initial Sample Required
		4,310,001 to 4,690,000	490		3&4	Only as required by the department	
		4,690,001 or more	500				
*Based on Federal Register, December 24, 1975, Environmental Protection Agency, National Interim Primary Drinking Water Regulations, Section 141.21.				Secondary Physical &	1&2	Surface water supplies – one per calendar year Ground water supplies – Once every three years	June 1978 June 1979
**Does not include water wholesaled to other utilities.							
***For Class 2, 3 and 4 systems, see WAC 248-54-740(4)(a)(iii), (iv), (v) and Table 3.					3&4	Only as required by the department	

**TABLE 3**  
**SAMPLING REQUIREMENTS**

Sample Type	System Class	Minimum Number of Samples Required*	Date Initial Sample Required
Bacteriological	1	Refer to Table 2	Effective date of regulation
	2	One per calendar month or quarterly from a protected ground water supply	Effective date of regulation
Bacteriological	3	One in each calendar quarter during which system provides water to the public	Effective date of regulation
	4	One per calendar year	1977
Inorganic Chemical	1&2	Surface water supplies— one per calendar year Ground water supplies— one every three years	June 1978 June 1979
	3&4	Surface and ground water supplies—one every three years. Nitrate only unless otherwise specified.	June 1979
Organic Chemical	1&2	Surface water supplies— one every three years Ground water supplies— only as required by the department	June 1978
	3&4	As required by the department	
Turbidity/	1&2&3	Surface water supplies only – daily	Effective date of regulation
	4	Only as required by the department	
Radionuclides	1&2	Four consecutive quarterly samples every four years	June 1979

\*Increased sampling may be required by the department. Samples shall be taken at representative points, except turbidity which shall be taken at the entrance to the distribution system.

(vii) Purveyors may be required to have microbiological analyses other than the standard coliform test conducted, such as examination for fecal coliform, fecal streptococci, total 35° plate count, plankton counts, and other tests as may be required by the department.

(b) The maximum contaminant levels for coliform bacteria are as follows:

- (i) When the membrane filter technique is used, the number of coliform bacteria shall not exceed any of the following:
  - (A) One per 100 milliliters as the arithmetic mean of all samples examined per month;
  - (B) Four per 100 milliliters in two or more samples when less than 20 are examined per month; or
  - (C) Four per 100 milliliters in more than five percent of the samples when 20 or more are examined per month.
- (ii) When the five tube MPN method using 10 milliliter portions per tube is used, coliform bacteria shall not be present in any of the following:
  - (A) More than 10 percent of the portions in any month;
  - (B) Three or more portions in two or more samples when less than 20 samples are examined per month; or
  - (C) Three or more portions in more than five percent of the samples when 20 or more samples are examined per month.
- (iii) At the discretion of the department, compliance with this section for systems that are required to sample at a rate of less than four per month may be based upon sampling during a three month period.
- (iv) Special purpose samples, such as those taken to determine whether disinfection practices following pipe repair or replacement have been sufficient or check samples shall not be

used to determine compliance with the maximum contaminant level for coliform bacteria nor shall they be used to determine compliance with the minimum sampling frequency.

(c) Check Sampling

(i) When the coliform bacteria in a single sample exceed four per 100 milliliters when examined by the membrane filter technique or if coliform bacteria occur in three or more portions when 10 ml standard portions are used, action shall be taken by the purveyor to determine and correct the cause for such occurrence. Also, at least two consecutive daily check samples shall be collected and examined from the sampling point. Additional check samples shall be collected daily, or at a frequency established by the department, until the results obtained from at least two consecutive check samples show less than one coliform bacterium per 100 milliliters.

(ii) The location at which the check samples were taken pursuant to item (i) of this subdivision shall not be eliminated from future sampling without approval of the department.

(d) When the presence of coliform bacteria in water taken from a particular sampling point has been confirmed by any check samples, the water purveyor shall report this to the department within 48 hours.

(e) When a maximum contaminant level for coliform bacteria as set forth in WAC 248-54-740(4)(b) is exceeded, the purveyor of water shall report to the department and notify the public as prescribed in WAC 248-54-750.

(f) A water purveyor may, with the approval of the department, and based upon a sanitary survey, substitute the use of chlorine residual monitoring for not more than 75 percent of the samples required to be taken by WAC 248-54-740(4)(a) provided, the water purveyor takes chlorine residual samples at points which are representative of the conditions within the distribution system at the frequency of at least four for each substituted microbiological sample. Where chlorine residual monitoring is substituted for microbiological samples, analysis for chlorine residual shall be in accordance with Standard Methods. In all cases there shall be at least daily determinations of chlorine residual.

(i) When the water purveyor exercises this option, he shall maintain no less than 0.2 mg/l free chlorine throughout the public water distribution system.

(ii) When a particular sampling point has been shown to have a free chlorine residual less than 0.2 mg/l, the water at that location shall be retested as soon as practicable and in any event within one hour. If the original analysis is confirmed, this fact shall be reported to the department within 48 hours and a sample for coliform analysis shall be collected from that sampling point as soon

as practicable and preferably within one hour. The results of such analysis shall be reported to the department within 48 hours after the results are known to the water purveyor.

(iii) Compliance with the maximum contaminant levels for coliform bacteria shall be determined on the monthly mean or quarterly mean basis as specified in WAC 248-54-740(4)(b) including those samples taken as a result of failure to maintain the required chlorine residual level.

(5) Inorganic Chemicals

(a) The maximum contaminant levels for inorganic chemicals are as follows:

MAXIMUM CONTAMINANT LEVEL

Contaminant	Level (mg/l)
Arsenic	0.05
Barium	1.
Cadmium	0.010
Chromium	0.05
Fluoride	2.0
Lead	0.05
Mercury	0.002
Nitrate(as N)	10.
Selenium	0.01
Silver	0.05

(b) Minimum analyses of raw water for inorganic chemicals are required as follows:

(i) Analyses for all Class 1 and 2 water systems utilizing surface water sources shall be completed by June, 1978. These analyses shall be repeated at yearly intervals.

(ii) Analyses for all Class 1 and 2 water systems utilizing only ground water sources shall be completed by June, 1979. These analyses shall be repeated at three-year intervals.

(iii) Nitrate analyses for Class 3 and 4 water systems, whether supplied by surface or ground water sources, shall be completed by June, 1979. These analyses shall be repeated at three-year intervals.

(iv) If it is anticipated that the levels of inorganic chemicals will change in the distribution system, or treatment processes then additional inorganic chemical sampling may be required by the department.

(c) If the result of an analysis indicates that the level of any contaminant exceeds the maximum contaminant level, the water purveyor shall report this to the department within seven days. Action shall be taken by the purveyor to determine and correct the cause of such occurrences. The purveyor shall initiate three additional analyses at the same sampling point within one month.

(d) When the average of four analyses rounded to the same number of significant figures as the maximum contaminant level for the substance in question, exceeds the maximum contaminant level, the water purveyor shall report to the department and give notice to the

public pursuant to WAC 248-54-750. Monitoring after public notification shall be at a frequency designated by the department and shall continue until the maximum contaminant level has not been exceeded in two successive samples, or until a monitoring schedule as a condition to a variance, exemption or enforcement action becomes effective.

(e) The provisions of subdivision (c) and (d) of this subsection notwithstanding, compliance with the maximum contaminant level for nitrate shall be determined on the basis of the mean of two analyses. When a level exceeding the maximum contaminant level for nitrate is found, a second analysis shall be initiated within 24 hours, and if the mean of the two analyses exceeds the maximum contaminant level, the water purveyor shall report his findings to the department and shall notify the public pursuant to WAC 248-54-750.

(f) For the initial analyses required by this section, data for surface waters acquired after June, 1976 and data for ground waters acquired after June, 1974 may be substituted at the discretion of the department.

(6) Organic Chemicals

(a) The maximum contaminant levels for organic chemicals taken from the raw water source are as follows:

Contaminant	Level (mg/l)
(i) Chlorinated hydrocarbons:	
Endrin (1,2,3,4,10 10-hexachloro-6,7-epoxy-1,4,4a,5,6,7,8,8a-octahydro-1,4-endo, endo-5,8 - dimethano naphthalene).	0.0002
Lindane (1,2,3,4,5,6-hexachlorocyclohexane, gamma isomer).	0.004
Methoxychlor (1,1,1-Trichloro-2, 2 - bis [p-methoxyphenyl] ethane).	0.1
Toxaphene (C <sub>10</sub> H <sub>10</sub> Cl <sub>8</sub> -Technical chlorinated camphene, 67-69 percent chlorine).	0.005
(ii) Chlorophenoxy:	
2,4 - D. (2,4-Dichlorophenoxyacetic acid)	0.1
2,4,5-TP Silvex (2,4,5-Trichlorophenoxypropionic acid)	0.01

(b) Minimum analyses for organic chemicals taken from the raw water source are required as follows:

(i) Analyses for all Class 1 and 2 water systems utilizing surface water sources, shall be completed by June, 1978. Samples analyzed

shall be collected during the period of the year designated by the department as the period when contamination by pesticides is most likely to occur. These analyses shall be repeated at intervals specified by the department but in no event less frequently than at three year intervals.

(ii) Analyses for Class 1 and 2 water systems utilizing only ground water sources, shall be completed only by those systems specified by the department.

(c) If the result of an analysis indicates the level of any organic chemical contaminant exceeds the maximum contaminant level, the supplier of water shall report to the department within seven days. In addition action shall be taken by the purveyor to determine and correct the cause of such occurrences and the purveyor shall initiate three additional analyses within one month.

(d) When the average of four analyses made pursuant to subdivision (c), of this section, rounded to the same number of significant figures as the maximum contaminant level for the substance in question, exceeds the maximum contaminant level, the water purveyor shall report to the department and give notice to the public pursuant to WAC 248-54-750. Monitoring after public notification shall be at a frequency designated by the department and shall continue until the maximum contaminant level has not been exceeded in two successive samples or until a monitoring schedule as a condition to a variance, exemption or enforcement action becomes effective.

(e) For the initial analysis required by this subsection, data for surface water acquired after June, 1976 and data for ground water acquired after June, 1974 may be substituted at the discretion of the department.

(7) Turbidity

(a) The maximum contaminant levels for turbidity are applicable to public water supplies using surface water sources in whole or in part. The maximum contaminant levels for turbidity in drinking water, measured at a representative entry point(s) to the water distribution system as determined by the department, are:

- (i) One (1.0) turbidity unit (TU), as determined by a monthly average of the maximum daily turbidity, except that five (5.0) turbidity units, as determined by a monthly average of the maximum daily turbidity, may be allowed if the purveyor can demonstrate that:
  - (A) The conditions of watershed control in accordance with WAC 248-54-660(4)(b)(i) are satisfied;
  - (B) The higher turbidity does not interfere with microbiological determinations and that the source water quality conforms to the raw water quality conditions as specified in WAC 248-54-660(4)(b)(ii); and
  - (C) The higher turbidity does not prevent maintenance of an effective disinfection agent throughout the distribution system and that the conditions of system operation, including a continuous free chlorine residual of 0.2

mg/l throughout all active parts of the system, as specified in WAC 248-54-660(4)(b)(iii) are satisfied.

- (ii) Five (5.0) turbidity units based on an average for two consecutive days of the maximum daily turbidity.

(b) Continuous monitoring of turbidity is required for all Class 1, 2 & 3 systems using surface sources. Automatic turbidity measuring and recording equipment shall be provided and operated continuously at the entry point to the distribution system and where necessary for process control. Manual monitoring of turbidity may be authorized by the department in special cases. The monitoring frequency for Class 4 systems using surface sources shall be determined by the department.

(c) If the turbidity exceeds the maximum allowable limit identified in WAC 248-54-740(7)(a)(i) for longer than one hour if monitored continuously, the water purveyor shall report to the department within 48 hours. If the result of a manual turbidity analysis exceeds the maximum allowable limit the sampling measurement shall be confirmed by resampling within one hour. If the repeat sample confirms that the maximum allowable limit has been exceeded, the water purveyor shall report to the department within 48 hours. In addition, the purveyor shall take action to determine and correct the cause of such occurrences.

(d) If the maximum contaminant levels in WAC 248-54-740(7)(a)(i) or 248-54-740(7)(a)(ii) are exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248-54-750.

#### (8) Radionuclides

(a) The following are the maximum contaminant levels for radium-226, radium-228, and gross alpha particle radioactivity:

- (i) Combined radium-226 and radium-228 - 5 pCi/l.
- (ii) Gross alpha particle activity (including radium-226 but excluding radon and uranium) - 15 pCi/l.

(b) The following is the maximum contaminant level for beta particle and photon radioactivity from man-made radionuclides:

- (i) The average annual concentration of beta particle and photon radioactivity from man-made radionuclides in drinking water shall not produce an annual dose equivalent to the total body or any internal organ greater than 4 mrem/year.

(c) Monitoring requirements for gross alpha particle activity, radium-226 and radium-228.

- (i) Initial sampling to determine compliance of Class 1 and 2 systems shall begin by June, 1979, and the analysis shall be completed by June, 1980. Compliance shall be based on the analysis of an annual composite of four consecutive quarterly samples or the average of the analyses of four samples obtained at quarterly intervals.
- (ii) Analysis for radium-226 and radium-228 may be omitted if the gross alpha particle activity is less than 5 pCi/l.

- (iii) For the initial analysis, data acquired within one year prior to June, 1977 may be substituted at the discretion of the department.

- (iv) Water purveyors shall monitor at least once every four years. When an annual record establishes that the average annual concentration is less than half the maximum contaminant levels, analysis of a single sample may be substituted for the quarterly sampling procedure.

- (v) A water purveyor shall monitor for radionuclides within one year of the introduction of a new water source for a community water system.

- (vi) If the average annual maximum contaminant level for gross alpha particle activity or total radium is exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248-54-750. The purveyor shall take action to determine and correct the cause of such occurrences. Monitoring at quarterly intervals shall be continued until the annual average concentration no longer exceeds the maximum contaminant level or until a monitoring schedule as a condition to a variance, exemption or enforcement action shall become effective.

(d) Monitoring requirements for man-made radioactivity:

- (i) By June, 1979, Class 1 and 2 systems using surface water sources and serving more than 100,000 persons and other water systems as are designated by the department shall be monitored for compliance by analysis of a composite of four consecutive quarterly samples or analysis of four quarterly samples.

- (ii) Compliance with the 4 millirem/year dose limitation may be assumed if the average annual concentration for gross beta activity, tritium, and strontium-90 are less than 50 pCi/l, 20,000 pCi/l, and 8 pCi/l respectively. Analysis for strontium-90 may be omitted if the gross beta activity is less than 8 pCi/l.

- (iii) For the initial analysis, data acquired within one year prior to June, 1977 may be substituted at the discretion of the department.

- (iv) After the initial analysis water purveyors shall monitor at least every four years.

- (v) If the average annual maximum contaminant level for man-made radioactivity is exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248-54-750. The purveyor shall take action to determine and correct the cause of such occurrences. Monitoring at monthly intervals shall be continued until the concentration no longer exceeds the maximum contaminant level or until a monitoring schedule as a condition to a variance,

exemption or enforcement action becomes effective.

(e) By June 1, 1979, any water system as designated by the department, downstream from a nuclear facility must begin quarterly monitoring requirements for gross beta and iodine-131, and annual monitoring for strontium-90 and tritium. The department may allow the substitution of environmental surveillance data taken in conjunction with a nuclear facility for direct monitoring of man-made radioactivity after a determination that such data is applicable to a particular community water system.

(f) When necessary, additional radionuclide monitoring and other radionuclide requirements as prescribed by Public Law 93-523, section 141.26 CFR shall be satisfied.

(9) Secondary chemical and physical contaminants - The following maximum levels shall apply.

#### MAXIMUM CONTAMINANT LEVELS

Contaminant	Level
Color	15 units
Iron	0.3 mg/l
Manganese	0.05 mg/l
Total Dissolved Solids	500 mg/l
* Chloride	250 mg/l
* Sulfate	250 mg/l
** Copper	1 mg/l
** Odor	3 threshold odor numbers
** Zinc	5 mg/l

\*Analysis is required only when the total dissolved solids exceed 500 mg/l.

\*\*Analysis is required only when determined necessary by the department.

(a) Monitoring of secondary contaminants by Class 1 and 2 systems shall be at the same frequency as required for inorganic chemicals. Class 3 and Class 4 systems shall monitor secondary contaminants only as required by the department.

(b) If the secondary contaminants are present in excess of the listed concentrations, either treatment shall be provided, another supply developed, or other action acceptable to the department shall be taken.

(c) Secondary contaminants are not subject to the public notification requirements of WAC 248-54-750. [Order 153, § 248-54-740, filed 12/5/77.]

#### WAC 248-54-750 Reporting and public notification.

##### (1) Reporting

(a) Except where a shorter reporting period is specified, the water purveyor shall report to the department within 40 days the results of all tests, measurements, or analyses required by WAC 248-54-740.

(b) The water purveyor shall report to the department within 48 hours the failure to comply with any provisions of WAC 248-54-740, including failure to comply with monitoring requirements.

(c) The water purveyor is not required to report analytical results to the department in cases where the State Public Health Laboratory or a laboratory holding a current certificate of approval reports the results directly to the department.

(d) The water purveyor shall notify the department within sixty days of any change in name or change in ownership of the public water system.

##### (2) Water Facilities Inventory and Report

(a) Every purveyor of a Class 1 system shall submit to the department not later than July 1 of each year, an annual report summarizing the utility's operation for the preceding calendar year. The annual report shall contain the following information, as a minimum: Number of services and meters; average annual and peak daily demand; the range of distribution system pressures; a summary of the major features of the system and additions or changes made during the year; a summary of the physical, bacteriological, and chemical quality maintained in the system.

(b) Purveyors of Class 2 and 3 water supply systems shall submit a report at five year intervals.

(c) Purveyors of Class 4 water supply systems shall submit a report if required by the department.

##### (3) Public Notification

(a) Class 1 or 2 water purveyors shall issue a written notice to the persons served by the system within three months of the occurrence of any of the following events: Exceeding a maximum contaminant level; failure to comply with an applicable testing procedure; being granted a variance or exemption from an applicable maximum contaminant level; failure to comply with the requirements of any schedule prescribed pursuant to a variance or exemption; or failure to perform any required monitoring. The written notice shall be included in the first set of water bills of the system issued after the failure. Such notice shall be repeated at least once every three months so long as the failure of the system continues or the variance or exemption remains in effect. If the system issues water bills less frequently than quarterly, or does not issue water bills, the notice shall be made by or supplemented by another form of direct mail.

(b) If a Class 1 or 2 water system has failed to comply with an applicable maximum contaminant level, the water purveyor shall notify the public of such failure as required by WAC 248-54-750(3)(a). In addition, public notification steps shall take place as follows:

(i) By publication on not less than three consecutive days in a newspaper or newspapers of general circulation in the area served by the system. Such notice shall be completed within 14 days after the water purveyor learns of the failure.

(ii) By furnishing a copy of the notice to the radio and television stations serving the area served by the system. Such notice shall be furnished within seven days after the water purveyor learns of the failure.

(c) If the area served by a Class 1 or 2 water system is not served by a daily newspaper of general circulation, notification by newspaper required by WAC 248-54-750(3)(b) shall instead be given by publication on three consecutive weeks in a weekly newspaper of general circulation serving the area. If no weekly or daily newspaper of general circulation serves the area, notice shall be given by posting the notice in post offices or other public buildings within the area served by the system.

(d) If any of the events identified in WAC 248-54-750(3)(a) occur in a Class 3 water system, the water purveyor shall post written notice of the event at conspicuous locations and points of use throughout the system.

(e) Notices given pursuant to this section shall be written in a manner to assure that the public using the system is adequately informed of the failure or variance or exemption. The notice shall not use unduly technical language, unduly small print or other methods which would frustrate the purpose of the notice. The notice shall disclose all material facts regarding the subject including the nature of the problem and, when appropriate, a clear statement that a primary drinking water regulation has been violated and any preventive measures that should be taken by the public. Where appropriate, or where designated by the department, bilingual notice shall be given. Notices may include a balanced explanation of the significance or seriousness to the public health of the subject of the notice, a fair explanation of steps taken by the system to correct any problem and the results of any additional sampling. Notices shall be consistent with guidelines prepared by the department concerning format and content.

(f) In any instance in which notification by newspaper or to radio or television stations is not required, the department may order the water purveyor to provide notification by newspaper and to radio and television stations when circumstances make more immediate or broader notice appropriate to protect the public health.

(g) The water purveyor shall keep detailed and complete records of all public notification occurrences, in accordance with WAC 248-54-760, so as to document compliance with this section. These records shall be available for inspection by the department and shall be sent to the department if requested.

(h) Notice to the public required by this section may be given by the department on behalf of the water purveyor. [Order 153, § 248-54-750, filed 12/5/77.]

**WAC 248-54-760 Analyses and records.** (1) The water purveyor shall keep the following records of operation and analyses.

(a) Records of bacteriological and turbidity analyses made pursuant to WAC 248-54-750 shall be kept for not less than five years. Records of chemical analyses made pursuant to WAC 248-54-750 shall be kept for not less than ten years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the following information is included:

(i) The date, place, and time of sampling, and the name of the person who collected the sample;

(ii) Identification of the sample as to whether it was a routine distribution system sample, check sample, raw or drinking water sample or other special purpose sample;

(iii) Date of analysis;

(iv) Laboratory and person responsible for performing analysis;

(v) The analytical technique/method used; and

(vi) The results of the analysis.

(b) Records of action taken by the system to correct violations of primary drinking water regulations shall be

kept for a period not less than three years after the last action taken with respect to the particular violation involved.

(c) Copies of any written reports, summaries or communications, relating to sanitary surveys of the system conducted by the system itself, by a private consultant, or by any local, State or Federal agency, shall be kept for a period not less than ten years after completion of the sanitary survey involved.

(d) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than five years following the expiration of such variance or exemption.

(e) Records concerning public notification shall be kept in accordance with WAC 248-54-750(3)(g) for a period ending not less than three years following the date the public was notified as prescribed in WAC 248-54-750.

(f) Other records of operation and analyses as are required by the department shall be kept for not less than three years. These records shall be completed on forms supplied by the department, and shall bear the signature of the operator in responsible charge of the water system. Class 1 systems shall send copies of these records to the department monthly. Class 2 and 3 systems shall keep these records available for inspection by the department, and shall send them to the department if requested. Where applicable daily records of operation and analyses shall include the following:

(i) Chlorine residual;

(ii) Fluoride level;

(iii) Water treatment plant performance. [Order 153, § 248-54-760, filed 12/5/77.]

**WAC 248-54-770 Emergency measures.** (1) Public water systems shall have an emergency plan as a part of their operations program as required in WAC 248-54-610. The emergency plan shall include a vulnerability analysis of the major elements of the water system, compilation of emergency telephone numbers, establishment of contingency plans and provisions for immediate notification of the department by telephone when a breakdown or failure occurs in the water treatment process, when an emergency arises which causes, or threatens to cause, a loss in water service of more than twenty-four hours duration, or when any other situation occurs where the water quality may be degraded and public health may be threatened.

(2) The emergency plan shall be reviewed and updated as necessary to assure adequate emergency provisions, and as a minimum each time the water system plan is updated. The emergency plan shall be maintained in such a manner as to be readily usable by personnel of the public water system responsible for responding to emergency situations.

(3) No intake or other connection shall be maintained between a public water system and a source of water which has not been approved by the department, unless an emergency connection has been approved by the department. Utilization of such emergency sources shall be in accordance with precautions specified by the department. [Order 153, § 248-54-770, filed 12/5/77.]

**WAC 248-54-780 Enforcement.** If after investigation the department finds that any public water system fails to comply with the law or with these rules and regulations, the department may send a compliance letter to the purveyor of the public water system, which letter shall include at least the following: Specification of the areas where the public water system fails to meet the requirements of the law or of these rules and regulations; and specification of time deadlines for submission of preliminary engineering reports, submission of complete plans and specifications, commencement of construction or operation, or any other step designed to bring the public water system into compliance with the law or these rules and regulations. In the event the purveyor fails to comply with the law or these rules and regulations by the deadlines set out in the compliance letter, the department may take such legal action as it deems necessary under RCW 43.20.170 in order to assure compliance of the public water system with the law and these rules and regulations. [Order 153, § 248-54-780, filed 12/5/77.]

**WAC 248-54-790 Waiver.** The state board of health may waive any portion of these regulations except for WAC 248-54-740 (for which variances or exemptions under WAC 248-54-800 may be sought), upon demonstration by a purveyor that a waiver may be granted in an individual case without resulting in an unreasonable risk to the health of water consumers. [Order 153, § 248-54-790, filed 12/5/77.]

**WAC 248-54-800 Variances and exemptions. (1) Variances**

(a) The state board of health may grant one or more variances from the maximum contaminant levels identified in WAC 248-54-740 to a water purveyor who, because of characteristics of the raw water sources which are reasonably available, cannot meet the requirements of WAC 248-54-740 despite application of the best technology, treatment techniques or other available means, provided that the water purveyor applying for the variance demonstrates to the satisfaction of the board of health that the variance will not result in an unreasonable risk to health.

(b) The state board of health may grant one or more variances from any provision of WAC 248-54-740 which requires the use of a specified treatment technique if the water purveyor applying for the variance demonstrates to the satisfaction of the board of health that such treatment technique is not necessary to protect the health of persons because of the nature of the raw water source.

**(2) Exemptions**

(a) The state board of health may grant one or more exemptions from the maximum contaminant levels identified in WAC 248-54-740 or any treatment technique requirement provided that the water purveyor applying for the exemption demonstrates to the satisfaction of the board of health that:

(i) Due to compelling factors, the water purveyor is unable to comply with such contaminant level or treatment technique requirement;

(ii) The public water system was in operation on the effective date of such contaminant level or treatment technique requirement; and

(iii) The granting of the exemption will not result in an unreasonable risk to health.

(b) Exemption provisions from maximum contaminant levels shall be available until January, 1981. If the public water system seeking an exemption has entered into an agreement to become a part of a regional public water system, then exemptions from maximum contaminant levels shall be available until January, 1983.

(3) Where applicable, the need for a variance or exemption shall be documented in the water system plan as required in WAC 248-54-580.

(4) In granting any of the variances and exemptions provided for by this section, the purveyor, the department and the state board of health shall follow these procedures:

(a) The purveyor shall submit a documented application to the department setting out the need for a variance or exemption and setting out a schedule for bringing, as expeditiously as practicable, the public water system into full compliance with the requirements of WAC 248-54-740.

(b) The department shall screen the application for completeness and require the purveyor to make such other submissions as are necessary. When the application is complete, the department shall forward it to the state board of health which shall schedule the application for consideration at one of its public hearings and which shall give public notice of the hearing and of the proposed action. This public hearing shall occur no later than 90 days after receipt by the board of the completed application.

(c) The department shall develop a recommendation for the state board of health on whether to grant the variance or exemption; on what compliance schedule would bring the public water system into full compliance as expeditiously as practicable; and on what interim control measures are necessary to protect the health of the water consumer during the period of the variance or exemption and of the corresponding compliance schedule.

(d) At the public hearing, which shall not be a contested case (trial-like) hearing, the purveyor shall present and explain its application, the department shall present and explain its recommendation, and the state board of health shall grant or deny the variance or exemption. If the board grants the variance or exemption, it shall in every case make the granting conditional on the purveyor's bringing its public water system into full compliance with WAC 248-54-740 in accordance with a compliance schedule approved at this time by the board. The board may also make its granting of the variance or exemption conditional on the implementation during the period of the variance or exemption of such interim control measures as the board deems necessary to protect the health of the water consumer.

(e) If after investigation the department determines that a purveyor has failed to bring its water system into full compliance with WAC 248-54-740 in accordance

with an approved compliance schedule, or if the department determines that a purveyor has failed to implement any interim control measures required by the state board of health, the department may initiate such legal enforcement measures as are authorized by RCW 43.20-.170 in order to assure that the public water system in question comes into full compliance with WAC 248-54-740. [Order 153, § 248-54-800, filed 12/5/77.]

**WAC 248-54-810 Sanitary survey.** The department or the health officer, as determined by the joint plan of operation developed in accordance with WAC 248-54-570, shall conduct a sanitary survey of all public water systems at intervals necessary to assure the availability of a safe and potable water supply to all consumers of the water delivered by the public water system.

(1) **Facilities Inspection** – The sanitary survey shall include an inspection of all physical facilities of the public water system. The objective of the facilities inspection shall be an assessment of the physical integrity of the entire system for the purpose of determining if any physical portion of the public water system is subjecting any consumer or customer to conditions which may be deleterious to health.

(2) **Operations and Management Inspection** – The sanitary survey shall include an inspection of any records and data compiled by the purveyor which relate to the operation and management of the public water system. The inspection may include, but not be limited to, the review of water quality monitoring data, performance data for water treatment processes, and the operations report. The objective of the operations and management inspection shall be an assessment of the adequacy of the operations and management programs of the public water system for the purpose of determining if any phase of the operations and management programs of the public water system is subjecting any consumer or customer to conditions which may be deleterious to health. [Order 153, § 248-54-810, filed 12/5/77.]

**WAC 248-54-820 Cross-connections.** (1) **Purpose** – The purpose of this section is to protect the health of water consumers by the control of actual and/or potential cross-connections through two basic programs:

(a) Through proper installation and surveillance of backflow prevention devices on service lines leading to premises where cross-connections exist, or are likely to occur; and

(b) Through inspection and regulation of plumbing within premises to minimize danger of contamination of the water system on the premises or the public water system itself.

(2) **Responsibility** – The control of cross-connections requires cooperation between the customer, water purveyor, the health officer, and/or plumbing authority.

(a) The water purveyor has primary responsibility to prevent contamination of the public water system through cross-connections.

(b) The customer served and the municipal, county, or other authority having legal jurisdiction are jointly responsible for preventing contamination of the water system within the customer's premises.

(3) **Implementation** – A continuing and aggressive program of cross-connection investigation, surveillance and control shall be implemented according to good cross-connection control practice such as *Accepted Procedure and Practice in Cross-Connection Control Manual – Pacific Northwest Section – American Waterworks Association, Second Edition\**, or any superseding edition, or other criteria acceptable to the department.

(4) These regulations are to be reasonably interpreted. It is their intent to recognize the varying degrees of hazard and to apply the principle that the degree of protection shall be commensurate with the degree of hazard. These regulations are not to be construed as prohibiting local authorities or water purveyors from establishing more stringent requirements.

\*Copies of these standards may be obtained from the Department of Social and Health Services, Water Supply and Waste Section, MS LS-11, Olympia, WA 98504. [Order 153, § 248-54-820, filed 12/5/77.]

**WAC 248-54-830 Cross-connection terms.** (1) **Air gap separation** means the unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or faucet supplying water to a tank, plumbing fixture, or other device and the flood level rim of the receptacle, and shall be at least double the diameter of the supply pipe measured vertically above the flood level rim of the vessel. In no case shall the gap be less than one inch.

(2) **Auxiliary supply** means any water source or system, other than the public water system, that may be available in the building or premises.

(3) **Backflow** means the flow other than the intended direction of flow, of any foreign liquids, gases, or substances into the distribution system of a public water system.

(a) **Back pressure** means backflow caused by a pump, elevated tank, boiler, or other means that could create pressure within the system greater than the supply pressure.

(b) **Back siphonage** means a form of backflow due to a negative or subatmospheric pressure within a water system.

(4) **Backflow prevention device**, means a device to counteract back pressures or prevent back siphonage.

(5) **Cross-connection** means any physical arrangement whereby a public water system is connected, directly or indirectly, with any other nonpotable or water system, sewer, drain, conduit, pool, storage reservoir, plumbing fixture, or other device which contains, or may contain, contaminated water, sewage, or other waste or liquid of unknown or unsafe quality which may be capable of imparting contamination to the public water system as a result of backflow. Bypass arrangements, jumper connections, removable sections, swivel or change-over devices, and other temporary or permanent devices through which, or because of which, backflow could occur are considered to be cross-connections.

(6) **Double check valve assembly**, means an assembly composed of two single, independently acting check valves, including tightly closing shutoff valves located at

each end of the assembly and suitable connections for testing the watertightness of each check valve.

(7) Reduced pressure principle backflow prevention device means a device incorporating two or more check valves and an automatically operating differential relief valve located between the two checks, two shutoff valves, and equipped with necessary appurtenances for testing. The device shall operate to maintain the pressure in the zone between the two check valves, less than the pressure on the public water system side of the device. At cessation of normal flow, the pressure between the check valves shall be less than the supply pressure. In case of leakage of either check valve the differential relief valve shall operate to maintain this reduced pressure by discharging to the atmosphere. When the inlet pressure drops below two pounds per square inch (13.8 kPa), the relief valve shall open to the atmosphere thereby providing an atmospheric zone between the two check valves. [Order 153, § 248-54-830, filed 12/5/77.]

**WAC 248-54-840 Cross-connections prohibited.** (1) Except as provided in WAC 248-54-850, all cross-connections as defined in WAC 248-54-830(5) whether or not such cross-connections are controlled by automatic devices, such as check valves, or by hand operated mechanisms such as gate valves or stop cocks, are hereby prohibited.

(2) Failure on the part of persons, firms, or corporations to discontinue the use of any and all cross-connections and to physically separate such cross-connections will be sufficient cause for the discontinuance of the public water service to the premises on which the cross-connection exists.

(3) The purveyor shall, in cooperation with the health officer or the local plumbing inspection authority, make periodic inspections of premises served by the water system to check for the presence of cross-connections. Any cross-connections found in such inspection shall be ordered removed by the responsible agency. If an immediate hazard to health is caused by the cross-connection, water service to the premises shall be discontinued until it is verified that the cross-connection has been removed. [Order 153, § 248-54-840, filed 12/5/77.]

**WAC 248-54-850 Use of backflow prevention devices.** (1) Backflow prevention devices shall be installed at the service connection or within any premises where in the judgment of the purveyor or the department the nature and extent of activities on the premises, or the materials used in connection with the activities, or materials stored on the premises would present an immediate and dangerous hazard to health should a cross-connection occur, even though such cross-connection does not exist at the time the backflow prevention device is required to be installed. This shall include but not be limited to the following situations:

(a) Premises having an auxiliary water supply, unless the quality of the auxiliary supply is in compliance with WAC 248-54-740 and is acceptable to the purveyor.

(b) Premises having internal cross-connections that are not correctable, or intricate plumbing arrangements

which make it impracticable to ascertain whether or not cross-connections exist.

(c) Premises where entry is restricted so that inspections for cross-connections cannot be made with sufficient frequency or at sufficiently short notice to assure that cross-connections do not exist.

(d) Premises having a repeated history of cross-connections being established or reestablished.

(e) Premises on which any substance is handled under pressure so as to permit entry into the public water system, or where a cross-connection could reasonably be expected to occur. This shall include the handling of process waters and cooling waters.

(f) Premises where materials of a toxic or hazardous nature are handled such that if back siphonage should occur, a serious health hazard may result.

(g) The following types of facilities will fall into one of the above categories where a backflow prevention device is required to protect the public water system. A backflow prevention device shall be installed at these facilities as set forth in WAC 248-54-850(3) unless the purveyor and the department determine no hazard exists.

(i) Hospitals, mortuaries, clinics;

(ii) Laboratories;

(iii) Piers and docks;

(iv) Sewage treatment plants;

(v) Food or beverage processing plants;

(vi) Chemical plants using a water process;

(vii) Metal plating industries;

(viii) Petroleum processing or storage plants;

(ix) Radioactive material processing plants or nuclear reactors;

(x) Car washes;

(xi) Others specified by the department.

(2) The type of protective device required in WAC 248-54-850(1) shall depend on the degree of hazard which exists as follows:

(a) An air-gap separation or a reduced pressure principle backflow prevention device shall be installed where the water supply may be contaminated with sewage, industrial waste of a toxic nature or other contaminant which would cause a health or system hazard.

(b) In the case of a substance which may be objectionable but not hazardous to health, a double check valve assembly, air-gap separation or a reduced pressure principle backflow prevention device shall be installed.

(3) Backflow prevention devices required in this section shall be installed at the meter, at the property line of the premises when meters are not used, or at a location designated by the department or purveyor. The device shall be located so as to be readily accessible for maintenance and testing, and where no part of the device will be submerged.

(4) Backflow prevention devices required in this section shall be installed under the supervision of, and with the approval of, the purveyor.

(5) Any protective device required in this section shall be a model approved by the department. A double check valve assembly or a reduced pressure principle backflow prevention device will be approved if it has successfully passed performance tests of the University of Southern

California, Foundation for Cross-Connection Control and Hydraulic Research or other testing laboratories satisfactory to the department, or meet other standards acceptable to the department.

(6) Backflow prevention devices installed under this section shall be inspected and tested annually, or more often where successive inspections indicate repeated failure. The devices shall be repaired, overhauled, or replaced whenever they are found to be defective. Inspections, tests and repairs shall be made under the purveyor's supervision, and records thereof kept as required by the purveyor.

(7) Failure of the customer to cooperate in the installation, maintenance, testing or inspection of backflow prevention devices required by these regulations shall be grounds for the termination of water service to the premises or the requirements for an air-gap separation. [Order 153, § 248-54-850, filed 12/5/77.]

### Chapter 248-58 WAC

#### SANITARY CONTROL OF SHELLFISH AND SHRIMP, CRAB AND LOBSTER MEAT

##### WAC

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**WAC 248-58-001 Definitions—Shellfish.** For the purpose of these regulations the term "shellfish" is hereby declared to mean and include oysters, all varieties of clams, mussels and scallops. [Regulation 58.001, effective 3/11/60.]

**WAC 248-58-010 Growing areas—Pollution prohibited.** No human excrement or matter containing human excrement shall be placed on the surface of the ground, or buried where it is likely to gain access to any tidal waters over or adjacent to shellfish producing areas unless subjected to a method of disposal and treatment approved by the state department of health. [Regulation 58.010, effective 3/11/60.]

**WAC 248-58-020 Growing areas—Methods of sewage disposal.** (1) Chemical toilets of sufficient capacity and of a type approved by the state department of health may be used in locations adjacent to shellfish producing areas.

(2) A septic tank may be approved for use in locations wherein a subsurface absorption field can be successfully utilized.

(3) Sewerage systems discharging into tidal waters adjacent to shellfish producing areas must be provided with adequate means of treatment satisfactory to the requirements of the state department of health. [Regulation 58.020, effective 3/11/60.]

**WAC 248-58-030 Growing areas—Permission to remove from polluted waters.** No shellfish shall be taken from any waters of the state except from such growing areas as have been approved by the state director of health: *Provided*, That permission may be granted by the state director of health for the removal of shellfish from polluted waters and to market them after relaying in a large body of clean water, but only under the following conditions: (1) That such permission be granted only to individuals known to be entirely responsible and trustworthy.

(2) That the shellfish be relaid in a designated area of clean water for such period as may be described by the state department of health.

(3) That the relaying and subsequent removal from the clean area, for sale or shipment, shall be under the supervision of a representative of the state department of health. [Regulation 58.030, effective 3/11/60.]

**WAC 248-58-040 Storage and cleansing.** Shellfish shall not be "floated", stored or cleansed in water the standard of purity of which is not at least as rigid as that prescribed for growing areas. [Regulation 58.040, effective 3/11/60.]

**WAC 248-58-050 Boat sanitation.** All boats, dredges, scows and floats used in the taking and handling of shellfish shall be kept in such a state of cleanliness and repair that shellfish handled or stored thereon shall not be subject to contamination. Decks, holds, or bins, used for storage on boats, dredges, scows and floats shall not be washed with polluted water. Reasonable precaution shall be observed by fishermen while boats are in waters over shellfish grounds to prevent the pollution of such grounds through the discharge of human wastes. [Regulation 58.050, effective 3/11/60.]

**WAC 248-58-060 Culling house sanitation.** Float houses, commonly known as culling houses, shall be kept

in a clean and sanitary condition and when used as living quarters must be provided with chemical toilets of a type approved by the state department of health. The chemical toilet shall be equipped with a tank of sufficient capacity to provide for an accumulation of at least three months. Sufficient chemical must be added to tank contents to continuously disintegrate the excreta. Only toilet tissue shall be used. Tank contents must be withdrawn and deposited in a place designated by a representative of the state department of health.

Bath and laundry waste water before being discharged into tidal waters must be treated for a period of five minutes with an effective sterilizing agent equivalent to three parts per million available chlorine (sodium hypochlorite solution, 4.5% available chlorine, 1 teaspoonful to each 10 gallons of waste water). [Regulation 58.060, effective 3/11/60.]

**WAC 248-58-070 Examination of employees.** (1) Every applicant for employment shall be examined for evidence of active infection and questioned as to whether the applicant has previously suffered an attack of typhoid (or paratyphoid) fever, or has recently been in intimate contact with any such case. This examination shall be made by a regularly qualified doctor of medicine.

No person who has a communicable disease shall be employed or retained, in any capacity, within the shellfish producing area.

(2) In the case of any individual giving a history of a previous attack of typhoid fever or suspected of being a carrier of typhoid (or paratyphoid) bacilli, examination of blood, stools and urine, in the laboratory of the state department of health or in such other laboratory as that department may designate and approve, shall be required. Carriers of typhoid (or paratyphoid) bacilli thus detected must be excluded from employment. [Regulation 58.070, effective 3/11/60.]

**WAC 248-58-080 Shucking and packing plants—Construction.** (1) Lighting, heating and ventilation shall be adequate in all parts of the building used. Sufficient light, either natural or artificial, shall be provided to maintain a minimum of 5 foot-candles on all working surfaces when workers are at their working positions. Heat shall be provided to maintain a comfortable temperature.

Ventilation shall be provided sufficient to eliminate odors and discomfort.

(2) Washing and packing rooms shall be separate from shucking rooms. They shall also be so constructed throughout as to permit easy and thorough cleaning. During fly season all windows and doors of shucking and packing rooms shall be screened. There shall be installed in the partition between the shucking and packing rooms, a delivery window, through which the shucked stock is passed to the packing room. The delivery window shall be provided with a suitable slide or door, and the shelf shall be of smooth metal, concrete, or tile, curbed on the packing room side and drained toward the shucking room.

(3) Floors shall be constructed of concrete or other impervious material; graded to drain quickly; free from cracks or uneven surfaces; and maintained in good condition.

Walls and ceilings shall be smooth, washable, light-colored, tight, and shall be kept clean.

(4) Storage bins or storage rooms for shell stock shall be so constructed as to permit easy and thorough cleaning and drainage, and provide protection from contamination at all times.

(5) Shucking benches shall be of an approved sanitary type. Such benches, and walls immediately adjacent thereto to a height of 2 feet above the benches, shall be of smooth material and so constructed as to be easily and thoroughly cleaned. Shucking blocks shall be removable unless an integral part of the bench, and shall be of solid, one-piece construction. The stands or stalls shall be of finished material and painted where hand contact occurs. There shall be no boxes, shelves, or nails above the benches where miscellaneous articles might accumulate.

(6) Refrigeration rooms, or ice boxes, for the retention of shellfish must be so constructed as to permit easy and thorough cleaning. The floor shall be graded to drain quickly and an indicating thermometer shall be kept in the refrigerator at a point predetermined to have approximately the highest temperature. Temperatures in refrigerators shall be maintained at 34°F. to 40°F. Drains from refrigeration equipment shall not be connected directly to the sewer.

(7) Separate sanitary toilets, conveniently located but not opening into shucking and packing rooms, must be provided for each sex. In locations where a sewer is not accessible, chemical toilets of a type approved by the state department of health must be installed. [Regulation 58.080, effective 3/11/60.]

**WAC 248-58-090 Shucking and packing plants—Equipment.** (1) Water. The plant shall be provided with an abundant supply of water, under pressure from a source approved by the state department of health. The supply shall be accessible to all parts of the plant, adequate in quantity and of a safe, sanitary quality, approved by the state department of health. No cross-connections with unapproved water supplies shall be permitted.

(2) Hot water under pressure in sufficient amount for all purposes shall be available when the plant is in operation.

(3) Lavatories with running hot and cold water shall be provided, together with soap and individual towels.

(4) Utensils. Shucking pails, pans, colanders, skimmers and all utensils and equipment shall be made of a noncorrosive, nonrusting, smooth impervious material, and constructed in such manner as to eliminate grooves, seams, and cracks where food particles and slime will collect. The handles of opening knives should be so constructed as not to contain cracks and crevices which would retain food particles and slime. Agate ware is not permitted to be used. [Regulation 58.090, effective 3/11/60.]

**WAC 248-58-100 Shucking and packing plants—**

**Operation.** (1) General cleanliness. During the operating season the plant shall be used for no other purpose than the handling of shellfish. Material foreign to this particular business shall not be stored within the operating part of the plant. All abandoned equipment shall be removed from the plant, and the floors in every way kept clear for thorough cleansing. The unoccupied portion of storage bins, the shucking benches, and all floors shall be swept and flushed with water of an approved quality at least once every day, at the completion of the day's run, until they are thoroughly clean. The use of polluted water for flushing or cleansing purposes shall not be permitted. A safeguard recommended is that of following the cleansing with a thorough flushing with scalding water or a solution of calcium or sodium hypochlorite of approved strength. This treatment is particularly advisable in the case of shucking benches. Refrigeration rooms or ice boxes must be kept clean at all times. The management shall designate an individual to be responsible for the compliance with those sections of the rules and regulations having to do with plant cleanliness, personnel and operation.

(2) Personal cleanliness. All employees shall wash their hands thoroughly with running water and soap on beginning work and after each visit to the toilet. Signs shall be posted in the toilets and over the lavatory warning the employees to wash their hands thoroughly with hot water and soap and no employee shall return from the toilet to work in the plant without first having washed his or her hands. Gloves or other protection for the hands shall be of such material as can be easily and thoroughly cleaned. The outer clothing worn by persons handling shucked stock shall be of waterproof material and clean. Employees engaged in packing and sorting shucked stock shall wear clean aprons and caps. Caps must cover their hair.

**(3) Sterilization.**

(a) All utensils and tools, such as opening knives, shucking pails, pans, measures, skimmers and colanders, which come in contact with the shellfish shall be thoroughly scoured with hot water until clean and then sterilized by steam in a steam chamber or box, equipped with an indicating thermometer, by one of the following methods:

- (i) Exposure for at least 15 minutes to at least 170°F.
- (ii) Exposure for at least 5 minutes to at least 200°F.

Such sterilization shall be carried out within three hours of the termination of each day's operations, and utensils shall be stored in a place where they are protected from contamination until used.

(b) Returnable bottles, or other glass containers must first be washed with hot water until clean and then sterilized by steam according to Method (i) or (ii), WAC 248-58-100(3)(a), or by exposure to a jet of steam for at least one minute before being reused.

(4) Refrigeration. The cooling of shucked shellfish shall be effected within two hours after shellfish are shucked. For the refrigeration of shucked stock, outside containers shall be provided for ice, and no ice or other foreign substance shall be allowed in contact with the shellfish. A temperature of 34°F. to 40°F. shall be

maintained in refrigerators where shucked shellfish are stored. If shucked shellfish are frozen, they shall be kept in a frozen condition until delivered to the consumer.

(5) Washing shucked stock. Shucked shellfish shall be thoroughly washed with cold water of an assured purity, but not to an unnecessary degree detrimental to their nutritive value.

(6) Waste disposal. Shells, washings and other wastes shall be disposed of in such manner as not to cause a nuisance. [Regulation 58.100, effective 3/11/60.]

**WAC 248-58-110 Shucking and packing plants—**

**Communicable diseases.** (1) Examination of employees. All applicants for employment shall be examined for evidence of active infection and questioned as to whether the applicant has previously suffered an attack of typhoid (or paratyphoid) fever, or has recently been in intimate contact with any such case. This examination shall be made by a regularly qualified doctor of medicine. No person who has a communicable disease, or any infected wounds on the hands or arms, shall be employed or retained in any capacity, in any shucking or packing plant.

(2) Examination for carriers. In the case of any individual giving a history of a previous attack of typhoid fever or suspected of being a carrier of typhoid (or paratyphoid) bacilli, examination of blood, stools and urine, in the laboratory of the state department of health or in such other laboratory as that department may designate and approve, shall be required. Any carriers of typhoid (or paratyphoid) bacilli shall be excluded from employment. [Regulation 58.110, effective 3/11/60.]

**WAC 248-58-120 Handling and sale subsequent to production and shipment—Certification required.**

No oysters, clams, scallops or other shellfish shall be sold or offered for sale in the state of Washington, unless such shellfish shall have been produced and shipped in conformity with the regulations of the state in which they were grown or packed, and unless the shipment shall have been accompanied by tag, label or other mark showing that the shipper has been duly certified by the state in which the plant is operated, such certification having been approved by the U.S. public health service for shipments in interstate commerce. [Regulation 58.120, effective 3/11/60.]

**WAC 248-58-130 Handling and sale subsequent to production and shipment—Records.**

All shippers, reshippers, packers and wholesalers shall keep an accurate record of all lots received, shipped and sold, and retailers shall keep a record of all lots received. Such record shall be subject to inspection by health authorities. [Regulation 58.130, effective 3/11/60.]

**WAC 248-58-140 Handling and sale subsequent to production and shipment—Shell stock.**

(1) Shell oysters and clams shall be handled and shipped under such temperature conditions as will keep them alive, and be so kept at all times that they will not become contaminated.

(2) Shell oysters and clams shall be packed in clean sacks, barrels, or boxes plainly marked with the name, address, date of shipment, location of growing area and certificate number of the shipper, except that bulk shipments may be permitted in clean watertight conveyances when properly covered and accompanied by a signed statement or invoice indicating the quantity of the shipment with the name, address, date of shipment, location and certificate number of growing area and certificate number of the shipper or shippers.

(3) Only live shell oysters that are reasonably clean and free from mud shall be shipped or marketed.

(4) Shell oysters shall be washed in water the standard of purity of which is at least as rigid as that prescribed for growing areas.

(5) Dead oysters, or oysters that do not have tight shells shall not be shipped or offered for sale. [Regulation 58.140, effective 3/11/60.]

**WAC 248-58-150 Handling and sale subsequent to production and shipment—Shucked stock.** (1) Shucked oysters, clams and other shellfish shall be stored and shipped under such temperature conditions as will prevent spoilage. Outside containers shall be provided for ice during shipment, and no ice or foreign substance shall be allowed to come in contact with the shellfish. Shucked shellfish shall be kept at a temperature of 34°F. to 40°F. from the time they leave the shipper until they reach the consumer. Shucked stock which is stored for a period of more than four days should be kept at a temperature of 34°F. to 40°F.

(2) Shucked shellfish shall be packed, shipped and sold retail in containers sealed in such a manner that tampering is easily discernible, and legibly marked by embossing, lithographing or other permanent means with the name, address and certificate number of the packer, and the date packed.

(3) The packing of shucked shellfish shall take place only in the same plant in which the shellfish are shucked, unless specific approval for repacking is granted by the state director of health. Approval for repacking may be granted by the state director of health only after he has determined that such repacking will be done under controlled conditions which will not be likely to create a hazard to the public health.

The controlled condition shall include provisions and operations which will assure that the temperature of the shucked shellfish shall be below 40°F. as soon as possible after shucking and shall not be permitted to be above 40°F. from that time until they reach the ultimate consumer.

Containers used for transporting shucked shellfish shall be of the sanitary single-service type; or constructed of a material, and in such a manner so as to be easily cleaned and sterilized; and be free from cracks, crevices, rough spots, etc., which may make cleaning difficult. Containers shall be sealed so as to be tamper-proof at the original shucking plant; and remain sealed until processed. Such seals shall bear the certificate number of the original shucking plant, and the date of shucking.

Plants in which repacking may be permitted must meet all of the sanitary requirements of shucking and packing plants as outlined elsewhere in these regulations.

Repacking plants must maintain adequate records so that any batch or lot of repacked shellfish may be traced to its original source. All repacked shellfish shall be in sealed, tamper-proof containers bearing the repacker's certificate number, name, address, date of repacking, or some code designation thereof, so the batch or lot may be identified.

(4) Manual handling of shucked shellfish is prohibited.

(5) Any adulteration or the addition of preservatives, water or ice is prohibited.

(6) Persons handling shucked stock shall be subject to the same regulations and supervision that apply to other food handlers.

(7) Proper refrigeration shall be provided in all places, including retail stores, where shucked stock is kept.

(8) The sale of oysters, clams or other shellfish shall be prohibited if they show evidence of deterioration or spoilage due to inadequate refrigeration, prolonged storage, or other causes. [Regulation 58.150, effective 3/11/60.]

**WAC 248-58-160 Handling and sale subsequent to production and shipment—Certificate of approval.** (1) Shellfish areas, shucking and packing plants which have been examined and found to meet the sanitary requirements of the state board of health shall be certified by the state director of health for a period not to exceed one year.

(2) Failure to maintain the sanitary requirements or to carry out the rules and regulations of the state board of health will be cause for suspension or cancellation of the certificate.

(3) The state director of health, or his duly authorized representatives, shall be authorized to enter any premises, at any reasonable time, for the purpose of inspecting and investigating conditions relating to the enforcement of these regulations. [Regulation 58.160, effective 3/11/60.]

**WAC 248-58-170 Handling, packing and shipping of shrimp, crab and lobster meat—Sanitation.** The rules and regulations of the state board of health pertaining to water supplies, excreta disposal and general sanitation shall apply to shrimp, crab and lobster meat picking and packing plants. [Regulation 58.170, effective 3/11/60.]

**WAC 248-58-180 Handling, packing and shipping of shrimp, crab and lobster meat—Construction.** (1) Lighting and ventilation shall be adequate in all parts of the building used.

(2) Floors shall be so constructed that they may be easily and thoroughly cleaned, and that drainage of all water therefrom shall be complete and rapid.

(3) Refrigeration rooms and ice boxes for the retention of shrimp, crab and lobster meat must be so constructed as to permit of thorough cleaning. The ice box

shall have a nonporous, noncorrosive lining that does not leak.

(4) Picking and packing rooms shall be well screened and kept free from flies. They shall be so constructed as to prevent rats and mice from entering them.

(5) A cabinet with shelves of noncorrosive metal shall be provided in which to keep the sterilized pans and picking knives when the plant is not operating.

(6) Where scrap or refuse is not disposed of at once smooth metal or crack-free cement bins shall be constructed outside the plants in which same shall be kept until disposed of. [Regulation 58.180, effective 3/11/60.]

**WAC 248-58-190 Handling, packing and shipping of shrimp, crab and lobster meat—Equipment.** (1) Lavatories, separate from toilets or privies, with unpolluted warm and cold water under pressure, together with liquid soap and paper towels shall be provided in the picking room and located conveniently to the packing room.

(2) Packing tables and picking pans shall be of noncorrosive, nonrusting, smooth material that will permit easy cleaning and sterilization. Wooden tables, unless covered with noncorrosive metal, cannot be used.

(3) Barrels, boxes, kegs and tubs in which the cans of meat are packed with ice for shipment, must be clean and free from contamination.

(4) Picking knives shall be of the one-piece, all-metal type.

(5) Metal containers for scrap or refuse shall be provided.

(6) Water. The plant shall be provided with an abundant supply of water under pressure from a source approved by the state department of health.

(7) Hot water under pressure in sufficient amount for all purposes shall be available when the plant is in operation. [Regulation 58.190, effective 3/11/60.]

**WAC 248-58-200 Handling, packing and shipping of shrimp, crab and lobster meat—Operation.** (1) General cleanliness. During the operating season the plant shall be used for no purpose other than the handling of sea foods. Material foreign to this particular business shall not be stored within the operating part of the plant. All abandoned equipment shall be removed from the plant, and the floors kept clear for cleaning. Floors shall be thoroughly cleaned at least once daily. Picking and packing tables shall be thoroughly cleaned and sterilized daily. Picking pans, picking knives and all equipment that comes in contact, directly or indirectly, with the shrimp, crab or lobster meat shall likewise be thoroughly cleaned and sterilized daily, in accordance with WAC 248-58-100(3) of these regulations. Ice boxes shall be cleaned each time they are emptied of the meat and sterilized with steam, hot water or a sterilizing solution.

(2) Personal cleanliness. All employees shall wash their hands thoroughly with running water and soap on beginning work and after each visit to the toilet. Signs to this effect shall be posted in conspicuous places in the plant. The outer clothing worn by persons engaged in

handling the meat shall be of waterproof material and kept clean. Pickers must wear clean aprons and caps. Caps must cover their hair.

(3) The holding of cooked shrimp, crabs or lobsters ready for picking on the floors of the plant is forbidden. They shall be held in a room to which rodents and flies have no access, on picking tables or in steam baskets or in bins provided for the purpose.

(4) The holding of scrap or waste material in picking or packing rooms overnight is forbidden.

(5) The storing or holding of any material in the picking or packing rooms that will harbor or offer hiding places for rats and mice is forbidden.

(6) The picking pans after being cleaned and sterilized at the end of the day's run shall be placed, but not nested, in the cabinet provided for that purpose.

(7) The shrimp, crab or lobster meat for shipment must be stored and shipped under such temperature conditions as will prevent spoilage. Outside containers shall be provided for ice, and no ice or foreign substance shall be allowed to come in contact with the meat.

(8) The cakes of ice must be rinsed with unpolluted water on a frame holding them off the floor, provided for the purpose, then chopped and crushed in a metal lined or concrete bin except where ice crushing machine is not used, then a wooden-bottomed, metal side bin can be used.

(9) The use of cloth towels in the plant is forbidden.

(10) The side walls and ceilings of the plant must be kept clean and neatly painted or whitewashed at all times.

(11) Chairs, benches or stools (preferably of metal construction) must be kept clean and neatly painted at all times.

(12) A kitchen separate from the working part of the plant will be allowed, but no individual cooking in the plant will be permitted.

(13) The surroundings of the plant must be kept neat and clean. The accumulation of material that will harbor rodents and breed flies is forbidden.

(14) Children and other persons not having business in the plant, as well as dogs and cats, must be kept out when the plant is in operation.

(15) Scrap cans must be cleaned at the close of each day's run.

(16) If shrimp, crab or lobster meat is washed, contact with the hands must be avoided and it must be done in clean running water (not in vats, tubs or tanks). [Regulation 58.200, effective 3/11/60.]

**WAC 248-58-210 Handling, packing and shipping of shrimp, crab and lobster meat—Communicable diseases.** (1) Examination of employees. Every applicant for employment shall be examined for evidence of active infection and questioned as to whether the applicant has previously suffered an attack of typhoid (or paratyphoid) fever, or has recently been in intimate contact with any such case. This examination shall be made by a regularly qualified doctor of medicine. No person who has any communicable disease, or any infected wounds on the arms, shall be employed or retained in

any shrimp, crab or lobster meat packing and picking plant.

(2) Examination for carriers. In the case of any individual giving a history of a previous attack of typhoid fever or suspected of being a carrier of typhoid (or paratyphoid) bacilli, examination of blood, stools and urine, in the laboratory of the state department of health or in other such laboratory as that department may designate and approve, shall be required. Carriers of typhoid (or paratyphoid) bacilli thus detected must be excluded from employment. [Regulation 58.210, effective 3/11/60.]

**WAC 248-58-220 Handling, packing and shipping of shrimp, crab and lobster meat—Certificate of approval.** (1) Shrimp, crab and lobster meat picking and packing plants which have been examined and found to meet the sanitary requirements of the state board of health shall be certified by the state director of health for a period not to exceed one year.

(2) Failure to maintain the sanitary requirements or to carry out the rules and regulations of the state board of health will be cause for suspension or cancellation of the certificate. [Regulation 58.220, effective 3/11/60.]

#### Chapter 248-60A WAC LABOR CAMPS

##### WAC

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248-60A-050	Plumbing.
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248-60A-090	Construction and maintenance of dwelling units.
248-60A-100	Heating.
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248-60A-150	Fire and safety provisions.
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248-60A-170	Communicable disease.

**WAC 248-60A-010 Definitions.** (1) "Labor Camp" shall mean all housing together with the land areas appurtenant thereto provided by employers, growers, management, or other person, for occupancy by workers or workers and dependents, in agriculture, logging, mining or construction, and shall include housing located either at the site of employment or elsewhere.

(2) "Dwelling Unit" shall mean facilities used or intended to be used for living, sleeping, with or without facilities for cooking and eating.

(a) "Dormitory" shall mean facilities and/or housing accommodating one sex only, used for sleeping purposes and designed for group occupancy.

(b) "Family" shall mean one adult person plus one or more persons who are legally related to said person and residing in the same dwelling unit with said person.

(c) "Family Unit" shall mean facilities and/or housing accommodating members of one family for living, sleeping, with or without facilities for cooking and eating purposes.

(3) "Existing Construction" shall mean any structure, building or utility system in use or capable of being used as a labor camp as of the effective date of these rules and regulations.

(4) "New Construction" shall mean any structure, building, utility system, or addition thereto, built, installed, or converted from another use to a labor camp after the effective date of these rules and regulations.

(5) "Health Officer" means the legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(6) "Permit" shall mean written authorization granted by a health officer to a person to provide labor camp facilities.

(7) "Provisional Permit" shall mean written authorization granted by a health officer to a person to provide labor camp facilities, when said camp has not fully met all provisions of these rules and regulations.

(8) "Person" shall mean any individual, firm, partnership, corporation, association, or the legal successor thereof and any agency of the city, county, or state and any municipal subdivision thereof.

(9) "Refuse" shall mean all putrescible and nonputrescible solid waste. [Order 7, filed 11/20/68.]

**WAC 248-60A-020 Administration.** (1) It shall be unlawful and a violation of these regulations for any person to operate a labor camp in the state of Washington who does not possess a valid current permit or provisional permit as issued by the health officer in the name of such persons for the specific labor camp.

(2) Every permit shall be valid for a period not in excess of one year and may be renewed. Issuance, retention and renewal of this permit shall be contingent upon compliance with these rules and regulations as determined by the health officer. Failure to comply with these requirements shall be cause for denial or revocation after due notice and opportunity for hearing.

(3) The issuance of a provisional permit is contingent upon the development of a plan and time schedule for compliance with the requirements of these rules and regulations. Such permits may be issued for a period not to exceed one year and shall not be renewed except upon the written approval of the state director of health.

(4) Applications for permits or renewals thereof must be submitted to the health officer at least sixty days prior to the operation of the camp, and shall contain such information as may be required by forms to be supplied by the state department of health, and such other information as the health officer, or the state department of health may reasonably require for the proper administration of these rules and regulations.

(5) No major structural changes or alterations shall be made to any part of the labor camp without prior written approval of the health officer. [Order 7, filed 11/20/68.]

**WAC 248-60A-030 Water supply.** (1) A safe supply of water from sources approved by the health officer shall be provided in each labor camp, and such supply shall meet the standards for chemical and bacteriological quality as specified in WAC 248-54-060.

(2) An adequate supply of water shall be provided which shall be capable of delivering a minimum of thirty-five gallons per person per day at fifteen PSI at the tap.

(3) The use of common drinking cups or containers is prohibited.

(4) Hot and cold running water shall be provided for each central bathing, handwashing and laundry facility twenty-four hours daily.

(5) Cold running water under pressure and plumbed to a properly trapped sink shall be provided in each family unit of new construction.

In existing construction, all family units shall be provided with cold running water under pressure and plumbed to a properly trapped sink by March 1, 1973 under the following annual implementation schedule:

(a) Twenty percent of all existing family units shall be provided with cold running water by March 1, 1969, or destroyed, or removed, or effectively closed for human occupancy.

(b) Forty percent of all existing family units shall be provided with cold running water by March 1, 1970 or destroyed, or removed, or effectively closed for human occupancy.

(c) Sixty percent of all existing family units shall be provided with cold running water by March 1, 1971 or destroyed, or removed, or effectively closed for human occupancy.

(d) Eighty percent of all existing family units shall be provided with cold running water by March 1, 1972 or destroyed, or removed, or effectively closed for human occupancy.

(e) One hundred percent of all family units shall be provided with cold running water by March 1, 1973 or destroyed, or removed, or effectively closed for human occupancy.

(6) Cold running water under pressure shall be located not more than one hundred feet from any dormitory and any existing family unit in which water has not yet been provided under the implementation schedule listed above. [Order 7, filed 11/20/68.]

**WAC 248-60A-040 Sewage and liquid waste disposal—Existing and new construction.** All liquid waste discharged from the labor camp shall be disposed of in a manner approved by the health officer. The disposal system shall be located and maintained where it will not create a hazard to the health of the labor camp occupants or to the owner or occupants of adjacent property. Where a public sewer is not available an approved sewage disposal system shall be provided. [Order 7, filed 11/20/68.]

**WAC 248-60A-050 Plumbing.** All plumbing within the labor camp shall conform to the basic plumbing principles as specified in chapter 248-94 WAC, with the

exception of WAC 248-94-060. [Order 7, filed 11/20/68.]

**WAC 248-60A-060 Refuse disposal.** (1) The storage, collection, transportation and disposal of refuse shall be so managed as not to create rodent harborage, insect breeding, or other health hazards.

(2) All refuse shall be stored in clean, water-tight and rodent-proof containers with tight-fitting lids and shall not be closer than fifty feet from outdoor water faucets. Such containers shall be located adjacent to dwelling units except when other health officer approved methods are used. [Order 7, filed 11/20/68.]

**WAC 248-60A-070 Rodent and insect control.** Appropriate measures shall be taken to control rodents and insects in labor camps. [Order 7, filed 11/20/68.]

**WAC 248-60A-080 Location and maintenance.** (1) Labor camps shall be well-drained, and so located and maintained as not to create a health or safety hazard.

(2) Labor camps shall be maintained sanitary and reasonably dust free. Roads and walkways shall be graded and gravel covered or hard-surfaced.

(3) Labor camps shall be free of excessive traffic and other physical hazards.

(4) Labor camps shall be located no closer than two hundred feet to an occupied feedlot, dairy, or poultry operation except with the approval of the health officer.

(5) Buildings shall be so located to minimize fire hazards.

(6) Labor camps shall have a space for recreation reasonably related to the size of the facility and the type of occupancy. [Order 7, filed 11/20/68.]

**WAC 248-60A-090 Construction and maintenance of dwelling units.** (1) Dwelling units shall be structurally sound, in good repair, in a sanitary condition, and shall provide protection against the elements.

(2) Where frame construction is provided, finished inside walls shall be provided: *Provided*, That the health officer may, at his discretion, accept the painting of inside walls and ceilings, excluding lead-based paint or white wash, in lieu of finished inside walls and ceilings when he is satisfied that the nature of the occupancy and temperature variations during this period of use justify this action. Such authorization shall be subject to annual review by the health officer.

(3) When the distance between the top of the side wall and the peak of the roof exceeds three and one-half feet, a finished ceiling shall be mandatory. Ceilings and/or undersides of roofs must be light colored and have easily cleanable surfaces.

(4) Family units shall be so constructed to provide privacy from other units.

(5) A separate sleeping room shall be provided for the husband and wife in all family units of new construction in which one or more children over six years of age are housed. In existing construction, all family units used by families with one or more children over six years of age shall provide a separate sleeping room for the husband

and wife by March 1, 1973, under the following annual implementation schedule:

(a) Twenty percent of all existing family units shall be provided with sleeping room separation by March 1, 1969, or destroyed, or removed, or effectively closed for human occupancy.

(b) Forty percent of all existing family units shall be provided with sleeping room separation by March 1, 1970, or destroyed, or removed, or effectively closed for human occupancy.

(c) Sixty percent of all existing family units shall be provided with sleeping room separation by March 1, 1971, or destroyed, or removed, or effectively closed for human occupancy.

(d) Eighty percent of all existing family units shall be provided with sleeping room separation by March 1, 1972, or destroyed, or removed, or effectively closed for human occupancy.

(e) One hundred percent of all existing family units shall be provided with sleeping room separation by March 1, 1973, or destroyed, or removed, or effectively closed for human occupancy.

Dwelling units used to accommodate a husband and wife or single adult males are exempt from sleeping room separation.

(6) Floors shall be of wood, concrete, tile, or other impervious material. Wood floors shall be smooth, planed and tight-fitting. If elevated, no storage shall be allowed in the space below flooring.

(7) All building interiors shall be finished with easily cleanable surfaces. Interior walls shall be maintained clean.

(8) Each dwelling unit shall contain at least seventy square feet for the first occupant and at least fifty square feet for each additional occupant. At least one-half of the floor area in each dwelling unit shall have a minimum ceiling height of seven feet. No floor space shall be counted toward minimum requirements where the ceiling height is less than five feet.

Trailers, mobile homes and camping vehicles provided as dwelling units shall provide at least twenty square feet of clear floor area for each occupant sleeping therein.

(9) Each habitable room shall have at least one window or skylight opening directly to the out-of-doors. The minimum total window or skylight area including windows in doors, shall equal at least ten percent of the usable floor area. The total openable area shall equal at least forty-five percent of the minimum window or skylight area required, except where comparably adequate ventilation is supplied by mechanical or other approved method.

(10) Dormitories shall provide at least forty square feet per occupancy for sleeping purposes.

(11) Storage facilities shall be provided for occupants' possessions.

(12) Where trailers, mobile homes and/or camping vehicles are used as dwelling units, the sanitation regulations governing Mobile Home Parks or Camping Vehicles (chapter 248-76 WAC) shall apply. Plumbing, heat-producing and electrical equipment in trailers, mobile homes, and camping vehicles shall be subject to chapter 296-48 WAC. [Order 7, filed 11/20/68.]

**WAC 248-60A-100 Heating.** (1) Dwelling units used during periods which require artificial heating shall be provided with heating facilities which are capable of maintaining 68° F. temperature in all rooms.

(2) Heating facilities shall be installed and vented to prevent fire hazard or fume concentration, and be so located as to prevent impeded egress from the dwelling unit in case of emergency. [Order 7, filed 11/20/68.]

**WAC 248-60A-110 Lighting.** (1) All dwelling unit rooms and toilet, shower and laundry rooms shall have a minimum of twenty foot candles on work surfaces provided by sufficient wall or ceiling fixtures.

(2) All labor camps shall be provided with electric service.

(3) Each dwelling unit room shall be provided with a minimum of one ceiling fixture and one wall outlet.

(4) Each toilet, handwashing, bathing and laundry room shall be provided with one ceiling or wall-type fixture and convenient outlets as needed.

(5) All wiring shall meet state electrical standards as set out in chapter 296-44 WAC. [Order 7, filed 11/20/68.]

**WAC 248-60A-120 Toilet, handwashing, bathing and laundry facilities.** (1) Where dwelling units lack integral facilities, central toilet, handwashing and bathing facilities, separate for the sexes, shall be provided within two hundred feet of the dwelling units and shall be connected to the dwelling units by walkways as prescribed in WAC 248-60-080(2).

(2) Central laundry and clothes drying facilities shall be located within two hundred feet of dwelling units.

(3) Water flush toilets shall be required: *Provided, however,* That the health officer may make exception to allow privies or other approved methods.

(4) Toilets shall be provided in a ratio of one for every fifteen occupants or major fraction thereof.

(5) Where central toilet facilities are provided, an adequate and accessible supply of toilet tissue, with holders, shall be furnished.

(6) Urinals shall be provided in the ratio of one urinal for every thirty males or major fraction thereof. In the case of trough urinals or toilets, twenty-four inches of length shall be considered the equivalent of one urinal or toilet. Urinals may be substituted for up to one-third of the toilets required for each sex.

(7) Lavatories shall be provided in the ratio of one for every twelve occupants or major fraction thereof.

(8) Bathing facilities shall be provided in the ratio of one shower head for each fifteen occupants or major fraction thereof.

(9) Laundry facilities shall be provided in the ratio of one laundry tray and one mechanical washing machine for each fifty occupants or major fraction thereof; except that additional mechanical washing machines may be provided in lieu of an equivalent number of laundry trays.

(10) Where sanitary facilities are provided in each dwelling unit, there shall be provided a minimum of one toilet, lavatory and bathing facility.

(11) Toilet, handwashing, bathing and laundry facilities are to be based on the maximum housing capacity of the labor camp.

(12) In new construction, communal shower facilities shall contain a minimum of nine square feet of floor area per shower head. Single prefabricated stall showers are allowable.

(13) In new construction, a minimum of twelve square feet of floor area per shower head shall be provided for dressing area.

(14) The walls and floors of toilet, bathing and laundry rooms shall be water impervious, easily cleanable and light colored.

(15) The floors of rooms containing toilet, lavatory, bathing and laundry facilities shall be sloped to properly trapped floor drains which are connected to a suitable disposal system. [Order 7, filed 11/20/68.]

**WAC 248-60A-130 Foodhandling facilities.** (1) Where central food facilities are provided, they shall comply with the state board of health rules and regulations for food establishments (chapter 248-84 WAC).

(2) If central facilities are not provided, cooking facilities for dwelling units shall be provided. Such facilities shall be provided with:

(a) An operable cook stove or hot plate with minimum of two burners.

(b) Adequate food storage shelves and food preparation counter.

(c) Mechanical refrigeration capable of maintaining temperatures of 45°F. or below shall be provided in each dwelling unit where cooking is done or in a central unit capable of maintaining like temperatures and providing ample space for storing perishable food items of all labor camp occupants. Inasmuch as refrigerator units not in use constitutes a health hazard to children, when such refrigerator units are not in use, adequate precaution shall be taken by the camp owner or operator to assure that these refrigerator units are not a hazard to children.

(d) The walls adjacent to cooking areas shall be fire resistant, nonabsorbent, and of easily cleanable material.

(e) Where the occupant provides foodhandling facilities equal to or better than those described above, this shall be permitted. [Order 7, filed 11/20/68.]

**WAC 248-60A-140 Beds and bedding.** (1) Sleeping facilities shall be provided for each occupant. Such facility shall consist of beds, bunks, or cots.

(2) Clean mattresses and clean mattress covers shall be provided by the person responsible for operation of the labor camp. Clean mattress covers shall be issued for each bed in use at each change of occupancy.

(3) Where bedding is provided by the person responsible for operation of the labor camp, it shall be issued and maintained in a clean and sanitary condition.

(4) Each bed or bunk shall clear the floor by twelve inches. Single beds shall be not closer than thirty-six inches laterally; double deck bunks forty-eight inches laterally. Top mattress of double bunk shall clear ceiling by at least thirty-six inches; bottom mattress thirty-six inches from top mattress.

(5) Where the occupant provides beds and bedding equal to or better than those described above, this shall be permitted. [Order 7, filed 11/20/68.]

**WAC 248-60A-150 Fire and safety provisions.** (1) All buildings shall be constructed and maintained in accordance with applicable state and local fire and safety laws.

(2) In dwelling units two means of escape shall be provided: One may be an accessible window with dimensions of 24" x 24", the sill of which shall be no higher than thirty-six inches from the floor.

(3) Fire extinguishing equipment shall be provided and located not more than one hundred feet from each dwelling unit. Such equipment shall provide protection equal to that furnished by one two and one-half gallon water extinguisher under air pressure or a garden hose of adequate length, equipped with a nozzle and located in a fire hose box.

(4) First aid facilities shall be provided and readily accessible for use at all times. Such facilities shall provide as a minimum the equivalent to the sixteen unit first aid kit recommended by the American Red Cross, and provided in a ratio of one per fifty persons.

(5) No flammable or volatile liquids or materials shall be stored in or adjacent to rooms of dwelling units, except for those needed for current household use. [Order 7, filed 11/20/68.]

**WAC 248-60A-160 Supervision and responsibility.** The person responsible for operation of the labor camp shall maintain it in a clean and sanitary condition and in good repair; he shall familiarize himself with these regulations. [Order 7, filed 11/20/68.]

**WAC 248-60A-170 Communicable disease.** The owner or his designated agent shall exercise reasonable efforts to know of the presence of communicable disease within the camp and when such is suspected shall report this to the health officer. [Order 7, filed 11/20/68.]

### Chapter 248-61 WAC

#### STANDARDS FOR EXISTING AGRICULTURAL LABOR CAMPS

##### WAC

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248-61-180 Exemptions.

**WAC 248-61-001 Purpose.** The following rules and regulations are established as the minimum sanitation requirements for labor camps. The person responsible for labor camps is encouraged to use innovative ideas and incorporate new approaches to solve the environmental problems of agricultural worker housing. Such concepts might include relocatable housing, mobile homes, dual purpose buildings and new design techniques: *Provided, however,* That all ideas and approaches shall meet the requirements of these rules and regulations. [Order 32, § 248-61-001, filed 11/3/69.]

**WAC 248-61-010 Definitions.** (1) "Labor camp" shall mean all housing in existence on May 3, 1969 consisting of three or more dwelling units together with the land appurtenant thereto provided by employers, growers, management, or other person, for occupancy by workers or workers and dependents in agriculture, and shall include housing located either at the site of employment or elsewhere: *Provided,* That the provisions hereof shall not apply to year-round housing provided for permanent employees on a farm.

(2) "Dwelling unit" shall mean family unit, dormitory or other facility used or intended to be used for living and/or sleeping, with or without facilities for cooking and eating.

(a) "Dormitory" shall mean facilities and/or housing accommodating one sex only, used for sleeping purposes and designed for group occupancy.

(b) "Family unit" shall mean facilities and/or housing accommodating members of one family for living and/or sleeping, with or without facilities for cooking and eating purposes.

(3) "Family" shall mean one adult person, plus one or more other persons who are legally related to or dependent upon said person and residing in the same dwelling unit or units.

(4) "Health officer" means the legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(5) "Full permit" shall mean written authorization granted by a health officer to a person to provide labor camp facilities.

(6) "Provisional permit" shall mean written authorization granted by a health officer to a person to provide labor camp facilities, when said camp has not fully met all provisions of these rules and regulations.

(7) "Person" shall mean any individual, firm, partnership, corporation, association, or the legal successor thereof and any agency of the city, county, or state and any municipal subdivision thereof.

(8) "Refuse" shall mean all putrescible and nonputrescible solid waste.

(9) "Central foodhandling facility" shall mean any facility provided by employers, growers, management or other person as defined in subsection (7) where food is served or provided to the labor camp occupants with or without charge.

(10) "Common foodhandling facility" shall mean a facility provided by employers, growers, management or other person as defined in subsection (7) for use by the labor camp occupants in the preparation and consumption of their own food. [Order 32, § 248-61-010, filed 11/3/69.]

**WAC 248-61-015 Plan of implementation.** Each person as defined in WAC 248-61-010(7) shall submit a plan of implementation of the requirements of these rules and regulations to the health officer after the health officer has inspected and reported to said person the areas of noncompliance. If such plan is not approved by the health officer, he shall advise the person concerning the additional changes required in the plan of implementation to bring the labor camp into conformity with the rules and regulations herein. A permit shall not be issued until the plan of implementation has been approved by the health officer. [Order 32, § 248-61-015, filed 11/3/69.]

**WAC 248-61-020 Administration.** (1) It shall be unlawful and a violation of these regulations for any person to operate a labor camp in the State of Washington who does not possess a valid full or provisional permit as issued by the health officer in the name of such persons for the specific labor camp.

(2) Every full permit shall be valid for a period not in excess of one year and may be renewed. Issuance, retention and renewal of this permit shall be contingent upon conformance with these rules and regulations and implementation schedule. Failure to comply with these requirements shall be cause for denial or revocation after due notice and opportunity for hearing.

(3) "Implementation schedule." Issuance of a full permit is contingent upon conformance with the requirements of the following rules and regulations: WAC 248-61-030(5); WAC 248-61-090(2), (3), (4), (5), (8), (9), (11); WAC 248-61-120(3); and 248-61-130 under the following annual implementation schedule as a minimum:

(a) Twenty percent conformance by March 1, 1970, or destroyed, or removed, or effectively closed for human occupancy.

(b) Forty percent conformance by March 1, 1971, or destroyed, or removed, or effectively closed for human occupancy.

(c) Sixty percent conformance by March 1, 1972, or destroyed, or removed, or effectively closed for human occupancy.

(d) Eighty percent conformance by March 1, 1973, or destroyed or removed, or effectively closed for human occupancy.

(e) One hundred percent conformance by March 1, 1974, or destroyed or removed, or effectively closed for human occupancy.

Substitution within the implementation schedule is allowable provided such substitution is approved by the health officer and the final compliance for all items subject to the implementation schedule is achieved within the time period specified herein.

(4) The issuance of a provisional permit is contingent upon the development of a plan and time schedule for compliance with the requirements of these rules and regulations. Such permits may be issued for a period not to exceed one year and may be renewed with the concurrence of the state director of health.

(5) Applications for permits or renewals thereof must be submitted to the health officer at least sixty days prior to the operation of the camp, and shall contain such information as may be required on forms to be supplied by the state department of health, and such other information as the health officer, or the state department of health may reasonably require for the proper administration of these rules and regulations.

(6) No major structural changes or alterations shall be made to any part of the labor camp without prior written approval of the health officer.

(7) Any alterations or changes made to a dwelling unit or other facility in existence prior to the effective date of this chapter shall not be construed as "new construction" as defined in WAC 248-60-010(4). [Order 32, § 248-61-020, filed 11/3/69.]

**WAC 248-61-030 Water supply.** (1) A safe supply of water from sources approved by the health officer shall be provided in each labor camp, and such supply shall meet the standards for chemical and bacteriological quality as specified in WAC 248-54-060.

(2) An adequate supply of water shall be provided which shall be capable of delivering a minimum of thirty-five gallons per person per day at fifteen PSI at the tap.

(3) The use of common drinking cups or containers is prohibited.

(4) Hot and cold running water shall be provided for each central bathing, handwashing and laundry facility twenty-four hours daily.

(5) All family units shall be provided with cold running water under pressure and plumbed to a properly trapped sink pursuant to the annual implementation schedule as provided under WAC 248-61-020(3).

(6) Cold running water under pressure shall be located not more than one hundred feet from any dormitory and any family unit in which water has not yet been provided under the implementation schedule. [Order 32, § 248-61-030, filed 11/3/69.]

**WAC 248-61-040 Sewage and liquid waste disposal.** All liquid waste discharged from the labor camp shall be disposed of in a manner approved by the health officer. The disposal system shall be located and maintained where it will not create a hazard to the health of the labor camp occupants or to the owner or occupants of adjacent property. Where a public sewer is not available an approved sewage disposal system shall be provided. [Order 32, § 248-61-040, filed 11/3/69.]

**WAC 248-61-050 Plumbing.** All plumbing within the labor camp shall conform to the basic plumbing principles as specified in chapter 248-94 WAC, with the exception of WAC 248-94-060. [Order 32, § 248-61-050, filed 11/3/69.]

**WAC 248-61-060 Refuse disposal.** (1) The storage, collection, transportation and disposal of refuse shall be so managed as not to create rodent harborage, insect breeding, or other health hazards.

(2) All refuse shall be stored in clean, water-tight and rodent-proof containers with tight-fitting lids and shall not be closer than fifty feet from outdoor water faucets. Such containers shall be located adjacent to dwelling units except when other health officer approved methods are used. [Order 32, § 248-61-060, filed 11/3/69.]

**WAC 248-61-070 Rodent and insect control.** Appropriate measures shall be taken to control rodents and insects in labor camps. [Order 32, § 248-61-070, filed 11/3/69.]

**WAC 248-61-080 Location and maintenance.** (1) Labor camps shall be well-drained and so located and maintained as not to create a health or safety hazard.

(2) Labor camps shall be maintained sanitary and reasonably dust free. Where mud, sand or dust originating in walkways or roads in the camp create problems, the health officer may require that such roads or walkways be graded, gravel covered and oiled or hard surfaced.

(3) Labor camps shall be free of excessive traffic and other physical hazards.

(4) Labor camps shall be located no closer than two hundred feet to an occupied feedlot, dairy, or poultry operation except with the approval of the health officer.

(5) Buildings shall be so located to minimize fire hazards.

(6) Labor camps shall have a space for recreation reasonably related to the size of the facility and the type of occupancy. [Order 32, § 248-61-080, filed 11/3/69.]

**WAC 248-61-090 Construction and maintenance of dwelling units.** (1) Dwelling units shall be structurally sound, in good repair, in a sanitary condition, and shall provide protection against the elements.

(2) Where frame construction is provided, finished inside walls shall be provided: *Provided*, That the health officer may, at his discretion, accept the painting of inside walls and ceilings, excluding lead-based paint or white wash, in lieu of finished inside walls and ceilings when he is satisfied that the nature of the occupancy and temperature variations during this period of use justify this action. Such authorization shall be subject to annual review by the health officer.

(3) When the distance between the top of the side wall and the peak of the roof exceeds three and one-half feet, a finished ceiling shall be mandatory. Ceilings and/or undersides of roofs must be light colored and have easily cleanable surfaces.

(4) Family units shall be so constructed as to provide privacy from other units.

(5) A separate sleeping area shall be provided for the husband and wife in all family units in which one or more children over six years of age are housed. Separation shall consist of either an opaque curtain, opaque screen, wall, or partial or full partition: *Provided*, That it shall be approved by the local health officer.

(6) Floors shall be of wood, concrete, tile, or other impervious material. Wood floors shall be smooth, planed and tight-fitting. If elevated, no storage shall be allowed in the space below flooring.

(7) All building interiors shall be finished with easily cleanable surfaces. Interior walls shall be maintained clean.

(8) Each dwelling unit previously subject to the 1960 rules and regulations adopted by the state board of health, and constructed subsequent to March 22, 1960 shall have at least seventy square feet of floor space for the first occupant and at least fifty square feet of floor space for each additional occupant. All other dwelling units shall have at least seventy square feet of floor space for the first occupant and at least thirty-five square feet of floor space for each additional occupant: *Provided, however,* that dormitories shall have at least forty square feet per person for sleeping purposes.

(9) At least one-half of the floor area in each dwelling unit shall have a minimum ceiling height of seven feet. No floor space shall be counted toward minimum requirements where the ceiling height is less than five feet.

(10) Trailers, mobile homes and camping vehicles provided as dwelling units shall provide at least twenty square feet of clear floor area for each occupant sleeping therein.

(11) Each habitable room shall have at least one window or skylight opening directly to the out-of-doors. Windows or skylights shall be openable to at least forty-five percent of their aggregate area. Windows and/or doors shall be arranged to provide for cross or through ventilation, except where comparably adequate ventilation is supplied by mechanical or other approved methods. Every room in dwelling units previously subject to the 1960 rules and regulations adopted by the state board of health, and constructed subsequent to March 22, 1960, shall be provided with window openings to the exterior having an aggregate area of at least ten percent of the floor area. Every room in all other dwelling units shall be provided with adequate window openings to the exterior.

(12) Storage facilities shall be provided for occupants' possessions.

(13) Where trailers, mobile homes and/or camping vehicles are used as dwelling units, the sanitation regulations governing mobile home parks or camping vehicles (chapter 248-76 WAC) shall apply. Where trailers, mobile homes and/or camping vehicles manufactured after July, 1968 are provided by the person responsible for the operation of the labor camp, plumbing, heat-producing and electrical equipment shall be subject to chapter 296-48 WAC. [Order 32, § 248-61-090, filed 11/3/69.]

**WAC 248-61-100 Heating.** (1) Dwelling units used during periods which require artificial heating shall be provided with heating facilities which are capable of maintaining 68°F. temperature in all rooms.

(2) Heating facilities shall be installed and vented to prevent fire hazard or fume concentration, and be so located as to prevent impeded egress from the dwelling

unit in case of emergency. [Order 32, § 248-61-100, filed 11/3/69.]

**WAC 248-61-110 Lighting.** (1) All dwelling unit rooms and toilet, shower and laundry rooms shall have a minimum of twenty foot candles on work surfaces provided by sufficient wall or ceiling fixtures.

(2) All labor camps shall be provided with electric service.

(3) Each dwelling unit room shall be provided with a minimum of one ceiling fixture and one wall outlet.

(4) Each toilet, handwashing, bathing and laundry room shall be provided with one ceiling or wall-type fixture and convenience outlets as needed.

(5) All wiring shall meet state electrical standards as set out in chapter 296-44 WAC. [Order 32, § 248-61-110, filed 11/3/69.]

**WAC 248-61-120 Toilet, handwashing, bathing and laundry facilities.** (1) Where dwelling units lack toilets and bathroom facilities, central toilet, handwashing and bathing facilities shall be provided, separate for men and women, within two hundred feet of the dwelling units and shall be connected to the dwelling units by walkways as prescribed in WAC 248-61-080(2).

(2) Central laundry and clothes drying facilities shall be located within two hundred feet of dwelling units.

(3) Water flush toilets shall be required: *Provided, however,* That the health officer may make exception to allow privies or other approved methods.

(4) Toilets shall be provided in a ratio of one for every fifteen occupants or major fraction thereof.

(5) Where central toilet facilities are provided, an adequate and accessible supply of toilet tissue, with holders, shall be furnished.

(6) Urinals shall be provided in the ratio of one urinal for every thirty males or major fraction thereof. In the case of trough urinals or toilets, twenty-four inches of length shall be considered equivalent of one urinal or toilet. Urinals may be substituted for up to one-third of the toilets required for each sex.

(7) Lavatories shall be provided in the ratio of one for every twelve occupants or major fraction thereof.

(8) Bathing facilities shall be provided in the ratio of one shower head for each fifteen occupants or major fraction thereof.

(9) Laundry facilities shall be provided in the ratio of one laundry tray and one mechanical washing machine for each fifty occupants or major fraction thereof; except that additional mechanical washing machines may be provided in lieu of an equivalent number of laundry trays.

(10) Where sanitary facilities are provided in each dwelling unit, there shall be provided a minimum of one toilet, lavatory and bathing facility.

(11) Toilet, handwashing, bathing and laundry facilities are to be based on the maximum housing capacity of the labor camp.

(12) The walls and floors of toilet, bathing and laundry rooms shall be water impervious, easily cleanable and light colored.

(13) The floors of rooms containing toilet, lavatory, bathing and laundry facilities shall be sloped to properly trapped floor drains which are connected to a suitable disposal system. [Order 32, § 248-61-120, filed 11/3/69.]

**WAC 248-61-130 Foodhandling facilities.** (1) Where central food facilities are provided, they shall comply with the state board of health rules and regulations for food establishments (chapter 248-84 WAC).

(2) If central facilities are not provided, cooking facilities shall be provided in each family unit. Such facilities shall be provided with:

(a) An operable cook stove or hot plate with minimum of two burners.

(b) Adequate food storage shelves and food preparation counter.

(c) Mechanical refrigeration capable of maintaining temperatures of 45°F. or below shall be provided in each dwelling unit where cooking is done or in a central unit capable of maintaining like temperatures and providing ample space for storing perishable food items of all labor camp occupants. Inasmuch as refrigerator units not in use constitute a health hazard to children, when such refrigerator units are not in use, adequate precaution shall be taken by the camp owner or operator to assure that these refrigerator units are not a hazard to children.

(d) The walls adjacent to cooking areas shall be fire resistant, nonabsorbent, and of easily cleanable material.

(e) Where the occupant provides foodhandling facilities equal to or better than those described above, this shall be permitted.

(3) Where dormitories and dwelling units, other than family units, do not have foodhandling facilities equal to those described in subsections (1) and (2) above, a common foodhandling facility shall be provided. This shall consist of a room or building provided for cooking and eating, which is separate from the sleeping facilities. Such room or building shall be provided with:

(a) Stoves or hot plates, with a minimum equivalent of two burners, in a ratio of one stove or hot plate to ten persons;

(b) Adequate food storage shelves and a counter for food preparations;

(c) Mechanical refrigeration capable of maintaining the temperature of food at 45°F. or below;

(d) Tables and chairs or equivalent seating adequate for the intended use of the facility;

(e) Adequate sinks with hot and cold water under pressure; and

(f) Floors shall be of nonabsorbent, easily cleaned materials. [Order 32, § 248-61-130, filed 11/3/69.]

**WAC 248-61-140 Beds and bedding.** (1) Sleeping facilities shall be provided for each occupant. Such facility shall consist of beds, bunks, or cots.

(2) Clean mattresses and clean mattress covers shall be provided by the person responsible for operation of the labor camp. Clean mattress covers shall be issued for each bed in use at each change of occupancy.

(3) Where bedding is provided by the person responsible for operation of the labor camp, it shall be issued and maintained in a clean and sanitary condition.

(4) Each bed or bunk shall clear the floor by twelve inches. Single beds shall be not closer than thirty-six inches laterally; double deck bunks forty-eight inches laterally. Top mattress of double bunk shall clear ceiling by at least thirty-six inches; bottom mattress thirty-six inches from top mattress.

(5) Where the occupant provides beds and bedding equal to or better than those described above, this shall be permitted. [Order 32, § 248-61-140, filed 11/3/69.]

**WAC 248-61-150 Fire and safety provisions.** (1) All buildings shall be constructed and maintained in accordance with applicable state and local fire and safety laws.

(2) In dwelling units two means of escape shall be provided: One may be a window, at least five hundred and seventy six square inches (four square feet) in size with no side less than sixteen inches, which shall be readily accessible to small children.

(3) Accessible fire extinguishing equipment shall be provided and located not more than one hundred feet from each dwelling unit. Such equipment shall provide protection equal to that furnished by one two and one-half gallon water extinguisher under pressure or a garden hose, equipped with a nozzle, of adequate length to reach the interior of all dwelling units.

(4) First aid facilities shall be provided and readily accessible for use at all times. Such facilities shall provide as a minimum the equivalent to the sixteen unit first aid kit recommended by the American Red Cross, and provided in a ratio of one per fifty persons.

(5) No flammable or volatile liquids or materials shall be stored in or adjacent to rooms of dwelling units, except for those needed for current household use. [Order 32, § 248-61-150, filed 11/3/69.]

**WAC 248-61-160 Supervision and responsibility.** The person responsible for operation of the labor camp shall maintain it in a clean and sanitary condition and in good repair; he shall familiarize himself with these regulations. [Order 32, § 248-61-160, filed 11/3/69.]

**WAC 248-61-170 Communicable disease.** The person responsible for operation of the labor camp or his designated agent shall exercise reasonable efforts to know of the presence of communicable disease within the camp and when such is suspected shall report this to the health officer. [Order 32, § 248-61-170, filed 11/3/69.]

**WAC 248-61-180 Exemptions.** The state director of health may, upon written application, grant a waiver from the requirements of these rules and regulations where a deficiency or deficiencies exist which do not exceed ten percent of a specified minimum requirement. [Order 32, § 248-61-180, filed 11/3/69.]

## Chapter 248-64 WAC

## PRIMARY AND SECONDARY SCHOOLS

## WAC

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## DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-64-010	Introduction. [Regulation .64.010, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-020	Definitions. [Regulation .64.020, filed 6/4/63; Regulation .64.020, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-030	Substitutions. [Regulation .64.030, filed 6/4/63; Regulation .64.030, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-040	Site. [Regulation .64.040, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-050	Inspection of schools. [Regulation .64.050, filed 6/4/63; Regulation .64.050, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-060	Buildings. [Regulation .64.060, filed 6/4/63; Regulation .64.060, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-070	Water supply. [Regulation .64.070, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-080	Toilet and hand-washing facilities. [Regulation .64.080, filed 6/4/63; Regulation .64.080, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-090	Showers. [Regulation .64.090, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-100	Sewage disposal. [Regulation .64.100, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-110	Ventilation. [Regulation .64.110, filed 6/4/63; Regulation .64.110, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-120	Heating. [Regulation .64.120, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-130	Lighting. [Regulation .64.130, filed 6/4/63; Regulation .64.130, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-140	Seating. [Regulation .64.140, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.
248-64-150	Food handling. [Regulation .64.150, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

**WAC 248-64-210 Introduction.** These rules and regulations are established as minimum environmental standards for educational facilities and do not necessarily reflect optimum standards for facility planning and operation. [Order 55, § 248-64-210, filed 6/8/71.]

**WAC 248-64-220 Definitions.** The following definitions shall apply in the interpretation and the enforcement of these rules and regulations:

(1) "School" – Shall mean any publicly financed or private or parochial school or facility used for the purpose of school instruction, from the kindergarten through twelfth grade. This definition does not include a private residence in which parents teach their own natural or legally adopted children.

(2) "Board of Education" – An appointive or elective board whose primary responsibility is to operate public or private or parochial schools or to contract for school services.

(3) "Instructional areas" – Space intended or used for instructional purposes.

(4) "New construction" – Shall include the following:

(a) New school building.

(b) Additions to existing schools.

(c) Renovation, other than minor repair, of existing schools.

(d) Schools established in all or part of any existing structures, previously designed or utilized for other purposes.

(e) Installation or alteration of any equipment or systems, subject to these regulations, in schools.

(f) Portables constructed after the effective date of these regulations.

(5) "Air conditioning" – Shall be defined as cooling and/or dehumidification of spaces.

(6) "Occupied zone" – Is that volume of space from the floor to 6 feet above the floor when determining temperature and air movement, exclusive of the 3 foot perimeter on the outside wall.

(7) "Site" – Shall include the areas used for buildings, playgrounds and other school functions.

(8) "Portables" – Any structure that is transported to a school site where it is placed or assembled for use as part of a school facility.

(9) "Health officer" – Legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(10) "Secretary" – Means Secretary of the Washington State Department of Social and Health Services or his designee.

(11) "Department" – Means Washington State Department of Social and Health Services. [Order 131, § 248-64-220, filed 8/5/76; Order 55, § 248-64-220, filed 6/8/71.]

**WAC 248-64-230 Substitutions.** The secretary may allow the substitution of procedures or equipment for those outlined in these regulations, when such procedures or equipment have been demonstrated to be equivalent to those heretofore prescribed. When the secretary judges that such substitutions are justified, he shall grant permission for the substitution in writing. Requests for substitution shall be directed to the jurisdictional health officer who shall immediately forward them, including his recommendations, to the secretary. All decisions, substitutions, or interpretations shall be made a matter of public record and open to inspection. [Order 55, § 248-64-230, filed 6/8/71.]

**WAC 248-64-240 Site approval.** (1) Before a new facility is constructed, an addition is made to an existing facility, or an existing school facility is remodeled, the board of education shall obtain written approval from the health officer that the proposed development site presents no health problems. The board of education may request the health officer to make a survey and submit a written health appraisal of any proposed school site.

(2) School sites shall be of a size sufficient to provide for the health and safety of the school enrollment.

(3) Noise from any source at a proposed new construction site shall not exceed 60 dBA for more than five percent of the time (L5) during the hours the school is in session. Sites exceeding these sound levels are not considered acceptable, unless an appropriate plan for sound control reduction is included in the new construction proposal. [Order 88, § 248-64-240, filed 10/3/73; Order 55, § 248-64-240, filed 6/8/71.]

**WAC 248-64-250 Plan review and inspection of schools.** (1) Any board of education, before constructing a new facility, or making any addition to or major alteration of an existing facility or any of the utilities connected with the facility, shall:

(a) First submit final plans and specifications of such buildings or changes to the jurisdictional health officer;

(b) Shall obtain the health officer's recommendations and any required changes, in writing;

(c) Shall obtain written approval from the health officer, to the effect that such plans and specifications comply with these rules and regulations.

(2) The health officer shall:

(a) Conduct a preoccupancy inspection of new construction to determine its conformity with the approved plans and specifications.

(b) Make periodic inspections of each existing school within his jurisdiction, and forward to the board of education and the administrator of the inspected school a copy of his findings together with any required changes and recommendations. [Order 55, § 248-64-250, filed 6/8/71.]

**WAC 248-64-260 Buildings.** (1) Buildings shall be kept clean and in good repair.

(2) The instructional areas shall be of sufficient size to provide at least 25 square feet of floor space per child. If an approved mechanical ventilation system is provided, the square footage per student may be reduced to 22-1/2 square feet.

(3) Instructional areas shall have a minimum average ceiling height of 8 feet. Ceiling height shall be the clear vertical distance from the finished floor to the finished ceiling. No projections from the finished ceiling shall be less than 7 feet vertical distance from the finished floor, e.g., beams, lighting fixtures, sprinklers, pipe work.

(4) All stairway and steps shall have handrails and nonslip treads.

(5) The floors shall have an easily cleanable surface.

(6) The premises and all buildings shall be free of insects and rodents of public health significance and conditions which attract, provide harborage and promote propagation of vermin.

(7) All poisonous compounds shall be easily identified, used with extreme caution and stored in such a manner as to prevent unauthorized use or possible contamination of food and drink.

(8) There shall be sufficient space provided for the storage of outdoor clothing, play equipment and instructional equipment. The space shall be easily accessible, well lighted, heated and ventilated.

(9) Toilet areas.

(a) Water closets shall be enclosed in stall partitions except in toilet rooms containing only one water closet and one lavatory. Partitions shall be raised a minimum of 12 inches from the floor and shall be so constructed as to be easily cleanable and shall be kept clean.

(b) Toilet room walls, up to a minimum height of 3 feet 6 inches, shall be water impervious. In new construction the minimum height shall be 4 feet.

(c) Toilet room floors shall be constructed of water impervious materials which are highly resistant to uric acid. The intersecting corners between walls and floors shall be covered.

(d) Toilet rooms shall be provided with shelves and coat hooks.

(10) Schools shall be provided with windows sufficient in number, size and location to permit students to see to the outside. Windows are optional in special purpose instructional areas including, but not limited to, little theaters, music areas, multipurpose areas, gymnasiums, auditoriums, shops, libraries and seminar areas. No student shall occupy an instructional area without windows more than 50% of the school day.

(11) Exterior sun control shall be provided to exclude direct sunlight from window areas and skylights of instructional areas, assembly rooms and meeting rooms during at least 80 per cent of the normal school hours. Each area shall be considered as an individual case. Sun control is not required for sun angles less than 42 degrees up from the horizontal. Exterior sun control is not required if air conditioning is provided, or special glass installed having a total solar energy transmission factor less than 60 per cent.

(12) All new construction shall conform with the American Standard Specifications for Making Buildings and Facilities Accessible to and Usable by the Physically Handicapped (U.S. Patent All 7.1-1961) approved October, 1961 by the American Standards Association, Incorporated, as authorized in chapter 70.92 RCW. [Order 124, § 248-64-260, filed 3/18/76; Order 55, § 248-64-260, filed 6/8/71.]

**WAC 248-64-270 Plumbing, water supply and fixtures.** (1) Plumbing shall comply with the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials except for Chapter 11, and Appendices C, E, and G. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the Uniform Plumbing Code.

## (2) Water Supply:

(a) Every school shall have a supply of water adequate in quantity and of a safe, sanitary quality conforming with chapter 248-54 WAC relating to public water supplies. Where a municipal water supply is reasonably available, the health officer may require connection thereto, and its exclusive use. Where a municipal water supply is not reasonably available, an individual water supply system may be developed and used as approved by the health officer.

(b) Sufficient residual pressure shall be provided and maintained at all outlets to satisfactorily operate all fixtures and devices. In new construction a minimum residual pressure of 25 p.s.i. shall be provided and maintained.

(c) Drinking fountains shall be provided and shall be of a sanitary type meeting the standards of the American Standards Association, with a ratio of one fountain for each 75 pupils in elementary schools and one to 100 in junior high and high schools. In new construction the ratio shall be one to 75 for both elementary and secondary schools. In no case shall there be less than one drinking fountain conveniently located on each floor and in each building containing instructional areas except for portables. Drinking fountains or bubblers shall not be placed in toilet rooms.

(d) Where drinking fountains are provided at classroom sinks, such fountains shall be located at least 12 inches horizontally from the closest faucet.

(e) All cross-connections, as defined in chapter 248-54 WAC are prohibited.

(f) Any water outlet with a threaded, serrated, or quick-coupling nozzle shall be provided with a vacuum breaker.

(3) Toilet and Handwashing Facilities. The following table establishes the minimum number of toilet and handwashing fixtures for schools. Facilities shall be conveniently located.

## (a) Elementary Schools—Toilet Fixtures:

(i) Girls' water closets—one for each 35 girls.

(ii) Boys' water closets—one for each 60 boys.  
Boys' urinals—one for each 30 boys.

## (b) Secondary Schools—Toilet Fixtures:

(i) Girls' water closets—one for each 45 girls. Girls' urinals may be substituted for up to 1/3 of the required number of flush toilets.

(ii) Boys' water closets—one for each 100 boys.  
Boys' urinals—one for each 30 boys.

(c) Water closets and urinals for multi-installations in new construction shall be operated by a flushometer or other automatic flushing device. All water closets in new construction shall be wall hung.

(d) Handwashing facilities shall be provided with hot water at a maximum temperature of 120 degrees Fahrenheit. If cold water also is provided at handwashing facilities, it must be combined with the hot water through a common outlet. If hand operated self-closing faucets are used, they must be of a metering type. Handwashing facilities shall be provided in the ratio of one washing station for each 60 pupils in elementary schools and one for each 100 pupils in secondary schools. Each washing station shall consist of one lavatory, 20 inches of trough

lavatory, or 17 inches of circular lavatory perimeter. Single-service soap and towels shall be provided. Common use towels are prohibited. Warm air dryers may be used in place of single-service towels.

(e) In elementary schools, toilet and handwashing facilities may be provided adjacent to each instructional area in lieu of the requirements of paragraphs (a) and (d) above. A single water closet for both sexes in each instructional area may be used, except in instructional areas for pupils above the fourth grade, in which at least one water closet for each sex shall be provided. One washing station for handwashing shall be considered the minimum of each instructional area. No water closet or washing station shall service more than 30 pupils. When instructional areas are provided with adjacent toilet and handwashing fixtures, there shall also be at least one general toilet room for each sex, with at least two water closets in girls' toilet rooms and one water closet and two urinals in boys' toilet rooms and at least one washing station for each toilet room.

(f) Toilet paper shall be available, conveniently located adjacent to each flush toilet.

(g) Sanitary toilet seats of the open front type made of nonabsorbent material shall be installed.

(h) In new construction, floor drains shall be provided in all rooms having two or more water closets and/or urinals. The floors in these rooms shall have a uniform slope to the floor drains.

## (4) Showers:

(a) Showers shall be provided for classes in physical education, at grades 9 and above. There shall be a minimum of one showerhead for each four girls and one showerhead for each five boys, based upon the maximum demand in any one period. Gang showers shall not have less than 12 square feet of affected shower area per showerhead. Wall showerheads shall be a minimum of three feet on center. An automatically controlled hot water supply of 100 degrees Fahrenheit to 120 degrees Fahrenheit shall be provided. Showers with cold water only shall not be permitted.

(b) Drying areas shall be provided adjacent to the showers and adjacent to locker rooms. Shower and drying areas shall be constructed with water impervious nonskid floors. Walls shall be water impervious up to showerhead height. The base shall be coved. Upper walls and ceiling shall be of smooth, easily washable construction. Floors shall slope uniformly at a minimum rate of 3/16 inch per foot to floor drains. Drains and gutters shall be so arranged that water from one showerhead will not drain through the occupied area of another.

(c) Locker and/or dressing room floors shall have a water impervious surface. Walls shall have a washable surface. A minimum of 12 square feet of floor area per student shall be provided in dressing areas. In new construction floor drains shall be provided in locker and dressing areas. The floor shall slope uniformly at a minimum rate of 1/8 inch per foot to the drain.

(d) In new construction, locker and dressing room areas shall be provided with a hot and cold keyed hose bibb for washdown purposes.

(e) If towels are supplied by the school, they shall be for individual use only and shall be laundered after each

use. [Order 124, § 248-64-270, filed 3/18/76; Order 55, § 248-64-270, filed 6/8/71.]

**WAC 248-64-280 Sewage disposal.** All liquid waste from a school shall be discharged into a public sewerage system where possible. Where connection to a public sewerage system is not feasible, schools shall be provided with an approved individual sewerage system. Where septic tank and drainfield systems are used, they shall be constructed in accordance with USPHS Manual No. 526, "Manual of Septic Tank Practice" or with the requirements of the health officer. All other types of sewage disposal facilities shall be designed and approved in accordance with all applicable regulations. [Order 55, § 248-64-280, filed 6/8/71.]

**WAC 248-64-290 Ventilation.** (1) Natural Ventilation Requirements—In instructional areas, assembly rooms and meeting rooms, clear opening of not less than 4 percent of floor area shall be provided by operable external windows, doors and/or other openings except in auditoriums and gymnasiums provided with mechanical ventilation or rooms provided with air conditioning, as described hereinafter. Openings must be arranged both at the bottom and the top where they are located all on one wall. To prevent objectionable drafts on occupants, the introduction of supply air into all rooms must be arranged to insure through [thorough] mixing with room air and dissipation of velocity before entering the occupied zone.

(2) Mechanical Ventilation.

(a) Instructional areas, meeting and assembly rooms.

(i) All rooms normally used for instructional areas, assembly or meetings shall have a tempered mechanical ventilation system, automatically controlled. Mechanical ventilation will not be required for those rooms occupied less than six hours per week or for rooms such as gymnasiums having a volume of 700 cubic feet or more per occupant or for those schools constructed prior to April 2, 1960, except as hereinafter required.

(ii) The ventilation system air quantities shall be the same as required in Section 64-290(3), Air Conditioning, for rooms provided with air conditioning. In no case shall the air supply rate in instructional areas be less than 1.3 cubic feet per minute (c.f.m.) per square foot of floor area.

(iii) The system shall be designed to automatically mix recirculated air and outside air, to provide atmospheric cooling. The air supply system shall be arranged to provide 100 percent outside air during the nonheating season.

(iv) The minimum outside air introduced after the room is up to temperature during occupancy shall be not less than 5 c.f.m. per occupant.

(v) The heating and distribution system shall provide a temperature differential in the occupied zone not to exceed plus or minus 2 percent Fahrenheit. The terminal air velocities in occupied zone shall not exceed 50 feet per minute (f.p.m.).

(vi) Rooms with air supply systems shall be provided with exhaust equal to the rate of outside air introduction

which is in excess of the minimum outside air ventilation requirements as stated in WAC 248-64-290(2)(a)(iv).

(b) Toilet Room Ventilation. All toilet rooms shall be ventilated by means of a mechanical exhaust, exhausting to the outside at the rate of not less than 2.5 c.f.m. per square foot of floor area.

(c) Shower—Drying Areas and Locker Rooms.

(i) All shower drying areas, physical education locker rooms and physical education clothing storage areas shall be ventilated by means of a mechanical exhaust, exhausting to the outside at the rate of not less than 2.5 c.f.m. per square foot of floor area.

(ii) If shower drying or locker rooms are combined into a single use area, the ventilation requirements are satisfied if design is based upon the square footage of the largest single use space, provided the air movement is essentially uniform throughout any given space.

(iii) The supply air may be introduced indirectly from other areas.

(d) Student coat and book locker rooms shall have mechanical exhaust at a minimum rate of 0.67 c.f.m. per square foot of floor area.

(e) Athletic Uniform and Equipment Drying Rooms.

(i) Athletic uniform and equipment drying rooms shall be ventilated by means of a mechanical exhaust, exhausting to the outside at the minimum rate of 2.5 c.f.m. per square foot of floor area.

(ii) The supply air may be introduced indirectly from other areas.

(f) Special Areas.

(i) At all locations where excessive odors, dust, heat fumes or moisture are generated or produced, such as laboratories, kitchens, shops, laundries, etc., whether constructed prior to or after 1960, local mechanical exhaust systems shall be provided. Hood air quantities and design shall comply with Chapter 20, 1970 edition of the American Society of Heating, Refrigeration and Air Conditioning Engineers Guide for Industrial Exhaust Systems.

(ii) Home economics food preparation rooms will not be subject to the foregoing requirements but shall be provided with mechanical supply and exhaust systems capable of exhausting at the minimum rate of 1.33 c.f.m. per square foot of floor area.

(g) Make-up air supply requirements.

(i) Every area which is exhausted shall be provided with a method of introducing tempered make-up air at a rate not less than that exhausted.

(ii) The minimum total outside air quantities introduced into a building to replace exhausted air quantities shall be equal to or in excess of that exhausted.

(iii) Means shall be provided to maintain an air balance throughout the building. Indirect methods of air make-up may be employed if definite means of air transfer between areas are provided.

(3) Air Conditioning.

(a) Air conditioning shall be provided in the following spaces and under the following conditions:

(i) All instructional areas, assembly rooms, and meeting rooms in schools constructed since April 2, 1960 not provided with "Exterior Sun Control" as provided for in WAC 248-64-260(11).

(ii) Instructional areas, assembly rooms, office areas and meeting rooms in new construction located in areas having cooling degree days in excess of 545 per year. Cooling degree days for the various areas of the state of Washington are found in appendix attached hereto and incorporated herein by this reference. Cooling degree days are as established by the State Climatologist, U.S. Department of Commerce, Environmental Science Services Administration, Weather Bureau, 7005 Federal Office Building, Seattle, Washington, and are based on a base of 60 degrees Fahrenheit for the period 1931-1965. (See Appendix A) The department shall make a determination as to whether air conditioning is required for those areas which are not specifically mentioned in Appendix A.

(b) Air conditioning systems shall be designed to maintain a maximum space environmental condition in the occupied zone of 78 degrees Dry Bulb (DB) and 50 percent Relative Humidity (RH) during the 12 month year. Outside design conditions shall be as set forth in Chapter 22, 1967 edition of the American Society of Heating, Refrigeration and Air Conditioning Engineers Guide and Data Book, using the one percent frequency incident temperature values, or other published U.S. Weather Bureau data for the respective area based on the same frequency incident temperature values.

(c) The air conditioning system and [and] the heating system shall provide a temperature differential in the occupied zone not to exceed plus or minus 2 degrees Fahrenheit. The terminal air velocities in the occupied zone shall not exceed 50 feet per minute (f.p.m.). The supply air quantities shall be determined using a supply air temperature not more than 25 degrees Fahrenheit below room temperature.

(d) The introduction of 100 percent of outside air for atmospheric cooling is not required with air conditioning.

(e) Minimum outside air quantities shall be based on not less than 5 c.f.m. per occupant.

(4) Air Filtration.

(a) Where mechanical ventilation or air conditioning is provided, outside air that is introduced into the system and recirculated air shall be filtered.

(b) All hoods capturing grease-laden vapors shall be provided with grease extraction methods. [Order 124, § 248-64-290, filed 3/18/76; Order 88, § 248-64-290, filed 10/3/73; Order 75, § 248-64-290, filed 7/11/72; Order 55, § 248-64-290, filed 6/8/71.]

**WAC 248-64-300 Heating.** (1) The entire facility shall be heated during school hours to not less than the winter indoor dry bulb temperatures listed below for different types of spaces.

Area	Set Point Range Temperature in Fahrenheit
a. Instructional Areas	68°-72°
b. Gymnasium	60°-65°
c. Auditorium	68°-72°
d. Kitchens	65°-70°
e. Cafeteria	68°-72°

Area	Set Point Range Temperature in Fahrenheit
f. Meeting Rooms	68°-72°
g. Offices	68°-72°
h. Locker Rooms	75°-80°
i. Laboratory	68°-72°
j. Shop	65°-70°
k. Toilet Rooms	65°-70°
l. Showers	75°-80°

(2) The system shall be designed with a capacity sufficient to maintain the minimum stated room temperature while introducing the minimum outside air quantities required under Ventilation. [Order 55, § 248-64-300, filed 6/8/71.]

**WAC 248-64-310 Temperature control.** Automatic room temperature controls for heating, ventilating and/or air conditioning systems shall maintain temperature and differential imposed by the set point range indicated in WAC 248-64-300(1). [Order 55, § 248-64-310, filed 6/8/71.]

**WAC 248-64-320 Sound control.** (1) In new construction the entire facility shall be designed and constructed to limit ambient room noise levels to the average values published in Chapter 35 of the 1973 edition of the American Society of Heating, Refrigeration and Air Conditioning Engineers Guide and Data Book for the respective type of area involved. Both exterior and interior sources of sound generation shall be considered in arriving at the final values. The maximum ambient noise level in industrial arts, vocational [vocational] agriculture and trade and industrial facilities shall not exceed 65 dB(A) when all fume and dust exhaust systems are operating. The A-scale or octave band analysis method shall be utilized in making noise level measurements.

(2) The occupants in a school shall not be exposed to amplified music exceeding 90 dB(A).

(3) The maximum noise exposure in shop instructional areas shall correspond to WAC 296-62-090(11), the General Occupational Health Standards as enforced by the Department of Labor and Industries.

**MAXIMUM NOISE EXPOSURES PERMISSIBLE**

Duration per day (hours)	Sound Level (dba)
8 hours	90
6 hours	92
4 hours	95
3 hours	97
2 hours	100
1-1/2 hours	102
1 hour	105
1/2 hour	110
1/4 hour	115

Should the total noise exposure in shops exceed these levels, hearing protective devices such as ear plugs or

muffs shall be provided to the students so exposed. [Order 124, § 248-64-320, filed 3/18/76; Order 88, § 248-64-320, filed 10/3/73; Order 55, § 248-64-320, filed 6/8/71.]

**WAC 248-64-330 Lighting.** (1) Lighting for school plants shall provide a comfortable visual environment with adequate intensities as described herein. The following is a table of maintained light intensities which shall be provided at 30 inches above the floor and on teaching surfaces including chalkboards. Column 1 is the required minimum for lighting installed prior to December 31, 1971 and Column 2 is the required minimum for new lighting and relighting.

	Foot-Candle Col. 1 Minimum Existing	Intensity Col. 2 Minimum New*
Offices—on desks	30	50
General instructional areas including: study halls, laboratories; electronic and machine shops; lecture rooms; libraries	30	50
Special instructional areas: Sewing rooms, drafting rooms, art rooms and other rooms where fine detail work is to be done	50	100
Shops for easy seeing tasks such as wood-working	30	50
Gymnasiums: Main and auxiliary spaces, shower rooms, and locker rooms	20	35
Auditoriums, lunch rooms, assembly rooms, and similar rooms	10	50
Corridors, stairs, passageways, storerooms, and like indoor areas	10	20
Toilet rooms	20	30
Kitchen, storage and preparation of food	25	50
Nurses' room cot areas (dimming or partial switching of lights is recommended for the lower level)	5/10	5/20

\*In schools constructed after December 31, 1971.

(2) Luminance ratios (brightness ratios) shall not exceed recommended ratios for surfaces in the visual field large enough to cause excessive eye accommodation. Large luminance ratios for small areas, such as narrow trims around tackboards or baseboards, are acceptable where such areas are not large enough to cause excessive eye accommodation to their luminance. Instructional areas should have predominately light colors to obtain low luminance ratios. Luminance ratios in classrooms (lighter or darker) shall not exceed the following:

Lighter	Task	Darker
4 to 1	to 1/4	Between task and adjacent surroundings such as task and desk or between chalkboard and wall.
10 to 1	to 1/4	Between task and more remote surfaces such as task and wall or between ceiling and beams.
— to 1	to 1/10	Between task and floors.
		Between lighting fixtures and adjacent surfaces the ratio shall not exceed 20 to 1.

Exceptions to the above ratios will be allowed in the case of windows and chalkboards; however, lighter colored chalkboards are recommended. Tasks shall be defined as a piece of white paper on desks and may be considered as 70 percent for design purposes.

(3) Walls and ceilings of instructional areas shall have a nonspecular (nonglare) surface.

(4) Reflectance of the finishes in instructional spaces shall be in the ranges shown for the following surfaces:

Ceilings except beams	70-90%
Tackboards, walls, cabinets, doors and desk tops	17-90%
Science laboratory counter tops are	exempted.

(5) Excessive brightness or glare shall be controlled in all instructional areas. Chalkboards shall be placed to minimize veiling glare thereon from windows. Direct and reflected glare shall be controlled where windows are near the line of sight of students viewing instructional surfaces.

(a) Lighting fixtures in instructional areas shall include shielding means, such as diffusers or louvers to control direct glare. In new construction louvered fixtures shall have minimum shielding angles of 45 degrees by 45 degrees.

(b) Lighting quality in instructional areas shall meet one of the following criteria:

(i) The Visual Comfort Probability (VCP) for the classroom shall be 70 or more as computed by methods recommended by the Illuminating Engineering Society, or:

(ii) Individual lighting fixtures shall have an "average surface brightness" in both parallel and normal views not exceeding 1.5 candles per square inch (678 foot-lamberts) in the shielded area of 65 degrees by 85 degrees from the vertical.

(c) Skylights in instructional areas shall meet the same brightness criteria as lighting fixtures, or have darkening control devices. [Order 124, § 248-64-330, filed 3/18/76; Order 55, § 248-64-330, filed 6/8/71.]

**WAC 248-64-340 Food handling.** (1) Food storage, preparation, and service facilities shall be constructed and maintained and operated in accordance with chapter 248-84 WAC and WAC 248-86-001 through 248-86-060.

(2) When central kitchens are used, food shall be transported in tightly covered containers. Only closed vehicles shall be used in transporting foods from central kitchens to other schools. [Order 55, § 248-64-340, filed 6/8/71.]

**WAC 248-64-350 Safety.** (1) The existence of unsafe conditions which present a potential hazard to occupants of the school are in violation of these regulations. The secretary in cooperation with the State Superintendent of Public Instruction shall review potentially hazardous conditions in schools which are in violation of good safety practice, especially in laboratories, industrial arts and vocational instructional areas. They shall jointly prepare a guide for use by department personnel during routine school inspections in identifying violations of good safety practices. The Guide should also include recommendations for safe facilities and safety practices.

(2) In new construction, chemistry laboratories shall be provided with an eyewash fountain and a shower head

for flushing in cases of chemical spill and clothing fires. If more than one laboratory is provided, one of each fixture will be adequate if the laboratories are in close proximity. [Order 55, § 248-64-350, filed 6/8/71.]

**WAC 248-64-360 Exemption.** (1) Prior to December 31, 1971 approval for new construction may be granted for construction conforming to the requirements of the rules and regulations adopted June 3, 1963, provided that the applicant for such approval submits satisfactory evidence to the health officer that the preliminary plans were developed for the proposed project prior to the adoption of these rules and regulations.

(2) The board of health may, at its discretion, exempt a school from complying with parts of these regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the health or safety of the students or staff of the school in danger and that strict enforcement of the regulation would create an undue hardship upon the school. [Order 55, § 248-64-360, filed 6/8/71.]

**WAC 248-64-990 Appendix A—Chart.**

**APPENDIX A**

The following chart shows the average number of cooling days above a base of 60°F. for different cities and towns in the state of Washington. They have been compiled by the U.S. Department of Commerce, Environmental Science Service Administration, Weather Bureau, 7005 Federal Office Building, Seattle, Washington.

A cooling degree day with a base of 60°F. is defined as the difference between the mean temperature for the day and 60°F. In using this method, there are no cooling degree days if the mean temperature for a day is 60°F. or lower. The mean temperature for a day is the sum of the maximum and minimum temperatures divided by 2. Computing cooling degree days using, for example, a day with a maximum of 85°F. and a minimum of 59°F. is: 85+59=144; 144÷2=72; 72-60=12 cooling degree days.

<u>City</u>	<u>Cooling Degree Days</u>	<u>City</u>	<u>Cooling Degree Days</u>
Aberdeen . . . . .	156	Northport . . . . .	842
Anacortes . . . . .	169	Olga . . . . .	71
Bickleton . . . . .	660	Olympia . . . . .	270
Buckley . . . . .	289	[Omak . . . . .	961]
Centralia . . . . .	441	Othello . . . . .	1,161
Clearbrook . . . . .	213	Prairie Falls . . . . .	272
Clearwater . . . . .	84	Prosser . . . . .	949
Cle Elum . . . . .	491	Pullman . . . . .	495
Colville . . . . .	602	Puyallup . . . . .	319
Concrete . . . . .	527	Quinault . . . . .	322
Cushman Dam . . . . .	458	Rainier . . . . .	1,201
Darrington . . . . .	370	Rainier-Longmire . . . . .	233
Dayton . . . . .	893	Rimrock Dam . . . . .	312
Deer Park . . . . .	442	Seattle . . . . .	494
Diablo Dam . . . . .	471	Sedro Woolley . . . . .	230

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<u>City</u>	<u>Cooling Degree Days</u>	<u>City</u>	<u>Cooling Degree Days</u>
Ellensburg . . . . .	761	Sequim . . . . .	148
Ephrata . . . . .	1,516	Skagit Power Plant . . . . .	554
Forks . . . . .	125	Snoqualmie Pass . . . . .	109
Goldendale . . . . .	549	Spokane . . . . .	820
Greenwater . . . . .	139	Stehekin . . . . .	474
Kosmos . . . . .	340	Tacoma . . . . .	327
Lacrosse . . . . .	809	Umak . . . . .	961
Lake Keechelus . . . . .	197	Vancouver . . . . .	707
Lind . . . . .	983	Walla Walla . . . . .	1,266
Lindsburg . . . . .	212	Waterville . . . . .	567
Longview . . . . .	404	Wenatchee . . . . .	1,186
Moses Lake . . . . .	834	Wilbur . . . . .	624
Nespelem . . . . .	707	Wind River . . . . .	343
Newport . . . . .	387	Winthrop . . . . .	599
		Yakima . . . . .	855

[Order 55, Appendix A (codified as WAC 248-64-990), filed 6/8/71.]

**Chapter 248-72 WAC  
CAMPS AND PARKS**

**WAC**

- 248-72-001 Definitions.
- 248-72-010 Registration.
- 248-72-020 Location or site.
- 248-72-030 Supervision.
- 248-72-040 Water supply.
- 248-72-050 Toilets and handwashing facilities.
- 248-72-060 Showers and laundry facilities in resident camp.
- 248-72-070 Sewage and liquid waste disposal.
- 248-72-080 Sleeping and living quarters.
- 248-72-090 Food handling.
- 248-72-100 Milk and cream.
- 248-72-110 Swimming pools, wading pools, and bathing beaches.
- 248-72-120 General.
- 248-72-130 Responsibility.
- 248-72-999 Legal authority of the State Board of Health.

**WAC 248-72-001 Definitions.** The following definitions shall apply in the interpretations and the enforcement of these rules and regulations. (1) The term "camp" as used herein shall refer only to an established group camp which is established or maintained for recreation, education, vacation, or religious purposes for use by organized groups and wherein these activities are conducted on a closely supervised basis and wherein day to day living facilities, including food and lodging, are provided either free of charge or by payment of a fee.

(2) A "park" shall mean all other areas or camps established or maintained for use by the public as a place for picnicking, camping or vacationing.

(3) "Owner" shall mean any person or persons, organization, association, corporation, or agency of federal, state, county or municipal government, operating, maintaining or offering for use within the state of Washington any camp or park either free of charge or by payment of a fee.

(4) "Director" shall mean the person in charge of the camp program.

(5) "Existing camp" and "existing park" shall mean a camp and a park, respectively, which was established prior to the date of adoption of these rules and regulations.

(6) "New camp" and "new park" shall mean a camp and a park, respectively, which are established after the date of adoption of these rules and regulations.

(7) "Health officer" shall mean the state director of health, or the city, county, or district health officer, as defined in RCW 70.04.030, 70.06.020, and 70.04.020, or their authorized representatives. [Order 140, § 248-72-001, filed 2/7/77; Regulation 72.001, effective 3/11/60.]

**WAC 248-72-010 Registration.** Every owner shall make an annual application to the health officer for the registration of his camp and/or park at least 30 days prior to the day it is to be opened for use.

Every application for registration made pursuant to these regulations shall be on a form to be supplied by the health officer and the applicant shall furnish all information required by the health officer. [Order 140, § 248-72-010, filed 2/7/77; Regulation 72.010, effective 3/11/60.]

**WAC 248-72-020 Location or site.** (1) All camps and parks shall be located on land that provides good natural drainage. The site shall not be subject to flooding or located adjacent to swamps or marshes which might have an adverse effect on the health of the occupants.

(2) No camp or park shall be so located as to endanger any public or private water supply or the health of the public or health of the occupants.

(3) Where corrals or stables exist, or where large animals are maintained in connection with any camp or park, the quarters for any animals shall be located so as not to create a nuisance or health hazard. [Order 140, § 248-72-020, filed 2/7/77; Regulation 72.020, effective 3/11/60.]

**WAC 248-72-030 Supervision.** (1) All camps and parks shall be under the supervision of an adult having mature judgment and ability to understand and apply state laws and regulations relating to operation and maintenance of the camp and/or park.

(2) The director, or a responsible person reporting to him, shall make or have made frequent inspections of the premises and sanitary equipment for the purpose of maintaining proper sanitation and compliance with these regulations.

(3) The director shall maintain all sanitary facilities, and other equipment of camps and parks, in good repair and appearance.

(4) The supervision and equipment shall be sufficient to prevent littering of the premises with rubbish, garbage, or other wastes and to maintain general cleanliness. Fly-tight metal garbage containers shall be provided for the collection of garbage. These containers shall not be permitted to become foul smelling, unsightly, or breeding places for flies, and the contents shall be

disposed of by incineration or some other method approved by the health officer.

(5) All toilet rooms, eating, sleeping and other living facilities shall be cleaned at least daily.

(6) The owner or director of every camp and/or park shall maintain the buildings and grounds free from flies, mosquitoes and other insects through the use of screens and/or approved sprays or other effective means.

All premises shall be kept free from rats, mice and other rodents.

(7) Where bedding is furnished it shall be kept clean and aired at least once a week. Where sheets and pillow cases are furnished they shall be freshly laundered at least for each new user.

Mattress covers to completely cover the mattress shall be provided and shall be freshly laundered at least for each new user. [Order 140, § 248-72-030, filed 2/7/77; Regulation 72.030, effective 3/11/60.]

**WAC 248-72-040 Water supply.** (1) Every camp and every park shall have an adequate supply of water from an approved source. It shall be of a safe sanitary quality meeting the standards as prescribed by the director of health for drinking water.

(2) At new camps and new parks, only water under pressure will be allowed except upon the special permission of the health officer.

(3) The use of common drinking cups or containers is prohibited.

(4) Where possible, drinking fountains of a sanitary type meeting the standards of the American Standards Association, shall be provided with a ratio of one fountain for each fifty users. In the event that fountains cannot be provided, individual or single-service drinking cups shall be supplied.

Containers for drinking water shall be constructed of smooth noncorrodable material, shall have a tight fitting cover, shall be equipped with a faucet or spigot for water removal and shall be washed with reasonable frequency and kept clean. Dipping water from containers is prohibited.

(5) Unapproved sources of water supply should be conspicuously posted as unfit for drinking. [Order 140, § 248-72-040, filed 2/7/77; Regulation 72.040, effective 3/11/60.]

**WAC 248-72-050 Toilets and handwashing facilities.** (1) Every camp and park shall be provided with toilets, urinals and handwashing facilities conveniently located.

(2) Separate toilet facilities shall be provided for each sex and shall be so marked.

(3) Only water flushed toilets will be allowed unless specific exception is made by the health officer for the use of fly-tight sanitary privies.

(4) The minimum number of the above facilities to be provided shall be in accordance with the following schedules:

## (a) For camps -

Girls' water closets -  
 First 100 girls - 1 for each 10 girls  
 Over 100 girls - 10 for first 100 girls plus  
 1 for each additional 20 girls

Boys' water closets -  
 First 100 boys - 1 for each 20 boys  
 Over 100 boys - 5 for first 100 boys plus  
 1 for each additional 40 boys

Boys' Urinals -  
 First 100 boys - 1 for each 20 boys  
 Over 100 boys - 5 for first 100 boys plus  
 1 for each additional 40 boys

Lavatories -  
 First 100 users - 1 for each 12 users  
 Over 100 users - 8 for first 100 users plus  
 1 for each additional 20 users

(b) For parks - The number of toilet units in parks shall be sufficient to adequately meet the demands of users. A minimum of one toilet for 25 women and one toilet and one urinal for every 40 men shall be provided. A minimum of one lavatory shall be provided for each 30 persons or major fraction thereof.

(5) Toilet paper shall be provided in each water closet compartment or privy.

(6) All toilet rooms and privies shall be constructed of material permitting satisfactory cleaning and shall be well lighted and ventilated. All toilet fixtures shall be of easily cleanable, impervious material and in good repair.

(7) Toilet room floors shall be constructed of concrete or other water impervious material pitched to provide adequate drainage to a suitable located trapped floor drain; except that urinal stalls may be used in lieu of floor drains. If partitions are provided between flush bowls they shall be raised 12 inches from the floor and shall be so constructed as to be easily cleanable.

(8) Where users do not provide their own individual towel and soap, single-service paper or cloth towels and soap shall be provided at all lavatories. The use of common towels is prohibited. [Order 140, § 248-72-050, filed 2/7/77; Regulation 72.050, effective 3/11/60.]

**WAC 248-72-060 Showers and laundry facilities in resident camps.** Adequate and conveniently located bathing facilities including hot and cold or tempered water shall be provided. Separate shower rooms shall be provided for each sex in the ratio of one shower head or tub for each 15 users based upon the maximum demand at any one period.

One laundry tray or wash tub should be provided for each 40 persons or major fraction thereof.

The floors of shower rooms shall be constructed of concrete or other easily cleanable, water impervious material graded to drain to a suitable trapped floor drain. They should be free from cracks or uneven surfaces that interfere with proper cleaning.

The shower rooms shall be well lighted and ventilated and have interior surfaces of light colored, washable material. [Order 140, § 248-72-060, filed 2/7/77; Regulation 72.060, effective 3/11/60.]

**WAC 248-72-070 Sewage and liquid waste disposal.**

(1) No liquid wastes resulting from toilets, lavatories, showers, laundry sinks, or from the cleaning of kitchen and eating utensils, floors, etc., shall be discharged upon the surface of the ground. Such wastes shall be disposed of in such a manner that they will be inaccessible to rodents, flies, or other insects, and will not pollute the surface of the ground or contaminate any water supply. They shall not be discharged into any stream, lake or body of water. Underground systems for disposal of such wastes shall be constructed, operated, and maintained to comply with the requirements of the state board of health or local health regulations or ordinances.

(2) All plumbing shall comply with state and local regulations or the minimum plumbing standards of the U.S. department of commerce. [Order 140, § 248-72-070, filed 2/7/77; Regulation 72.070, effective 3/11/60.]

**WAC 248-72-080 Sleeping and living quarters.** (1)

All sleeping and living quarters shall be ventilated so as to be maintained free from objectionable odors. They shall be provided with adequate natural and artificial light. The floors, walls, and ceilings of sleeping rooms shall be of easily cleanable construction and shall be maintained in a clean, sanitary condition.

(2) The floors of all buildings which are not built on solid concrete or rat-proof foundations shall be raised at least 12 inches above the ground and the space underneath the floor kept free from trash, rubbish, or other material attractive to insects or rodents.

(3) No room used for sleeping purposes shall have less than 400 cubic feet of air space for each occupant.

(4) All cabin or dormitory type sleeping rooms shall contain a minimum floor space of 40 sq. ft. per occupant. Ventilation shall be provided to all bedrooms or dormitories equivalent to an outside opening of 2-1/2 sq. ft. per person. [Order 140, § 248-72-080, filed 2/7/77; Regulation 72.080, effective 3/11/60.]

**WAC 248-72-090 Food handling.** (1) All food furnished or sold shall be protected against insects, rodents and dust.

(2) When a kitchen is operated it shall be properly lighted and ventilated.

(3) Kitchen doors and windows and other openings shall be screened to exclude flies and insects.

(4) All kitchen ceilings, walls and floors shall be kept clean and in good repair.

(5) All perishable food, cooked or uncooked shall be kept under refrigeration at 50°F. or below until used. The use of tainted or spoiled food is prohibited.

(6) All food shall be handled, prepared and served under clean, sanitary conditions.

(7) All dishes, glasses, cutlery and cooking utensils shall be washed in hot water containing an adequate amount of soap or detergent after each use. After thorough washing they shall be either (a) immersed for at least two minutes in clean hot water at a temperature of at least 170°F., or (b) rinsed in clean clear water then

immersed for at least two minutes in a hypochlorite solution containing at least 50 parts per million of available chlorine, or (c) rinsed in clean clear water and immersed in a chemical solution approved for such use by the health officer for such period of time and under such conditions as he may direct.

(8) Cooks and all food handlers shall keep clean and wear clean clothing. All persons handling or preparing foodstuffs or beverages shall have a physical examination by a doctor of medicine for the purpose of determining the presence of a communicable disease, whenever desired and requested by the state or local health officer.

(9) All garbage while in the kitchen shall be kept covered in watertight containers and removed after each meal. [Order 140, § 248-72-090, filed 2/7/77; Regulation 72.090, effective 3/11/60.]

**WAC 248-72-100 Milk and cream.** (1) All milk and cream delivered to and used in camps and parks shall conform to the requirements of grade A milk and cream of the Washington state uniform fluid milk act of 1949.

(2) Milk sold or served as a beverage to be consumed on the premises shall be served in the individual original container in which it was received from the milk distributor or from a bulk container equipped with a dispensing device which has been approved by the health officer. This requirement shall not apply to cream consumed on the premises, which may be served from the original bottle or from a dispenser approved for such service.

(3) It shall be a violation of these regulations for any person to sell or serve any milk or milk product which has not been maintained, while in his possession, at a temperature of fifty degrees Fahrenheit or less. If milk or milk products are stored in water for cooling, the pouring lip of the container shall not be submerged. [Regulation 72.100, effective 3/11/60.]

**WAC 248-72-110 Swimming pools, wading pools, and bathing beaches.** (1) **Swimming pools.** All swimming pools shall comply with the requirements of the rules and regulations of the state director of health pertaining to swimming pools.

(2) **Bathing beaches.** No bathing beach shall be maintained or operated when such water is determined by the health officer to be so polluted or subject to pollution as to constitute menace to health if used for bathing. Where bathhouse and toilet facilities are provided for use of bathers they shall be constructed, maintained and operated in a sanitary manner approved by the health officer.

(3) **Wading pools.**

(a) Wading pools shall not be more than 24 inches in depth.

(b) The water in wading pools, at all times while in use, shall meet the requirements pertaining to water quality as outlined in the rules and regulations of the state director of health.

(c) In the operation of wading pools the requirements pertaining to sanitary control of swimming pools as outlined in the swimming pool regulations shall apply.

(d) Adequate sanitary toilet facilities shall be available in the vicinity of wading pools.

(e) No wading pool shall be maintained or operated when such pool is determined by the health officer to constitute a menace to health if used for wading. [Order 140, § 248-72-110, filed 2/7/77; Regulation 72.110, effective 3/11/60.]

**WAC 248-72-120 General.** (1) Where no provision is made in these regulations to clearly apply to any condition or thing found to exist which may be a health hazard in a camp or park, the health officer may direct the owner as to the best means to adopt to secure proper sanitary conditions in said camp or park.

(2) Where a condition exists, which in the opinion of the health officer is a violation of these regulations of a menace to health, he may order the owner to close such camp or park until such time as the health officer may direct. [Order 140, § 248-72-120, filed 2/7/77; Regulation 72.120, effective 3/11/60.]

**WAC 248-72-130 Responsibility.** The owner of a camp or park shall be responsible for full compliance with these rules and regulations. [Order 140, § 248-72-130, filed 2/7/77; Regulation 72.130, effective 3/11/60.]

**WAC 248-72-999 Legal authority of the State Board of Health.** RCW 43.20.050. [Order 140, § 248-72-999, filed 2/7/77.]

## Chapter 248-73 WAC OUTDOOR MUSIC FESTIVALS

### WAC

248-73-010	Purpose.
248-73-020	Definitions.
248-73-030	Submission of plans.
248-73-040	Site.
248-73-050	Water supply.
248-73-060	Sewage disposal.
248-73-070	Toilet facilities.
248-73-080	Solid waste.
248-73-090	Insect and rodent control.
248-73-100	Food service.
248-73-110	Dust control.
248-73-120	Lighting.
248-73-130	Bathing areas.
248-73-140	General.

**WAC 248-73-010 Purpose.** The following rules and regulations are established as the minimum sanitation requirements for outdoor music festivals, in accordance with chapter 302, Laws of 1971 ex. sess. [Order 59, § 248-73-010, filed 8/16/71.]

**WAC 248-73-020 Definitions.** (1) "Outdoor Music Festival" or "Music Festival" or "Festival" means an assembly of persons gathered primarily for outdoor, live, or recorded music entertainment, where the predicted attendance is 2,000 or more and where the duration of the program is five hours or longer: *Provided*, That this definition shall not be applied to any regularly established permanent place of worship, athletic stadium,

athletic field, arena, auditorium, coliseum, or other similar permanently established places of assemblies which do not exceed by more than 250 people the maximum seating capacity of the structure where the assembly is held: *Provided, further*, That this definition shall not apply to government sponsored fairs held on regularly established fairgrounds nor to assemblies required to be licensed under other laws or regulations of the state.

(2) "Local Health Officer" means the legally qualified physician who has been appointed as the health officer of the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(3) "Applicant" means the promoter who has the right of control of the conduct of an outdoor music festival who applies to the appropriate legislative authority for a license to hold an outdoor music festival.

(4) "Issuing Authority" means the legislative body of the local governmental unit where the site for an outdoor music festival is located. [Order 59, § 248-73-020, filed 8/16/71.]

**WAC 248-73-030 Submission of plans.** The applicant shall submit plans for site and development to the local health officer not less than 30 days prior to the time the applicant must file his application with the issuing authority. The plan shall include the name of the festival, its physical location, dates of operation, the name, address and phone number of the applicant, a list of other individuals responsible for all phases of construction and operation, and shall include the following information:

- (1) Projected attendance at the outdoor music festival.
  - (a) Maximum day attendance.
  - (b) Maximum overnight attendance.
  - (c) Total attendance for the duration of the festival.
- (2) Site characteristics:
  - (a) The area, dimensions, legal description and ownership of the tract of land.
  - (b) Physical characteristics of the site, including but not limited to bodies of water, existing structures, topographical data, current land use of site and contiguous property.
  - (c) Location, and the width of all offsite access roads and onsite service roads.
  - (d) Location of facilities including parking, camping sites, food concessions, medical services, entertainment area, water source and distribution system, sewage disposal, solid waste collection and disposal, bathing areas, communication facilities and administrative accommodations.
- (3) Method and design of water supply and distribution system.
- (4) Method and design of sewage and waste water collection and disposal systems.
- (5) Method and design of toilet facilities, their number and location.
- (6) Method of solid waste collection and disposal, including number and location of containers.
- (7) Method of insect and rodent control.
- (8) Design of food service facilities and information including source, storage, preparation and types of foods.

(9) Design and location of all facilities providing shelter including overnight accommodations for festival patrons.

(10) Method of dust control.

(11) Plan of electrical service, including type, location and number of lighting fixtures, communications facilities and electrical outlets.

(12) Description of bathing areas and facilities.

(13) Transportation and facilities for emergency medical service.

No later than fifteen days after the submission of plans for site and development, the local health officer shall either approve or disapprove such plans. Any disapproval shall set forth in detail the specific grounds therefor. The applicant shall have an opportunity to correct the deficiencies as described by the local health officer and to resubmit plans for local health officer approval. Final approval or disapproval shall be given by the local health officer on or before the date set for submission of application to the issuing authority. The local health officer shall accompany any final disapproval with written reasons therefor. [Order 59, § 248-73-030, filed 8/16/71.]

**WAC 248-73-040 Site.** The festival site shall be well drained, located and maintained so as not to create a health or safety hazard or nuisance. [Order 59, § 248-73-040, filed 8/16/71.]

**WAC 248-73-050 Water supply.** (1) A supply of water shall be provided from a source approved by the local health officer.

(2) The water shall comply with the standards for quality as specified in WAC 248-54-430.

(3) The water supply shall be provided through a distribution system, capable of maintaining a minimum pressure of 10 pounds per square inch at all times, or by an alternative method acceptable to the local health officer.

(4) Water supply outlets shall be provided in a minimum ratio of one outlet for every 200 persons, and located within 300 feet of all portions of all day use and overnight camping areas.

(5) All components of the distribution system shall be disinfected prior to initial use in accordance with WAC 248-54-390.

(6) Common drinking container shall be prohibited. [Order 59, § 248-73-050, filed 8/16/71.]

**WAC 248-73-060 Sewage disposal.** All sewage and liquid wastes shall be disposed of in a manner approved by the local health officer and shall comply with WAC 248-50-080 through 248-50-110. [Order 59, § 248-73-060, filed 8/16/71.]

**WAC 248-73-070 Toilet facilities.** (1) There shall be provided separate toilet facilities for each sex. Such toilets shall consist of adequately designed and maintained privies, chemical toilets or other facilities for the collection and disposal of human wastes, as may be approved by the local health officer.

(2) A minimum number of three toilets for each sex shall be provided for the first five hundred patrons and one additional toilet for each sex shall be provided for each additional five hundred patrons or major fraction thereof. The total number of toilets shall be based on the projected maximum daily attendance.

(3) Toilet facilities shall be located within 300 feet of all portions of all day use and overnight camping areas. In addition, there shall be toilets immediately adjacent to food concessions, medical service and administrative areas.

(4) Toilet facilities shall be constructed in a manner to provide privacy and to facilitate cleaning and maintenance. Toilets shall be kept clean and free of insects, rodents and excessive odors.

(5) An adequate quantity of toilet paper shall be provided. [Order 59, § 248-73-070, filed 8/16/71.]

**WAC 248-73-080 Solid waste.** (1) All solid waste, including but not limited to garbage, trash, and other refuse, shall be collected, transported and disposed of in a manner approved by the local health officer and shall comply with WAC 248-50-120.

(2) An adequate number of conveniently located containers, approved by the local health officer, shall be provided in all activity areas.

(3) All solid waste shall be collected at sufficient intervals to prevent nuisances or public health hazards.

(4) All solid waste collected from food service and medical service areas shall be stored in clean watertight containers with tight fitting lids. [Order 59, § 248-73-080, filed 8/16/71.]

**WAC 248-73-090 Insect and rodent control.** Appropriate measures shall be taken to control rodents and insects. [Order 59, § 248-73-090, filed 8/16/71.]

**WAC 248-73-100 Food service.** Food service facilities shall be operated and maintained in accordance with the provisions of chapters 248-84, 248-86 and 248-87 WAC. [Order 59, § 248-73-100, filed 8/16/71.]

**WAC 248-73-110 Dust control.** Appropriate measures shall be taken to control dust. Special control measures such as watering, oiling, sawdust or application of other soil stabilizers shall be made at food concessions, and medical service facilities. [Order 59, § 248-73-110, filed 8/16/71.]

**WAC 248-73-120 Lighting.** (1) Outside lighting shall be provided for spectator and parking areas, toilet facilities, food concessions, medical service facilities and walkways.

(2) Light measured on working surfaces inside medical service facilities and food concessions shall be at least 20 foot candles. [Order 59, § 248-73-120, filed 8/16/71.]

**WAC 248-73-130 Bathing areas.** All natural bathing areas shall comply with the provisions of WAC 248-98-070. [Order 59, § 248-73-130, filed 8/16/71.]

**WAC 248-73-140 General.** (1) The applicant or his designated agent shall familiarize himself with these regulations and shall maintain the festival site and facilities in a clean and sanitary condition. The applicant or his designated agent shall be on the site at all times and shall be responsible for the operation of the festival and compliance with these rules and regulations.

(2) When, in the opinion of the local health officer, a hazard to health exists, or is developing, before, during or after the festival, that is not contemplated in these regulations, he may direct the applicant or his designated agent to take appropriate action to remedy the situation.

(3) The local health officer, in his discretion and with the concurrence of the Assistant Secretary, Washington State Division of Health Services, Department of Social and Health Services, may waive, modify, or approve reasonable alternatives to any of the requirements of these regulations. [Order 59, § 248-73-140, filed 8/16/71.]

Chapter 248-76 WAC

MOBILE HOMES AND MOBILE HOME PARKS

WAC

248-76-201	Definitions.
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248-76-230	Inspection of mobile home parks.
248-76-240	Location and layout of mobile home parks.
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248-76-320	Lighting.
248-76-330	Electricity and fire protection.
248-76-340	Park management.
248-76-350	Substantial compliance—Regulations.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-76-001	Definitions. [§ .76.001, filed 6/22/67; Regulation .76.001, effective 3/11/60; subsection (3) amended by Rules (part), filed 1/25/62.] Repealed by Order 86, filed 6/12/73.
248-76-010	Requirements for parking mobile homes outside of mobile home parks. [§ .76.010, filed 6/22/67; Regulation .76.010, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.
248-76-020	Permits for mobile home parks. [§ .76.020, filed 6/22/67; Regulation .76.020, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.
248-76-030	Inspection of mobile home parks. [§ .76.030, filed 6/22/67.] Repealed by Order 86, filed 6/12/73.
248-76-040	Location, space and general layout. [§ .76.040, filed 6/22/67; Regulation .76.030, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.
248-76-050	Service buildings. [§ 1, filed 10/3/67; § .76.050, filed 6/22/67; Regulation .76.050, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.
248-76-060	Water supply. [Order 58, § 248-76-060, filed 6/8/71; § 2, filed 10/3/67; § .76.060, filed 6/22/67; § .76.060, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

- 248-76-070 Plumbing. [§ .76.070, filed 6/22/67.] Repealed by Order 86, filed 6/12/73.
- 248-76-080 Sewage disposal. [§ .76.080, filed 6/22/67; Regulation .76.070, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.
- 248-76-090 Refuse disposal. [§ .76.090, filed 6/22/67; Regulation .76.080, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.
- 248-76-100 Insect and rodent control. [§ .76.100, filed 6/22/67; Regulation .76.090, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.
- 248-76-110 Electricity and fire protection. [§ .76.110, filed 6/22/67; Regulation .76.110, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.
- 248-76-120 Park management. [§ .76.120, filed 6/22/67; Regulations .76.040, .76.120, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

**WAC 248-76-201 Definitions.** The following definitions shall apply in the interpretation and enforcement of this chapter.

(1) Mobile home park. A plot of ground under the ownership or management of one or more persons which is utilized as the location for two or more mobile homes for dwelling or sleeping purposes.

(2) Mobile home lot. A portion of a mobile home park designated as the location of one mobile home and its accessory buildings and intended for the exclusive use of the occupants of that mobile home.

(3) Mobile home stand. The area of a mobile home lot which is reserved for the placement of a mobile home.

(4) Mobile home. A factory assembled structure or structures constructed so as to be readily movable as a dwelling unit on its own running gear and designed to be used as a dwelling unit without a permanent foundation.

(5) Independent mobile home. A mobile home having toilet, lavatory and bathing facilities.

(6) Dependent mobile home. A mobile home lacking toilet, lavatory, and/or bathing facilities.

(7) Occupied area. The portion of a mobile home lot which is covered by a mobile home and accessory buildings.

(8) Park street. A street or road within a mobile home park which connects individual mobile home lots with a public road, street, or highway.

(9) Mobile home accessory building. Any awning, cabana, ramada, storage structure, carport, fence, wind-break, or porch located on a mobile home lot.

(10) Health officer. The city, county, city-county, or district health officer of the jurisdictional area in which the mobile home park is, or will be located, or his authorized representative.

(11) Person. Any person, firm, corporation, partnership, or association, and any agency of state, county or municipal government, and any agency of the federal government which is subject to the jurisdiction of the state.

(12) Community facility. Any building located within a mobile home park which provides toilet, lavatory, bathing, and/or laundry facilities to residents of the mobile home park.

(13) Recreation facilities. Any building located within a mobile home park which is operated for the purpose of providing recreational activities to residents of the mobile home park.

(14) Sewer connection. All pipes, fittings and appurtenances from the drain outlet of the mobile home to the inlet of the corresponding sewer riser pipe of the sewerage system serving the mobile home park.

(15) Sewer riser pipe. That portion of the sewage collection line which extends vertically and terminates above ground elevation to permit hook-up with the mobile home sewer connection.

(16) Water connection. All pipes, fittings, and appurtenances from the water riser pipe to the water inlet pipe of the mobile home distribution system.

(17) Water riser pipe. That portion of the water supply system serving the mobile home park which extends vertically above ground elevation and terminates at a designated point at each mobile home lot. [Order 86, § 248-76-201, filed 6/12/73.]

**WAC 247-76-210 Individual mobile homes.** No mobile home shall be occupied outside of an approved mobile home park unless the mobile home has an adequate means of sewage disposal which has been approved by the health officer of the jurisdictional area in which the mobile home is or will be located. [Order 86, § 248-76-210, filed 6/12/73.]

**WAC 248-76-220 Plans and specifications, and permits, for mobile home parks.** (1) No person shall construct, establish, or operate, a new mobile home park, or make additions, extensions, or modifications to an existing mobile home park unless plans and specifications fully describing said new mobile home park or said additions, extensions, or modifications to an existing mobile home park shall have first been submitted to and approved by the health officer. Health officer approval shall be based upon the standards contained or incorporated in these regulations.

(a) New mobile home parks shall be constructed and established in accordance with the plans and specifications approved by the health officer. Any proposed deviations from said approved plans and specifications must first be approved in writing by the health officer.

(b) Additions, extensions, or modifications to an existing mobile home park shall be made in accordance with the plans and specifications approved by the health officer. Any deviations from the approved plans and specifications must first be approved in writing by the health officer.

(2) No person shall operate a mobile home park unless a current and valid permit for said mobile home park has been issued by the health officer.

(a) The health officer shall not issue a permit for a mobile home park unless complete plans and specifications fully describing said mobile home park and any additions, extensions, or modifications thereto, have been submitted to and approved by the health officer.

(b) A mobile home park in operation on the effective date of these regulations for which a valid permit has not previously been issued shall, within six months after the effective date of these regulations, submit a permanent application to the health officer, which application shall contain complete as-built plans and specifications fully describing the existing mobile home park. If the

health officer refuses to issue a permit for such an existing system because of material noncompliance with the provisions of this chapter, said existing system shall have six months within which to remedy the noncompliance. At the conclusion of the six month period, the health officer may order that the mobile home park cease operation pending compliance with the provisions of this chapter.

(3) The content of plans and specifications submitted pursuant to this section shall include, but not be limited to, the following types of information:

- (a) The area and dimensions of the tract of land;
- (b) The number, location, and size of all mobile home lots, both dependent and independent;
- (c) The number, location, and size of all automobile parking lots;
- (d) The location and width of park streets and walkways;
- (e) The method and plan of water supply;
- (f) The method and plan of sewage disposal;
- (g) The method and plan of garbage disposal;
- (h) The plan of electrical service, including outside lighting;
- (i) The plans and specifications of all buildings and other improvements constructed or to be constructed within the mobile home park;
- (j) The size and location of the play area, if provided; and,
- (k) Evidence of compliance with local building and/or zoning requirements.

(4) The health officer shall suspend or revoke the permit of a mobile home park whenever in the opinion of the health officer the continued operation of the mobile home park would create a hazard to the health of the occupants of the park or to the people of the state of Washington. [Order 86, § 248-76-220, filed 6/12/73.]

**WAC 248-76-230 Inspection of mobile home parks.** The health officer is authorized and directed to make such inspections, examinations, or investigations of mobile home parks as are necessary to determine satisfactory compliance with the provisions of this chapter. For purposes of such inspection, the health officer shall have free access at all reasonable times to all mobile home parks, buildings, grounds, or premises. [Order 86, § 248-76-230, filed 6/12/73.]

**WAC 248-76-240 Location and layout of mobile home parks.** (1) A mobile home park shall not be established in a location which presents an actual or potential hazard to the health and safety of the occupant.

(2) Mobile homes shall be so placed on mobile home lots as to provide:

(a) A minimum of ten feet between adjacent mobile homes and between any mobile home and any adjacent building, with the exception of mobile home accessory buildings, within the mobile home park, and

(b) A minimum of at least three feet between any accessory building on a mobile home lot and any mobile home or accessory building on an adjacent mobile home lot.

(c) A distance of eight feet between mobile homes and/or buildings, with the exception of mobile home accessory buildings, shall be allowed in mobile home parks constructed, established or operated under permit prior to the effective date of this chapter.

(3) No mobile home shall be placed on a mobile home lot so as to obstruct in any way access to a park street or walkway.

(4) A mobile home park shall contain a park street which connects each mobile home lot within the mobile home park to a public road, street, or highway. Park streets shall be surfaced with crushed rock, blacktop, concrete or other suitable material approved by the health officer. A park street shall have a minimum width of thirty feet, and shall be well marked in the daytime and adequately lighted at night. Mobile home parks constructed pursuant to a permit issued by the health officer prior to the adoption of this chapter may be allowed to maintain park streets in the condition as previously approved if such streets do not present a hazard to the health or safety of persons using them.

(5) A mobile home park shall contain walkways to and from all community service and recreational facilities. Such walkways shall be adequately surfaced and lighted.

(6) Setbacks shall be determined by applicable local zoning requirements. Where local zoning requirements do not exist, each mobile home shall be located at least twenty-five feet from any mobile home park property boundary line abutting upon a public street or highway.

(7) The occupied area of a mobile home lot may not exceed seventy-five percent of the total mobile home lot area. [Order 86, § 248-76-240, filed 6/12/73.]

**WAC 248-76-250 Toilet, lavatory, and bathing facilities.** (1) Toilet, lavatory, and bathing facilities, separate for each sex, shall be provided in all mobile home parks containing one or more dependent mobile homes.

(a) Mobile home parks containing between one and ten dependent mobile homes shall have a minimum of one toilet, one shower, and one lavatory for each sex.

(b) Mobile home parks containing between ten and twenty-five dependent mobile homes shall have a minimum of two toilets, two showers, and two lavatories, for each sex.

(c) Mobile home parks containing more than twenty-five dependent mobile homes shall have toilet, lavatory, and bathing facilities in the ratio of at least one additional toilet, shower, and lavatory for each sex for every fifteen additional dependent mobile home units.

(2) Mobile home parks containing dependent mobile homes shall locate all dependent mobile homes within two hundred feet of toilet, lavatory, and bathing facilities.

(3) Toilet rooms shall be provided with toilet paper.

(4) Handwashing facilities shall be provided with soap and single service towels, or other approved drying methods and equipment.

(5) All exterior openings from toilet rooms shall be covered with screen during fly season. Toilet rooms shall be provided with self-closing doors.

(6) Toilet rooms and shower rooms shall be well-lighted at all times. There shall be at least one operable window within each such room, or other mechanical device to provide adequate ventilation.

(7) Floors of toilet rooms and shower rooms shall be of water-impervious material and shall be sloped to floor drains connected to the sewer system. Such facilities shall be maintained in a clean and sanitary condition. [Order 86, § 248-76-250, filed 6/12/73.]

**WAC 248-76-260 Construction and maintenance of community and recreational facilities.** (1) The interiors of community and recreational facilities shall be of moisture-resistant material, which will withstand frequent washing and cleaning.

(2) The floors of community and recreational facilities shall be easily cleanable. Such facilities shall be maintained in a clean condition at all times.

(3) A community and/or recreational facility shall contain heating equipment which is in a safe and workable condition and which is capable of maintaining a comfortable air temperature within the facility. [Order 86, § 248-76-260, filed 6/12/73.]

**WAC 248-76-270 Water supply.** (1) The water supply systems for mobile home parks shall be constructed, maintained, and operated in accordance with and in full compliance with the provisions of chapter 248-54 WAC. Where a municipal supply of water of satisfactory quantity and quality is reasonably available, the health officer may require connection to, and exclusive use of that supply.

(2) Each mobile home stand within a mobile home park shall be provided with a water riser or risers located and arranged to permit attachment to a mobile home utilizing the stand.

(a) Water riser pipes shall extend at least four inches above ground elevation and shall be at least 3/4 inch in diameter with a 3/4 inch gate valve. The water outlet shall be capped when a mobile home does not occupy the lot.

(b) Adequate provisions shall be made to prevent freezing of service lines, valves and riser pipes and to protect risers from the heaving and thawing actions of ground during freezing weather. Surface drainage shall be diverted from the location of the riser pipe.

(c) A shutoff valve, in areas where frost conditions occur and are prevalent, shall be provided on the water riser pipe on each mobile home lot and shall be located below the frost line.

(d) Stop and waste valves shall be located so as to preclude sewage or other contaminants from entering the stop and waste valve. [Order 86, § 248-76-270, filed 6/12/73.]

**WAC 248-76-280 Plumbing.** Plumbing shall conform with the current edition of the Uniform Plumbing Code, however, local code requirements shall prevail, when these requirements are in excess of or more stringent than the Uniform Plumbing Code. [Order 86, § 248-76-280, filed 6/12/73.]

**WAC 248-76-290 Sewage disposal.** (1) All sewage and waste water from mobile homes and service buildings shall be drained to a sewage collection system and discharged to a public sewage treatment plant. All sewer collection lines and side sewers shall be designed and installed in accordance with the recommended standards for Sewage Works, 1971 Revised Edition. Where no public sewage system is available, a private disposal system shall be located and maintained where it will not create a nuisance or health hazard to the park occupants or to the owner or occupants of any adjacent property. All private disposal systems shall comply with applicable state and local codes, regulations and ordinances.

(2) All sewer lines shall be located in trenches of sufficient depth to be free of breakage from traffic or other vehicular movement and shall be separated from the park water supply system at a safe distance, as approved by the health officer. Sewers shall be at a grade which will insure a velocity of two feet per second when flowing full. All sewer lines shall be constructed of materials approved by the health officer, shall be adequately vented, and shall have watertight joints, and appropriate cleanouts.

(3) Each mobile home lot shall be provided with a sewer riser pipe which is at least four inches in diameter. The sewer riser pipe shall be so located on each mobile home lot that the connection to the mobile home drain outlet will approximate a vertical position.

(4) The sewer connection (see definition) shall have a minimum diameter of at least three inches, and the slope of any portion thereof shall be at least one-fourth inch per foot. The sewer connection shall consist of one pipe line only without any branch fittings. All joints shall be watertight.

(5) The sewer riser pipe shall be plugged when a mobile home does not occupy the lot. Surface drainage shall be diverted away from the riser. The rim of the riser pipe shall extend above ground elevation. [Order 86, § 248-76-290, filed 6/12/73.]

**WAC 248-76-300 Refuse disposal.** (1) The storage, collection and disposal of refuse in the mobile home park shall be conducted so as to prevent health hazards, rodent harborage, insect breeding areas, accidents, fire hazards or air pollution.

(2) All refuse shall be stored in watertight, insect-proof, rodent-proof containers. Refuse containers shall be located not more than 150 feet from any mobile home lot. Refuse containers shall be provided in sufficient number and capacity to properly store all refuse.

(3) Where suitable collection service is not available from municipal or private agencies, the person responsible for operation of the mobile home park shall provide this service.

(4) All refuse shall be collected and transported in covered vehicles or covered containers to an approved disposal site or disposed of by other methods approved by the health officer. [Order 86, § 248-76-300, filed 6/12/73.]

**WAC 248-76-310 Insect and rodent control.** All mobile home parks shall be kept free of rodents or arthropods of public health significance. [Order 86, § 248-76-310, filed 6/12/73.]

**WAC 248-76-320 Lighting.** Park streets and walkways designed for the general use of mobile home parks residents shall be lighted during the hours of darkness. [Order 86, § 248-76-320, filed 6/12/73.]

**WAC 248-76-330 Electricity and fire protection.** (1) Mobile home parks shall comply with local and state electrical and fire prevention and fire protection regulations.

(2) Natural gas or liquified petroleum gas piping systems shall be installed and maintained in accordance with American Standards Association 2-2130 or local applicable codes or the current standards as adopted by the state fire marshal, who shall be responsible for the enforcement of those standards. [Order 86, § 248-76-330, filed 6/12/73.]

**WAC 248-76-340 Park management.** (1) The person to whom a permit for a mobile home park is issued shall operate the park in compliance with the rules and regulations issued hereunder, and shall provide adequate supervision to maintain the park, its facilities and equipment in good repair and in a clean and sanitary condition.

(2) The operator shall notify park occupants of all applicable provisions of these rules and regulations and inform the occupants of their duties and responsibilities.

(3) The operator shall supervise the placement and removal of each mobile home on its lot, and shall in particular supervise and be responsible for the connection of the mobile homes to sewer and water connections.

(4) The operator shall not allow the owner or person in charge of a dog, cat or other pet animal to permit it to run at large or to commit any nuisance within the limits of any mobile home park.

(5) Any excessive, persistent and unnecessary noise shall be prohibited. [Order 86, § 248-76-340, filed 6/12/73.]

**WAC 248-76-350 Substantial compliance—Regulations.** No mobile home shall be occupied unless there has been substantial compliance with these regulations. [Order 86, § 248-76-350, filed 6/12/73.]

## Chapter 248-84 WAC FOOD SERVICE SANITATION

### WAC

248-84-001	Definitions.
248-84-010	Food.
248-84-020	Personnel.
248-84-030	Food equipment and utensils.
248-84-040	Sanitary facilities and controls.
248-84-050	Other facilities and operations.
248-84-060	Temporary food service establishment.
248-84-070	Enforcement provisions.

### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-84-990 Repeal, effective date, and separability clause. [Rule 84.070 (part), filed 6/4/63.] Restored to WAC 248-84-070(7) and (8) as originally filed.

**WAC 248-84-001 Definitions.** The following definitions shall apply in the interpretation and the enforcement of these rules and regulations: (1) Adulterated shall mean the condition of a food (a) if it bears or contains any poisonous or deleterious substance in a quantity which may render it injurious to health; (b) if it bears or contains any added poisonous or deleterious substance for which no safe tolerance has been established by regulation, or in excess of such tolerance if one has been established; (c) if it consists in whole or in part of any filthy, putrid, or decomposed substance, or if it is otherwise unfit for human consumption; (d) if it has been processed, prepared, packed, or held under insanitary conditions, whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health; (e) if it is in whole or in part the product of a diseased animal, or an animal which has died otherwise than by slaughter; or (f) if its container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health.

(2) Approved shall mean acceptable to the health officer based on his determination as to conformance with appropriate standards and good public health practice.

(3) Closed shall mean fitted together snugly leaving no openings large enough to permit the entrance of vermin.

(4) Corrosion-Resistant Material shall mean a material which maintains its original surface characteristics under prolonged influence of the food, cleaning compounds and sanitizing solutions which may contact it.

(5) Easily Cleanable shall mean readily accessible and of such material and finish, and so fabricated that residue may be completely removed by normal cleaning methods.

(6) Employee shall mean any person working in any of the establishments defined in subsection (11) of this section who transports food or food containers, who engages in food preparation or service, or who comes in contact with any food utensils or equipment or who at any time is employed in a room in which food or drink is prepared or served.

(7) Equipment shall mean all stoves, ranges, hoods, meatblocks, tables, counters, refrigerators, sinks, dishwashing machines, steam tables, and similar items, other than utensils, used in the operation of a food service establishment.

(8) Food shall mean any raw, cooked, or processed edible substance, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption.

(9) Food Contact Surfaces shall mean those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces with which food may come in contact and drain back onto surfaces normally in contact with food.

(10) Food Service Establishment shall mean any fixed or mobile restaurant; coffeeshop; cafeteria; short-order cafe; luncheonette; grill; tearoom; sandwich shop; soda fountain; tavern; bar; cocktail lounge; night club; roadside stand; industrial-feeding establishment; retail grocery; retail food market; retail meat market; retail bakery; private, public, or nonprofit organization routinely serving food; catering kitchen; commissary or similar place in which food or drink is prepared for sale or for service on the premises or elsewhere; and any other eating or drinking establishment or operation where food is served or provided for the public with or without charge.

(11) Health Officer. The term "health officer" shall mean the city, county, city-county, or district health officer, as defined in RCW 70.04.020, 70.04.030, 70.06.020 and 70.08.040, or his authorized representative.

(12) Kitchenware shall mean all multiuse utensils other than tableware used in the storage, preparation, conveying, or serving of food.

(13) Misbranded shall mean the presence of any written, printed, or graphic matter, upon or accompanying food or containers of food, which is false or misleading, or which violates any applicable state or local labeling requirements.

(14) Perishable food shall mean any food of such type or in such condition as may spoil.

(15) Person. The word "person" shall mean a person, firm, corporation, partnership, association, or agency of state, county or municipal government, or agency of the federal government which is subject to the jurisdiction of the state.

(16) Potentially Hazardous Food shall mean any perishable food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

(17) Safe Temperatures, as applied to potentially hazardous food, shall mean temperatures of 45°F. or below, and 140°F. or above.

(18) Sanitize shall mean effective bactericidal treatment of clean surfaces of equipment and utensils by a process which has been approved by the health officer as being effective in destroying microorganisms, including pathogens.

(19) Sealed shall mean free of cracks or other openings which permit the entry or passage of moisture.

(20) Single Service Articles shall mean cups, containers, lids, or closures; plates, knives, forks, spoons, stirrers, paddles; straws, place mats, napkins, doilies, wrapping material; and all similar articles which are constructed wholly or in part from paper, paperboard, molded pulp, foil, wood, plastic, synthetic, or other readily destructible materials, and which are intended by the manufacturers and generally recognized by the public as for one usage only, then to be discarded.

(21) Tableware shall mean all multiuse eating and drinking utensils, including flatware (knives, forks, and spoons).

(22) Temporary Food Service Establishment shall mean any food service establishment which operates at a

fixed location for a temporary period of time, not to exceed 2 weeks, in connection with a fair, carnival, circus, public exhibition, or similar transitory gathering.

(23) Utensil shall mean any tableware and kitchenware used in the storage, preparation, conveying, or serving of food.

(24) Wholesome shall mean in sound condition, clean, free from adulteration, and otherwise suitable for use as human food. [Regulation .84.001, filed 6/4/63; Regulation .84.001, effective 3/11/60.]

**WAC 248-84-010 Food.** (1) Food Supplies: All food in service establishments shall be from sources approved or considered satisfactory by the health officer and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, nonacid and low acid food which has been processed in a place other than a commercial food processing establishment shall be used.

(2) Food Protection: All food while being stored, prepared, displayed, served, or sold at food service establishments, or during transportation between such establishments, shall be protected from contamination. All perishable food shall be stored at such temperatures as will protect against spoilage. All potentially hazardous food shall be maintained at safe temperatures (45°F. or below, or 140°F. or above) except during necessary periods of preparation and service. Raw fruits and vegetables shall be washed before use. Stuffing, poultry, stuffed meats and poultry, and pork and pork products shall be thoroughly cooked before being served. Individual portions of food once served to the customer shall not be served again: *Provided*, That wrapped food which has not been unwrapped and which is wholesome may be reserved.

Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitization purposes may be used or stored in food service establishments: *Provided*, That retail grocery stores may be exempted from this requirement when such products are handled in a manner acceptable to the health officer. Poisonous and toxic materials shall be identified, and shall be used and stored only in such manner and under such conditions as will not contaminate food or constitute a hazard to employees or customers. [Regulation .84.010, filed 6/4/63; Regulation .84.010, effective 3/11/60.]

**WAC 248-84-020 Personnel.** (1) Health and Disease Control: No person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or an acute respiratory infection, shall work in any area of a food service establishment in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being affected with any such disease or condition shall be employed in such an area or capacity. If the manager or person in charge of

the establishment has reason to suspect that any employee has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the health officer immediately.

The provisions of the State Board of Health for Food and Beverage Service Workers Permits (WAC 248-86-001 - WAC 248-86-999) and the Rules and Regulations of the State Board of Health Governing Food Workers (WAC 248-87-001 - WAC 248-87-020) and chapter 197 Laws of 1957 (chapter 69.06 RCW) shall be complied with.

(2) Cleanliness: All employees shall wear clean outer garments, maintain a high degree of personal cleanliness, and conform to hygienic practices while on duty. They shall wash their hands thoroughly in an approved hand-washing facility before starting work, and as often as may be necessary to remove soil and contamination. No employee shall resume work after visiting the toilet room without first washing his hands. [Regulation .84.020, filed 6/4/63; Regulation .84.020, effective 3/11/60.]

**WAC 248-84-030 Food equipment and utensils.** (1) Sanitary Design, Construction and Installation of Equipment and Utensils: All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable, and shall be in good repair; and the food-contact surfaces of such equipment and utensils shall, in addition, be easily accessible for cleaning, nontoxic, corrosion resistant and relatively nonabsorbent: *Provided*, That, when approved by the health officer, exceptions may be made to the above materials requirements for equipment such as cutting boards, blocks, and bakers' tables.

All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

Equipment in use at the time of adoption of these rules and regulations which do not meet fully the above requirements, may be continued in use if it is in good repair, capable of being maintained in a sanitary condition and the food-contact surfaces are nontoxic.

Single service articles shall be made from nontoxic materials.

(2) Cleanliness of Equipment and Utensils: All eating and drinking utensils shall be thoroughly cleaned and sanitized after each usage.

All kitchenware and food-contact surfaces of equipment, exclusive of cooking surfaces of equipment, used in the preparation or serving of food or drink, and all food-storage utensils, shall be thoroughly cleaned after each use. Cooking surfaces of equipment shall be cleaned at least once a day. All utensils and food-contact surfaces of equipment used in the preparation, service, display, or storage of potentially hazardous food shall be thoroughly cleaned and sanitized prior to such use. Nonfood-contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.

After cleaning and until use, all food-contact surfaces of equipment and utensils shall be so stored and handled as to be protected from contamination.

All single-service articles shall be stored, handled, and dispensed in a sanitary manner, and shall be used only once. Food service establishments which do not have adequate and effective facilities for cleaning and sanitizing utensils shall use single-service articles. [Regulation .84.030, filed 6/4/63; Regulation .84.030 effective 3/11/60.]

**WAC 248-84-040 Sanitary facilities and controls.**

(1) Water Supply: The water supply shall be adequate, of a safe, sanitary quality and from an approved source. Hot and cold running water under pressure shall be provided in all areas where food is prepared, or equipment, utensils, or containers are washed.

Water, if not piped into the establishment, shall be transported and stored in approved containers and shall be handled and dispensed in a sanitary manner.

Ice used for any purpose shall be made from water which comes from an approved source, and shall be used only if it has been manufactured, stored, transported, and handled in a sanitary manner.

(2) Sewage Disposal: All sewage shall be disposed of in a public sewerage system or, in the absence thereof, in a manner approved by the health officer.

(3) Plumbing: Plumbing shall be so sized, installed, and maintained as to carry adequate quantities of water to required locations throughout the establishment; as to prevent contamination of the water supply; as to properly convey sewage and liquid wastes from the establishment to the sewerage or sewage disposal system; and so that it does not constitute a source of contamination of food, equipment, or utensils, or create an insanitary condition or nuisance.

(4) Toilet Facilities: Each food service establishment shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be of sanitary design and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered. Where the use of nonwater-carried sewage disposal facilities have been approved by the health officer, such facilities shall be separate from the establishment. When toilet facilities are provided for patrons, such facilities shall meet the requirements of this subsection. This requirement may be modified for mobile restaurants when no imminent health hazard is apparent.

(5) Handwashing Facilities: Each food service establishment shall be provided with adequate, conveniently located handwashing facilities for its employees, including a lavatory or lavatories equipped with hot and cold or tempered running water, hand-cleansing soap or detergent, and approved sanitary towels or other approved hand drying devices. Such facilities shall be kept clean and in good repair.

(6) Garbage and Rubbish Disposal: All garbage and rubbish containing food wastes shall, prior to disposal, be kept in leakproof, nonabsorbent containers which shall be kept covered with tight-fitting lids when filled

or stored, or not in continuous use: *Provided*, That such containers need not be covered when stored in a special vermin-proofed room or enclosure, or in a food-waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room, or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food-waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(7) Vermin Control: Effective measures shall be taken to protect against the entrance into the establishment and the breeding or presence on the premises of vermin. [Regulation .84.040, filed 6/4/63; Regulation .84.040, effective 3/11/60.]

**WAC 248-84-050 Other facilities and operations.**

(1) Floors, Walls, and Ceilings: The floor surfaces in kitchens, in all other rooms and areas in which food is stored or prepared and in which utensils are washed, and in walk-in refrigerators, dressing or locker rooms and toilet rooms, shall be of smooth, nonabsorbent materials, and so constructed as to be easily cleanable: *Provided*, That the floors of nonrefrigerated, dry-food storage areas need not be nonabsorbent. All floors shall be kept clean and in good repair. Floor drains shall be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid waste on the floor. All exterior areas where food is served shall be kept clean and properly drained, and surfaces in such areas shall be finished so as to facilitate maintenance and minimize dust.

The walls and ceilings of all rooms shall be kept clean and in good repair. All walls of rooms or areas in which food is prepared, or utensils or hands are washed, shall be easily cleanable, smooth and light-colored, and shall have washable surfaces up to the highest level reached by splash or spray.

(2) Lighting: All areas in which food is prepared or stored or utensils are washed, handwashing areas, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well lighted. During all cleanup activities, adequate light shall be provided in the area being cleaned, and upon or around equipment being cleaned.

(3) Ventilation: All rooms in which food is prepared or served or utensils are washed, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well ventilated. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping into food or onto food preparation surfaces. Filters, where used, shall be readily removable for cleaning or replacement. Ventilation systems shall comply with applicable state and local fire prevention requirements and shall, when vented to the outside air, discharge in such manner as not to create a nuisance.

(4) Dressing Rooms and Lockers: Adequate facilities shall be provided for the orderly storage of employees' clothing and personal belongings. Where employees routinely change clothes within the establishment, one or more dressing rooms or designated areas shall be provided for this purpose. Such designated areas shall be located outside of the food preparation, storage, and serving areas, and the utensil washing and storage areas: *Provided*, That, when approved by the health officer, such an area may be located in a storage room where only completely packaged food is stored. Designated areas shall be equipped with adequate lockers, and lockers or other suitable facilities shall be provided in dressing rooms. Dressing rooms and lockers shall be kept clean.

(5) Housekeeping: All parts of the establishment and its premises shall be kept clean, neat, and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food-contact surfaces. None of the operations connected with a food service establishment shall be conducted in any room used as living or sleeping quarters. Soiled linens, coats, and aprons shall be kept in suitable containers until removed for laundering. No live birds or animals shall be allowed in any area used for the conduct of food service establishment operations: *Provided*, That guide dogs accompanying blind persons may be permitted in dining areas. [Regulation .84.050, filed 6/4/63; Regulation .84.050, effective 3/11/60.]

**WAC 248-84-060 Temporary food service establishment.** A temporary food service establishment shall comply with all provisions of these rules and regulations which are applicable to its operation: *Provided*, That the health officer may augment such requirements when needed to assure the service of safe food, may prohibit the sale of certain potentially hazardous food and may modify specific requirements for physical facilities when in his opinion no imminent health hazard will result. [Regulation .84.060, filed 6/4/63; Rules (part), effective 3/11/60.]

**WAC 248-84-070 Enforcement provisions.** (1) Access to Establishments: The health officer, after proper identification, shall be permitted to enter, at any reasonable time, any food service establishment within his jurisdiction, for the purpose of making inspections to determine compliance with these rules and regulations. He shall be permitted to examine the records of the establishment to obtain pertinent information pertaining to food and supplies purchased, received, or used, and persons employed.

Whenever the health officer makes an inspection of a food service establishment and discovers that any of the requirements of WAC 248-84-010 through 248-84-060 have been violated, he shall notify the person in charge of the food service establishment of such violations by means of an inspection report form or other written notice. In such notification he shall;

(a) set forth the specific violations found and establish a specific and reasonable period of time for correction.

(b) state that an opportunity for appeal from any notice or inspection findings will be provided if a written

request for a hearing is filed with the health officer within the period of time established in the notice for correction.

(2) **Examination and Condemnation of Food:** Food may be examined or sampled by the health officer as often as may be necessary to determine freedom from adulteration or misbranding. The health officer may, upon written notice to the owner or person in charge, place a hold order on any food which he determines or has probable cause to believe to be unwholesome or otherwise adulterated, or misbranded. Under a hold order, food shall be permitted to be suitably stored. It shall be unlawful for any person to remove or alter a hold order, notice or tag placed on food by the health officer, and neither such food nor the containers thereof shall be re-labeled, repacked, reprocessed, altered, disposed of, destroyed or released without permission of the health officer, except on order by a court of competent jurisdiction.

(3) **Food Service Establishments Outside Jurisdiction of the Health Officer:** Food from food service establishments outside the jurisdiction of the health officer may be sold if such food service establishments conform to the provisions of these rules and regulations or to substantially equivalent provisions. To determine the extent of compliance with such provisions, the health officer may accept reports from responsible authorities in other jurisdictions where such food service establishments are located.

(4) **Plan Review of Future Construction:** When a food service establishment is hereafter constructed or extensively remodeled, or when an existing structure is converted for use as a food service establishment, properly prepared plans and specifications for such construction, remodeling, or alteration, showing layout, arrangement, and construction materials of work areas, and the location, size, and type of fixed equipment and facilities, shall be submitted to the health officer for approval before such work is begun.

(5) **Procedure When Infection Is Suspected:** When the health officer has reasonable cause to suspect possibility of disease transmission from any food service establishment employee he may, after conducting an appropriate investigation, require any or all of the following measures: (a) The immediate exclusion of the employee from all food service establishments; (b) the immediate closure of the food service establishment concerned until, in the opinion of the health officer, no further danger of disease outbreak exists; (c) restriction of the employee's service to some area of the establishment where there would be no danger of transmitting disease; and (d) adequate medical and laboratory examinations of the employee, of other employees, and of his and their body discharges.

(6) **Enforcement Interpretation:** These rules and regulations shall be enforced by the health officer in accordance with the interpretations thereof contained in the compliance provisions of the 1962 Edition of the United States Public Health Service Food Service Sanitation Ordinance and Code, where applicable.

(7) **Repeal and Date of Effect:** These rules and regulations shall be in full force and effect upon their adoption; and, at that time, all rules and regulations and parts of rules and regulations conflicting with these rules and regulations are hereby repealed.

(8) **Separability Clause:** Should any section, paragraph, sentence, clause, or phrase of these rules and regulations be declared unconstitutional or invalid for any reason, the remainder of said rules and regulations shall not be affected thereby. [Regulation .84.070 (part), filed 6/4/63; Rules (part), effective 3/11/60.]

## Chapter 248-86 WAC

### FOOD AND BEVERAGE SERVICE WORKERS PERMITS

#### WAC

248-86-001	Definitions.
248-86-010	Form of permits—Fees.
248-86-020	Requirements for permits.
248-86-030	X-ray and serology.
248-86-040	Examination may be required.
248-86-050	Revocation of permit.
248-86-060	Right of appeal.
248-86-999	Legal authority of the state board of health.

**WAC 248-86-001 Definitions.** Definitions as used in this chapter of the rules and regulations and in chapter 197, Laws of 1957, (chapter 69.06 RCW) —

(1) "Act" or "this act" means chapter 197, Laws of 1957, (chapter 69.06 RCW).

(2) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(3) "Director" means the state director of health.

(4) "Department" means the state department of health.

(5) "Jurisdictional health department" refers to one of the following:

(a) Local health district as defined in chapter 70.46 RCW.

(b) City-county health department as defined in chapter 70.08 RCW.

(c) City health department as defined in chapter 70.04 RCW.

(d) County health department as defined in chapter 70.06 RCW.

(6) All other words and designations shall have the meaning as set forth in WAC 248-100-001. [Regulation .86.001, effective 3/11/60.]

**WAC 248-86-010 Form of permits—Fees.** (1) All permits required by this act shall be issued by the jurisdictional health department and signed by the local health officer or his authorized representative.

(2) All applicants for a permit or renewal of a permit shall pay to the jurisdictional health department a fee in the amount of \$2.00. Such fee shall be used by the jurisdictional health department to defray the expenses arising out of the administration of this act.

(3) The permit shall conform to the following specifications: The permit shall be 6" x 5" in size and shall consist of two sections titled as follows: 1) Food and

beverage service worker's permit, and 2) Food and beverage service worker's health record. The permit is given to the worker and the health record is kept on file in the health department.

The permit shall contain the following information: 1) Number of the permit; 2) Signature of the worker; 3) occupation; 4) Home address; 5) the statement, "THIS CERTIFIES THAT ----- has satisfied the requirements of chapter 197, Laws of 1957, and the state board of health for issuance of permit"; 6) Manual chapters covered in test shall be noted; 7) Permit expiration date; and 8) Signature of health officer.

On the reverse side of the permit there shall be noted the following:

"Please note: This card is valid only to the employee whose signature appears on the reverse side. It must be filed at place of employment and shown upon request to sanitarian, health officer, or deputy."

**"INSTRUCTIONS GOVERNING PERSONAL HYGIENE AND SANITATION"**

1. Do not work if you are ill with a "catching" sickness, such as sore throat, common cold, diarrhea, or other contagious disease.

2. Notify the health department if you, or any person in your home or your place of business has a contagious disease or a disease suspected of being contagious.

3. Keep your hands and fingernails clean. Wash your hands frequently, particularly every time after going to the toilet, blowing the nose, or handling soiled objects.

4. Use disposal tissue for blowing the nose or spitting. Spitting can be a dangerous habit.

5. Do not pick pimples, boils, or your nose. This is a dangerous source of infection. If you have sores of this kind, keep them covered with a dressing.

6. Handle foods with your fingers as little as possible. Use utensils whenever you can, as in picking up butter, etc.

7. Avoid handling rims of glasses, cups, soup bowls, and eating surfaces of silver.

8. Protect food by keeping it covered from flies, keeping perishable foods and cream-filled pastries properly refrigerated

The food and beverage service worker's health record shall contain the following information:

- 1) Date issued;
- 2) Number;
- 3) Name;
- 4) Age;
- 5) Sex;
- 6) Home address;
- 7) Occupation;
- 8) Where employed;
- 9) City;
- 10) Typhoid fever ..... No ( ) Yes ( ) Date -----
- 11) Amoebic dysentery ..... No ( ) Yes ( ) Date -----
- 12) Laboratory examinations, x-rays, or skin tests:
- 13) Test ..... Result ----- Date -----
- 14) Test ..... Result ----- Date -----
- 15) Test ..... Result ----- Date -----
- 16) Manual chapters covered in test shall be noted.

The reverse side of the health record shall contain: "Follow-up remarks:" [Regulation .86.010, effective 3/11/60.]

**WAC 248-86-020 Requirements for permits.** (1) The local health officer shall furnish to applicant for a permit or renewal of permit a copy of the latest edition of the "Food and Beverage Service Workers' Manual", as prepared by the department and approved by the director.

(2) In order to qualify for issuance of a permit or renewal of a permit, the applicant shall demonstrate his knowledge of elementary acceptable practices in the sanitary preparation, service, and storage of food and beverages, and the proper sanitation of equipment and facilities, by satisfactorily completing an examination conducted by the local health officer or his authorized representative on such subjects, based on the practices and procedures set forth in the "Food and Beverage Service Workers' Manual". [Regulation .86.020, effective 3/11/60.]

**WAC 248-86-030 X-ray and serology.** Whenever made available by the local health department at no additional cost to the applicant for a permit or renewal of a permit, a chest x-ray or tuberculin test and/or serology examination shall be required. [Regulation .86.030, effective 3/11/60.]

**WAC 248-86-040 Examination may be required.** Whenever, in the judgment of the director or any local health officer, circumstances indicate the necessity, specified persons engaged in the preparation, service, or sale of food or unbottled beverages for public consumption shall, upon request of such public health officials and at no additional charge to such persons, submit to examination by the local health officer, or a legally qualified physician designated by him for the purpose of determining the presence of a communicable disease or infection. [Regulation .86.040, effective 3/11/60.]

**WAC 248-86-050 Revocation of permit.** The food and beverage service workers' permit may be revoked by the local health officer, or by the director, upon evidence indicating repeated or continuing violations of accepted procedures and practices in the preparation, service, or storage of food or beverage offered for public consumption, or upon demonstration of the presence of a communicable disease in the infectious state, or an infectious condition of potential hazard to the public or to the persons' co-workers, or for falsification of information required for issuance of the permit. [Regulation .86.050, effective 3/11/60.]

**WAC 248-86-060 Right of appeal.** Any food or beverage service worker whose permit has been revoked by a local health officer, or the director, may appeal to the local board of health, or the state board of health in the event such revocation is by the director, for review of the findings. Such appeal must be in writing and must be filed with the appropriate board of health within ten days of revocation of the worker's permit. While such appeal is pending, the revocation of the worker's permit shall be stayed until such time as the appropriate board of health has reviewed the findings and entered its decision. [Regulation .86.060, effective 3/11/60.]

**WAC 248-86-999** Legal authority of the state board of health. RCW 69.06.010 and 69.06.020. See also RCW 43.20.050. [Regulation .86.999, effective 3/11/60.]

**Chapter 248-87 WAC  
FOOD WORKERS**

**WAC**

248-87-001	Objective.
248-87-002	Definitions.
248-87-020	Communicable disease.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

248-87-010	Permit required. [Regulation .87.010, effective 3/11/60.] Repealed by Order 139, filed 2/4/77.
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**WAC 248-87-001 Objective.** For the purpose of preventing the spread of infectious diseases and attaining a uniform sanitary standard in the state, it is deemed essential to require all food workers in the state to demonstrate through the process of an examination that they possess an adequate knowledge of the sanitary principles and practices involved in the preparation, storage, and service of foods and beverages, and in the handling of related equipment and facilities by extending the provisions of chapter 197, Laws of 1957, and (chapter 248-86 WAC), to all such workers. [Regulation .87.001, effective 3/11/60.]

**WAC 248-87-002 Definitions.** As used in this chapter of the rules and regulations, the following definitions shall apply: (1) A "Food service worker" shall mean a person engaged in a food and/or beverage establishment and who may contribute to the transmission of infectious diseases through the nature of his contact with food products and/or equipment and facilities. This shall not include persons engaged in food handling operations where the products are sterilized after packaging or in the processing of frozen fruits or vegetables, nor nonsupervisory personnel assisting with food services functions of churches, lodges, granges and similar organizations when such are exempted from collected retail sales tax by rule 169 of the tax commission of the state of Washington as effective May 1, 1935.

(2) The term "Food establishment" shall include, but is not limited to, all food handling operations associated with school lunches, carnivals, circuses, intrastate ferries, state institutions, bakeries, shellfish processing plants, caterers, hospitals, nursing homes, maternity homes, boarding homes, child care agencies, churches, lodges, granges, clubs, and food demonstrations. [Regulation .87.002, effective 3/11/60.]

**WAC 248-87-020 Communicable disease.** It shall be unlawful and a violation of these regulations for any person with a communicable disease in the infectious state or a known carrier of a communicable disease or infectious condition to handle, prepare, serve or sell food, food products, or beverages for public consumption and it shall be unlawful and a violation of these regulations

for any person to knowingly employ such person so afflicted. [Regulation .87.020, effective 3/11/60.]

**Chapter 248-91 WAC**

**APPROVALS AND CERTIFICATIONS OF NECESSITY FOR WATER DISTRICTS TO ESTABLISH, MAINTAIN, CONSTRUCT AND OPERATE SEWER SYSTEMS**

**WAC**

248-91-010	Definitions.
248-91-020	Purpose.
248-91-030	Application content.
248-91-040	Notification of interested parties.
248-91-050	Criteria for necessity.
248-91-060	Decision of the department.
248-91-070	Limitation of an approval and a certification of necessity.

**WAC 248-91-010 Definitions.** For purposes of this chapter, the following definitions are applicable:

(1) "Department" shall mean the Washington state department of health.

(2) "Board" shall mean the Washington state board of health.

(3) "Approval and a certification of necessity" shall mean an order of the department which gives approval to a water district to establish, maintain, construct and operate a sewer system in a proposed service area in accordance with RCW 57.08.065.

(4) "Necessity" shall mean a reasonable need and not mean an indispensable need.

(5) "Proposed service area" shall mean the area proposed to be served with a sewer system by the applicant water district.

(6) "Sewer system" shall mean a system of sewers and appurtenances for the collection, transportation, treatment and disposal of sewage and industrial wastes.

(7) "Sewage" shall mean the water-carried waste products or discharge from human beings or other wastes from residences, public or private buildings, or industrial plants, together with such ground, surface or storm waters as may be present.

(8) "Industrial wastes" shall mean the liquids, solids, or other wastes resulting from any process of industry, or from the development of any natural resource.

(9) "Drainage basin" shall mean a geographic area drained by a surface stream or body of impounded water together with all tributary surface streams and bodies of impounded surface water.

(10) "Sewer entities" shall mean any municipal or public corporations which by law are entitled to construct and operate a sewer system. [Order 6, § 248-91-010, filed 10/16/68; Emergency Order 3, § 248-91-010, filed 8/2/68.]

**WAC 248-91-020 Purpose.** This regulation prescribes the procedure whereby a water district organized under the provisions of chapter 57.04 RCW may apply for and receive an approval and a certification of necessity from the department in accordance with the provisions of RCW 57.08.065 in order to exercise powers of a sewer district in accordance with the provisions of Title

56, RCW, as now, or hereafter amended. Additionally, this regulation will define the criteria which the department will consider in determining the eligibility of an applicant water district for an approval and a certification of necessity. [Order 6, § 248-91-020, filed 10/16/68; Emergency Order 3, § 248-91-020, filed 8/2/68.]

**WAC 248-91-030 Application content.** An application for an approval and a certification of necessity must be presented to the department and shall include, but not be limited to, the following considerations:

(1) A general statement of the present and future sewage problems in the proposed area of service.

(2) A consideration of the relationship of the district to contiguous, nearby or overlapping sewer entities.

(3) Service areas considering reasonable drainage basin oriented planning.

(4) Population forecasts as a basis of sewer system design in the proposed service area.

(5) A layout map showing major trunk lines and interceptor lines including the drainage area to be served within and outside of the boundaries of the water district.

(6) The methods of interception and disposal of sewage.

(7) The projected completion time for the sewer system.

(8) An affidavit signed by an officer of the applicant water district, stating that all persons, parties or entities have been given the notice required by WAC 248-91-040.

(9) A summary setting forth the reasons why the applicant water district is better suited to provide a sewer system within the proposed service area than a contiguous or adjacent sewer entity. [Order 6, § 248-91-030, filed 10/16/68; Emergency Order 3, § 248-91-030, filed 8/2/68.]

**WAC 248-91-040 Notification of interested parties.**

Prior to the submission of an application to the department for an approval and a certification of necessity, an applicant water district shall:

(1) Notify all the contiguous and affected sewer entities in the area in which the water district is proposing to construct and operate a sewer system that the applicant water district will submit an application for an approval and a certification of necessity, and that the department will consider all written comments and objections submitted to the department from any contiguous and affected sewer entity if the same written comments and objections are received by the department before a date which will be specified by the department.

(2) Notify the county commissioners, county health officer, county engineer, county planning commission and the county boundary review board, if any, in the county of the proposed service area, that the applicant water district will submit an application for an approval and certification of necessity and the department will

consider all written comments and objections submitted to the department by any of the same if the written comments and objections are received by the department before a date which will be specified by the department.

(3) The dates for inclusion in the notification provided for in paragraphs (1) and (2) hereof will be furnished by the department upon the request of any applicant water district to the department. [Order 6, § 248-91-040, filed 10/16/68; Emergency Order 3, § 248-91-040, filed 8/2/68.]

**WAC 248-91-050 Criteria for necessity.** The department will issue an approval and a certification of necessity to an applicant water district if all of the following conditions are satisfied:

(1) The granting of an approval and a certification of necessity will eliminate or alleviate an existing or imminent health problem as determined by the department.

(2) A sewer system does not exist in a substantial portion of the proposed service area and no regularly constituted and established sewer entity intends to construct and operate a sewer system in a substantial portion of the proposed service area within the reasonably foreseeable future.

(3) The proposed service area conforms to any or all established sewage drainage basins designated pursuant to RCW 90.48.270.

(4) The proposed service area conforms to any or all established comprehensive plans for sewage drainage basins, established pursuant to RCW 90.48.280. [Order 6, § 248-91-050, filed 10/16/68; Emergency Order 3, § 248-91-050, filed 8/2/68.]

**WAC 248-91-060 Decision of the department.** After the department has made a decision either granting or denying a request for an approval and a certification of necessity, said decision shall constitute a "contested case" within the meaning of chapter 34.04 RCW. [Order 6, § 248-91-060, filed 10/16/68; Emergency Order 3, § 248-91-060, filed 8/2/68.]

**WAC 248-91-070 Limitation of an approval and a certification of necessity.** The granting of an approval and a certification of necessity by the department shall only constitute approval to establish, maintain, construct, and operate a sewer system within the proposed service area requested in the initial application for an approval and a certification of necessity, and shall in no way constitute approval or authority to establish, maintain, construct and operate a sewer system in any area which may be annexed at some future time by the applicant water district.

The granting of an approval and a certification of necessity by the department does not constitute approval of the engineering report or plans and specifications of any sewer system, and all plans and specifications and the proposed method of operation and maintenance for any sewer system must be approved by the department pursuant to WAC 248-92-040. [Order 6, § 248-91-070, filed 10/16/68.]

**Chapter 248-92 WAC  
PUBLIC SEWAGE**

**WAC**

248-92-001	Definitions.
248-92-010	Prohibited methods of sewage disposal.
248-92-020	Investigative and order powers of director.
248-92-030	Plans for sewerage systems.
248-92-040	Plans for sewage treatment works.
248-92-050	Plans for sewage treatment works—Requirements for engineers.
248-92-060	Operation of sewage treatment plants—Efficiency.
248-92-070	Operation of sewage treatment plants—Freedom from sand and silt.
248-92-080	Operation of sewage treatment plants—Disinfection.
248-92-090	Irrigation with sewage.
248-92-100	Use of sewage sludge for fertilizer.
248-92-101	Adoption of appendix details as rules.
248-92-105	Appendix—Definitions.
248-92-110	Appendix—Report—Sewerage system.
248-92-115	Appendix—General layout map.
248-92-120	Appendix—Plot plan.
248-92-125	Appendix—Engineering report—Sewage treatment works.
248-92-130	Appendix—Preliminary report, industrial waste treatment works.

**Reviser's note:** The statutes provide that both the pollution control commission and the Washington department of health are to possess jurisdiction over sewerage systems and industrial waste plants. For the convenience of those affected, there has been an interdepartmental agreement that construction plans may be forwarded to the pollution control commission. Certain rules of both departments are similar. See chapter 372-20 WAC.

**WAC 248-92-001 Definitions.** For the purpose of these rules and regulations, the terms shall have the meaning as defined in the appendix. [Regulation .92.001, effective 3/11/60.]

**WAC 248-92-010 Prohibited methods of sewage disposal.** No sewage or industrial waste, or components thereof, shall be placed or permitted to be placed, or permitted to flow onto the surface of the ground, or into any waters of the state in any manner determined by the state director of health to be prejudicially affecting a domestic water supply, or otherwise endangering the health and well-being of the people of the state. [Regulation .92.010, effective 3/11/60.]

**WAC 248-92-020 Investigative and order powers of director.** The state director of health shall investigate the methods of sewage and industrial waste disposal and if such may endanger a domestic water supply, or in any other way endanger the health or well-being of the people of the state, he shall issue and enforce such orders as may be necessary to correct the condition. [Regulation .92.020, effective 3/11/60.]

**WAC 248-92-030 Plans for sewerage systems.** (1) Report, general layout map and specifications – Every owner or his authorized representative shall make a comprehensive study of his sewerage system and prepare and submit to the state director of health a copy of a report, a general layout map and general construction specifications of his public sewerage system. Written approval of this report, general layout map and general construction specifications shall be obtained from the

state director of health before any further construction, alterations or additions are made to the system or, in case of a new system, before such system is constructed except as provided in (a) below. After such approval has been received the owner will not be required to submit any further plans and specifications for any part of the sewerage system covered by the general layout map except as required by (b), (c) and (d) below, but the owner shall notify the state director of health of any portion of the system to be constructed and indicate its position on the approved general layout map. (The specifications may be submitted at the time of notification of construction.) The report and general layout map shall include but not be limited to the items listed under those headings in the appendix.

(a) In lieu of an approved report, general layout map, and specifications, any owner or his authorized representative shall submit a copy of a report, a plot plan, and specifications of each new sewerage system or alterations or additions to any existing sewerage system and receive written approval before construction is started. The report and plot plan shall include but not be limited to those items listed in the appendix.

(b) Whether or not a report and general layout map have been approved, if the system does not include adequate sewage treatment works as determined by the state director of health, written approval for the construction of each addition or alteration of the sewerage system must be obtained from the state director of health before construction is started.

(c) In case an addition is to be made to a sewerage system and this addition is not a part of an approved general layout map, the owner shall submit a copy of a revised general layout map or a plot plan of the area to the state director of health and receive written approval before construction is started.

(d) Every owner shall submit a set of detailed plans and specifications of all overflow or bypass structures, pipe outlets and pumping stations with overflow structures, showing the quantities of flow for which they are designed and shall receive written approval from the state director of health before construction is started. [Regulation .92.030, effective 3/11/60.]

**WAC 248-92-040 Plans for sewage treatment works. Engineering report of sewage treatment works –** Before detailed plans and specifications for new sewage treatment works or major extensions, alterations or improvements to existing sewage treatment works are prepared, every owner or his authorized agent shall submit one copy of a preliminary engineering report to the secretary of the department of social and health services or his designee and receive written approval of the secretary of the department of social and health services or his designee. This report shall include the items listed under "scope of the engineering report" in the appendix. [Order 72, § 248-92-040, filed 4/11/72; Regulation .92.040, effective 3/11/60.]

**WAC 248-92-050 Plans for sewage treatment works—Requirements for engineers.** All plans for new sewage treatment plants, major changes or additions to

existing systems or plants shall be prepared under the supervision of a professional engineer licensed in accordance with chapter 283, Laws of 1947 (chapter 18.43 RCW). All copies of plans submitted to the state director of health for review shall bear the seal of the professional engineer under whose supervision they have been prepared. [Regulation .92.050, effective 3/11/60.]

**WAC 248-92-060 Operation of sewage treatment plants—Efficiency.** (1) **Efficient operation** – All sewage treatment plants shall be operated at their highest practical efficiency at all times. If, after investigation by the state director of health, it is determined that any sewage treatment works is, because of defective design, inadequacy, incompetent supervision or inefficient operation, causing unsatisfactory conditions in the waters into which the effluent is discharged or otherwise interfering with the legitimate uses of such waters or causes a menace to public health, the owner shall make such changes in the plant or its operation as are necessary to produce satisfactory results. These changes shall be made within such time limits as are set by the state director of health.

(2) **Records** – The owner shall make such tests and keep such records as are necessary to assure the effective operation of the sewage treatment works, and such records shall be made available to the state director of health. [Regulation .92.060, effective 3/11/60.]

**WAC 248-92-070 Operation of sewage treatment plants—Freedom from sand and silt.** All sewerage systems shall be kept free from obstructions and deposits of sand and silt. All pumping stations in the sewerage system shall be effectively maintained to insure continuous operation. [Regulation .92.070, effective 3/11/60.]

**WAC 248-92-080 Operation of sewage treatment plants—Disinfection.** Effective disinfection of sewage discharges shall be provided in accordance with the determination of the state director of health. If at any time effective disinfection cannot be accomplished due to the breakdown of equipment or the need for bypassing raw or partially treated sewage, or any other reason, the owner shall immediately notify the state director of health by telephone or telegraph. [Regulation .92.080, effective 3/11/60.]

**WAC 248-92-090 Irrigation with sewage.** Raw sewage, or treatment plant effluent, shall not be used for irrigation, except under conditions as may be prescribed by the state director of health. [Regulation .92.090, effective 3/11/60.]

**WAC 248-92-100 Use of sewage sludge for fertilizer.** The use of sewage sludge for fertilizing material shall be in compliance with the limitations and procedures as may be prescribed by the state director of health; and the owner shall notify the state director of health of any intended use of sludge as a fertilizing material. [Regulation .92.100, effective 3/11/60.]

**WAC 248-92-101 Adoption of appendix details as rules.** This appendix contains details referred to in the rules and regulations and is adopted as a part of these rules and regulations. [Appendix to Public Sewage Rules, effective 3/11/60.]

**WAC 248-92-105 Appendix—Definitions.** (1) "Commission" – The Washington Pollution Control Commission.

(2) "Sewage" – The water-carried waste products or discharge from human beings or other wastes from residences, public or private buildings, together with such ground, surface or storm water as may be present.

(3) "Industrial wastes" – The liquids, solids, or other wastes resulting from any process of industry, or from the development of any natural resource.

(4) "Sewage works" – A comprehensive term which includes facilities for collecting, pumping, treating, and disposing of sewage; the sewerage system and the sewage treatment works.

(5) "Sewage treatment works" – An arrangement of devices and structures for treating sewage, industrial wastes, and sludge. Sometimes used as synonymous with sewage treatment plant.

(6) "Sewerage system" – A system of sewers and appurtenances for the collection, transportation, and pumping of sewage and industrial wastes.

(7) "Industrial waste treatment works" – An arrangement of devices and structures for treating industrial wastes.

(8) "Sewer" – A pipe or conduit; generally closed, but normally not flowing full, for carrying sewage and other waste liquids.

(9) "Pumping station" – A station housing sewage pumps, and their appurtenances.

(10) "Pipe outlet" – A pipe line which conveys the effluent from a reservoir, sewage treatment plant, or other structure to its point of discharge.

(11) "Sewer outlet" – The point of final discharge of sewage or treatment plant effluent.

(12) "Owner" – The state, county, city, town, village, corporation, firm, company, institution, person or persons owning or operating any sewerage system, sewage treatment plant, or industrial waste disposal system or treatment plant.

(13) "Detailed plans" of sewerage systems – Plans used for the construction of any sewer or sewer system.

(14) "Final plans" of sewage treatment works – Plans used for the construction of any sewage treatment works. [Public Sewage Appendix, effective 3/11/60.]

**WAC 248-92-110 Appendix—Report—Sewerage system.** The "report" shall include: – (1) A description of the nature and extent of the area included in the present system (if any) and the area and extent to which plans provide sewage works for future development.

(2) The population trend and an estimate of future population to be served.

(3) A statement regarding the present and expected future quantity and character of sewage, including any

industrial wastes which may be present or expected in the sewerage system.

(4) A discussion of limitations placed on infiltration and the infiltration problem.

(5) A statement regarding provisions for treatment. [Public Sewage Appendix, effective 3/11/60.]

**WAC 248-92-115 Appendix—General layout map.** The general layout map shall include the following items: (1) **Boundaries** – The boundary lines of the municipality or sewer district to be seweraged.

(2) **Existing sewers** – The location, size and direction of flow of all existing sanitary or combined trunk sewers and the boundaries of the areas served by each.

(3) **Proposed sewers** – The location, size and direction of flow of all proposed trunk sewers and the boundaries of the areas to be served by each.

(4) **Existing and proposed pump stations** – Location of all existing and proposed pumping stations designated to distinguish between those existing and proposed.

(5) **Topography and elevations** – Topography showing pertinent ground elevations and including existing and proposed streets, if such information is available.

(6) **Streams, lakes and other bodies of water** – The location and direction of flow of major streams and the high and low elevations of all water surfaces at sewer outlets and overflows.

(7) **Public water supplies** – The location of wells or other sources of public water supply, water storage reservoirs, and other structures of public health significance. [Public Sewage Appendix, effective 3/11/60.]

**WAC 248-92-120 Appendix—Plot plan.** The plot plan shall include: – (1) **Boundaries** – The boundary lines of the area involved.

(2) **Sewer lines** – All sewer lines and their tie-in with the existing system.

(3) **Other data** – Elevations, slopes, pipe sizes, and manhole spacings.

(4) **Public water supplies** – The location of wells or other sources of public water supply, water storage reservoirs, and other structures of public health significance. [Public Sewage Appendix, effective 3/11/60.]

**WAC 248-92-125 Appendix—Engineering report—Sewage treatment works.** The engineering report for the sewage treatment works shall include the following items together with any other relevant data –

(1) The purpose and need for the proposed project.

(2) The nature and extent of the area included in the present system and the area and extent to which plans provide sewage works for future development. If the area to be served by existing and proposed sewers does not include the entire municipality, sewer district, or natural drainage area, give a brief description of that portion not included, together with information as to the probability of future development, and the method by which this area can be served by treatment works.

(3) The population trend as indicated by available records, and give the estimated future population for the design period. Describe briefly the method used to determine future population trends.

(4) Any existing sewage treatment works as they are related to the proposed project.

(5) Discuss the location of water supply and distribution structures as they relate to the various portions of the proposed sewage works.

(6) The considerations given to possibility of garbage disposal in sewage works.

(7) List of all establishments producing appreciable quantities of industrial wastes and the quantity, production periods, and character of industrial wastes in so far as they may affect the sewerage system or sewage treatment works. Consideration shall be given to future industrial expansion.

(8) The degree of treatment proposed based upon the size, usage and character of the receiving body of water and upon the amount and strength of sewage or waste to be treated and other influencing factors.

(9) The type or types of treatment process proposed based upon the character of sewage or waste to be handled and the degree of treatment required.

(10) Data on the volume and strength of sewage and the design data regarding flow and strength.

(11) The ratio of interception in connection with existing combined sewers, and the quantity expected to be bypassed during storms.

(12) The basic design data of each unit of the treatment works.

(13) Provision for future needs.

(14) Discussion of the various sites available and the advantages of the one recommended. The proximity of residences or developed areas to any treatment works. The relationship of maximum high water to the plant site and various plant units.

(15) Expected efficiencies of each unit and the entire plant, and the character of effluent expected.

(16) A flow diagram showing general layout of various units. [Public Sewage Appendix, effective 3/11/60.]

**WAC 248-92-130 Appendix—Preliminary report, industrial waste treatment works.** The preliminary report on industrial waste disposal or treatment facilities shall include the following items where pertinent – (1) Type of industry.

(2) Kind and quantity of finished products.

(3) The amount of process waste and its sources.

(4) The quantity of unpolluted water, such as cooling water, etc., and the provision for segregation for separate discharge.

(5) Description of the waste, including if possible a chemical analysis.

(6) The amount and kind of chemicals used in the process, if any.

(7) The basic design data of the treatment units.

(8) All necessary maps and layout sketches, including any flow diagrams.

(9) Results to be expected from the treatment process.

(10) All data necessary to indicate the location of the outlet pipe and method of diffusing the waste into the receiving water.

(11) If any domestic sewage is to be disposed of through the system, a brief description in compliance

with the provisions of WAC 248-92-020 should be included. [Public Sewage Appendix, effective 3/11/60.]

**Chapter 248-94 WAC**  
**BASIC PLUMBING PRINCIPLES**

**WAC**

248-94-001	Purpose and nature of regulations.
248-94-010	Water supply requirements.
248-94-020	Volume of flow.
248-94-030	Size of pipes.
248-94-040	Boilers and hot water tanks.
248-94-050	Sewage connection.
248-94-060	Water closets—Multiple dwellings.
248-94-070	Plumbing fixtures.
248-94-080	Drainage systems.
248-94-090	Drainage pipes.
248-94-100	Cleanouts.
248-94-110	Traps.
248-94-120	Pipes—Adequate air circulation.
248-94-130	Soil stacks.
248-94-140	Water and air pressure tests.
248-94-150	Clogging substances.
248-94-160	Food receptacles and the drainage system.
248-94-170	Location of water closets.
248-94-180	Disposal where no sewers.
248-94-190	Backflow requirements.
248-94-200	Sanitary maintenance.

**WAC 248-94-001 Purpose and nature of regulations.** These regulations embody the fundamental sanitary principles which a successful plumbing system should satisfy. These principles have been prepared with the view of specifying the results desired, and of making provision for testing the plumbing work to ascertain whether satisfactory results can be secured, but they do not attempt to specify details of construction. [Regulation .94.001, effective 3/11/60.]

**WAC 248-94-010 Water supply requirements.** All premises intended for human habitation or occupancy should be provided with a water supply which meets the requirements of the Washington state department of health. [Regulation .94.010, effective 3/11/60.]

**WAC 248-94-020 Volume of flow.** Buildings in which water closets and other plumbing fixtures exist should be provided with a supply of water adequate in volume and pressure for flushing purposes. [Regulation .94.020, effective 3/11/60.]

**WAC 248-94-030 Size of pipes.** The pipes conveying water to water closets should be of sufficient size to supply the water at a rate which will flush the toilets adequately without unduly reducing the pressure at other fixtures. [Regulation .94.030, effective 3/11/60.]

**WAC 248-94-040 Boilers and hot water tanks.** Devices for heating water and storing it in "boilers" or hot water tanks, should be so designed and installed as to prevent all dangers from explosion and also to prevent a back flow of hot water through meters connected with the public water supply. [Regulation .94.040, effective 3/11/60.]

**WAC 248-94-050 Sewage connection.** Every building intended for human habitation or occupancy on premises abutting on a street in which there is a public sewer should have a connection with the sewer and, if possible, a separate connection. [Regulation .94.050, effective 3/11/60.]

**WAC 248-94-060 Water closets—Multiple dwellings.** In multiple dwellings provided with a building drainage system there should be at least one private water closet for each family. [Regulation .94.060, effective 3/11/60.]

**WAC 248-94-070 Plumbing fixtures.** Plumbing fixtures should be made of smooth, nonabsorbent materials, should be free from concealed fouling surfaces and should be set free of enclosures. [Regulation .94.070, effective 3/11/60.]

**WAC 248-94-080 Drainage systems.** The entire building drainage system should be so designed, constructed, and maintained as to conduct the waste water or sewage quickly from the fixture to the place of disposal with velocities which will guard against fouling and the deposit of solids and will prevent clogging. [Regulation .94.080, effective 3/11/60.]

**WAC 248-94-090 Drainage pipes.** The drainage pipes should be so designed and constructed as to be proof for a reasonable life of the building against leakage of water or drain air due to defective materials, imperfect connections, corrosion, settlements or vibrations of the ground or building, temperature changes, freezing, or other causes. [Regulation .94.090, effective 3/11/60.]

**WAC 248-94-100 Cleanouts.** The drainage system should be provided with an adequate number of cleanouts so arranged that in case of stoppage the pipes may be readily accessible. [Regulation .94.100, effective 3/11/60.]

**WAC 248-94-110 Traps.** Each fixture or combination fixture should be provided with a separate, accessible, self-scouring, reliable water-seal trap placed as near to the fixture as possible. [Regulation .94.110, effective 3/11/60.]

**WAC 248-94-120 Pipes—Adequate air circulation.** The building drainage system should be so designed that there will be adequate circulation of air in all pipes, and no danger of siphonage, aspiration, or forcing of trap seals under conditions of ordinary use. [Regulation .94.120, effective 3/11/60.]

**WAC 248-94-130 Soil stacks.** The soil stack should extend full size upward through the roof and have a free opening, the roof terminal being so located that there will be no danger of air passing from it to any window and no danger of clogging of the pipe by frost or by articles being thrown into it or of roof water draining into it. [Regulation .94.130, effective 3/11/60.]

**WAC 248-94-140 Water and air pressure tests.** The plumbing system should be subjected to a water or air pressure test and to a final inspection in such manner as will disclose all leaks and imperfections in the work. [Regulation .94.140, effective 3/11/60.]

**WAC 248-94-150 Clogging substances.** No substances which will clog the pipes, produce explosive mixtures, or destroy the pipes or their joints should be allowed to enter the building drainage system. [Regulation .94.150, effective 3/11/60.]

**WAC 248-94-160 Food receptacles and the drainage system.** Refrigerators, ice boxes, or receptacles for storing food should not be connected directly with the drainage system. [Regulation .94.160, effective 3/11/60.]

**WAC 248-94-170 Location of water closets.** No water closet should be located in a room or compartment which is not properly lighted and ventilated to the outer air. [Regulation .94.170, effective 3/11/60.]

**WAC 248-94-180 Disposal where no sewers.** If water closets or other plumbing fixtures exist in buildings where there is no sewer within reasonable distance, suitable provisions should be made for disposing of the building sewage by a method of disposal which meets the requirements of the Washington state department of health. [Regulation .94.180, effective 3/11/60.]

**WAC 248-94-190 Backflow requirements.** Where a building drainage system may be subjected to back flow of sewage, suitable provision should be made to prevent its overflow in the building. [Regulation .94.190, effective 3/11/60.]

**WAC 248-94-200 Sanitary maintenance.** Plumbing systems should be maintained in a sanitary condition. [Regulation .94.200, effective 3/11/60.]

- 248-96-140 Inspection.
- 248-96-160 Waiver of regulations.
- 248-96-170 Disposal of septic tank waste.
- 248-96-175 Sewage contractor's license.
- 248-96-180 Evaluation and revision.

**WAC 248-96-010 Authority.** Pursuant to the authority of RCW 43.20.050 (Powers and Duties of State Board of Health), these regulations are hereby established as minimum requirements of the state board of health, governing on-site sewage disposal systems for individual homes and any other source of sewage. [Order 101, § 248-96-010, filed 6/10/74.]

**WAC 248-96-011 Purpose and objectives.** These regulations provide for a uniform framework through which local boards of health will establish a system of local regulations. Such local regulations will integrate local conditions consistent with uniform state standards to accomplish the following objectives:

- (1) Establish design standards to accommodate long-term disposal of sewage using on-site methods for rural areas.
- (2) Establish design and management system criteria to permit on-site methods of sewage disposal for subdivisions and suburban areas where significant population growth is occurring or likely to occur.
- (3) Establish minimum functional regulations and guidelines for health jurisdictions choosing not to adopt local regulations. [Order 101, § 248-96-011, filed 6/10/74.]

**WAC 248-96-012 Scope.** The regulations do not apply, except as specifically noted, to public sewage collection, treatment and disposal systems. Sections WAC 248-96-018 through 248-96-180, excluding 248-96-045, 248-96-046, 248-96-075, and 248-96-180 of these rules and regulations shall become effective and enforced by the health officer if the provisions of WAC 248-96-015 are not met. [Order 101, § 248-96-012, filed 6/10/74.]

**WAC 248-96-015 Local regulation.** All local boards of health shall adopt local rules and regulations governing on-site waste disposal systems within eighteen months after the effective date of these regulations. Such local rules and regulations and guidelines must be consistent with the state board of health regulations and guidelines and must be approved by the secretary in accordance with the procedure outlined in section WAC 248-96-016 of the state board of health regulations. If any local board of health fails to adopt rules and regulations consistent with intent and purpose of the state regulations, the state regulations shall become effective and they shall be enforced by the local health officer within his jurisdiction. [Order 101, § 248-96-015, filed 6/10/74.]

**WAC 248-96-016 Local regulations approval procedure.** (1) Within six months after the passage of these regulations, all local health departments shall submit to the secretary for approval a copy of their proposed or

**Chapter 248-96 WAC  
ON-SITE SEWAGE DISPOSAL**

<b>WAC</b>	
248-96-010	Authority.
248-96-011	Purpose and objectives.
248-96-012	Scope.
248-96-015	Local regulation.
248-96-016	Local regulations approval procedure.
248-96-018	Administration.
248-96-020	Definitions.
248-96-040	Applicability.
248-96-045	Other types of disposal units.
248-96-046	Alternate devices and methods.
248-96-050	No discharge to waters or ground surface.
248-96-060	Connection to public sewer system.
248-96-070	On-site system management.
248-96-075	Larger systems.
248-96-080	Permit.
248-96-090	Minimum lot sizes for subdivisions.
248-96-095	Determination of soil characteristics.
248-96-096	Larger tract requirements.
248-96-100	Location.
248-96-110	Design.
248-96-130	Designer program.

existing local regulations governing on-site waste disposal systems. All local regulations must include appropriate sections corresponding to WAC 248-96-018 through 248-96-180.

(2) Upon reviewing the local regulations, the secretary shall consider all factors relevant to the administration of local health department's program including land development activities, basic soils and climatic conditions, local program priority and staffing, and sewage basin planning.

(3) After receiving the local regulations, the secretary shall have 60 days to either approve or disapprove the proposal. Within four months after the initial approval by the secretary, the local health department shall provide to the secretary a copy of the adopted local regulations. No changes can be made in the adopted local regulations from the original submittal without written authority from the secretary.

(4) If the secretary determines that the local regulations are not consistent with the purpose and objectives of the state board of health regulations, he shall provide in writing to the local health department, his specific reasons for not approving the local regulations. All decisions by the secretary shall be appealable to the state board of health within 120 days after the disapproval has been received by the local health department. Re-submission of revised local regulations may occur any time after disapproval has been received.

(5) Nothing in these regulations shall prohibit the adoption and enforcement of more stringent regulations by local health departments where such regulations are needed to protect the public health and welfare. [Order 101, § 248-96-016, filed 6/10/74.]

**WAC 248-96-018 Administration.** The health officer shall administer these regulations under the authority and requirements of chapters 70.05 and 43.20 RCW. As provided in RCW 70.05.060(7), he may charge fees for this administration. [Order 101, § 248-96-018, filed 6/10/74.]

**WAC 248-96-020 Definitions.** (1) "Approved" – The term "approved" shall mean acceptable by the health officer as stated in writing.

(2) "Cover" – shall mean fill material that is used to cover a subsurface disposal area to a maximum depth of 18 inches.

(3) "Fill" – shall mean soil materials that have been displaced from their original location.

(4) "Ground water" – subsurface water occupying the zone of saturation.

(5) "Health officer" – the health officer of the city, county, city-county, or district health department or his authorized representative.

(6) "On-site sewage disposal system" – any system of piping, treatment devices, or other facilities that convey, store, treat, or dispose of sewage on the property where it originates or on adjacent or nearby property under the control of the user where the system is not connected to a public sewer system.

(7) "Person" – any individual, corporation, company, association, society, firm, partnership, joint stock company, or any branch of state or local government.

(8) "Public sewer system" – a sewerage system which is owned or operated by a city, town, municipal corporation, county, political subdivision of the state, or other approved ownership consisting of a collection system and necessary trunks, pumping facilities and a means of final treatment and disposal and under permit from the department of ecology.

(9) "Secretary" – the secretary of the state department of social and health services or his authorized representative.

(10) "Septic tank" – a watertight receptacle which receives the discharge of sewage from a building sewer, and is designed and constructed so as to permit separation of settleable and floating solids from the liquid, detention and digestion of the organic matter, prior to discharge of the liquid portion.

(11) "Sewage" – the water-carried human or domestic waste from residences, building, industrial establishments or other places, together with such ground water infiltration, and other wastes as may be present.

(12) "Subdivision" – a division of land, as defined in chapter 58.17 RCW, now or as hereafter amended.

(13) "Surface water" – any body of water, whether fresh or marine, or watercourse, including lakes, impoundments and streams. [Order 101, § 248-96-020, filed 6/10/74.]

**WAC 248-96-040 Applicability.** (1) These regulations shall not apply to new construction for which a permit was issued prior to the effective date of the regulations or to existing systems where extensions or alterations are undertaken as a result of failure of the system or portions thereof, or pursuant to an order of the health officer.

(2) Lots, parcels or tracts that have received written approval by the health officer prior to the effective date of these regulations shall be subject to only the design section of these regulations (WAC 248-96-110) and any additional standards prescribed by the health officer. Provisions of this subsection shall also include extensions of existing systems to handle increase in flows from dwelling unit expansion.

(3) Subdivisions recorded prior to the effective date of these regulations and that have not received written approval by the health officer, shall be subject to the requirements of the county regulations in effect at the time of recording and other standards deemed necessary by the health officer.

(4) These regulations shall not apply to facilities constructed or operated in accordance with a permit issued by the Washington state department of ecology and where they may be in conflict with chapters 90.48 or 70.95B RCW, said RCW shall govern. [Order 101, § 248-96-040, filed 6/10/74.]

**WAC 248-96-045 Other types of disposal units.** Units other than septic tanks or devices that can function as septic tanks with subsurface disposal systems, including but not limited to chemical toilets, vault privies,

incinerator toilets, mechanical and aerobic treatment devices, evapotranspiration systems, may be used but only with the prior approval of the health officer in accordance with the procedure established in WAC 248-96-046. [Order 101, § 248-96-045, filed 6/10/74.]

**WAC 248-96-046 Alternate devices and methods.**

Any alternate device or method shall first be submitted to the secretary for technical evaluation and report in accordance with guidelines established by a technical review committee and the secretary. The secretary is hereby authorized to appoint a technical review committee for purposes of establishing said guidelines. Such guidelines shall include national standards including but not limited to guidelines of the National Sanitation Foundation. The committee shall be composed of representatives from local health departments, manufacturers, consumer organizations, engineering firms, the department of ecology, a public sewer utility, and other interested organizations. Approval authority for the application, installation or use of any alternate device or method is vested with the local health officer provided the device or method has first been given a technical evaluation and report by the secretary in accordance with the provisions of this chapter. This section shall not become effective until one year after the effective date of these regulations. [Order 101, § 248-96-046, filed 6/10/74.]

**WAC 248-96-050 No discharge to waters or ground surface.** (1) Effluent from any on-site sewage disposal system shall not be discharged to surface water or upon the surface of the ground.

(2) Subsurface on-site sewage disposal systems shall not be permitted in areas where a minimum separation of three feet between the bottom of the disposal field and the maximum seasonal ground water elevation or impermeable layer cannot be maintained. The health officer shall require such greater vertical separation as needed to protect health when the aquifer is used for a potable water supply. The health officer may reduce the vertical separation provided the local health department has in effect an adequate designer program as described in WAC 248-96-130. However, in no case shall the separation be less than one foot.

(3) Subsurface on-site sewage disposal systems shall not be permitted in areas of fractured rock or excessively permeable material where it is likely that action of the solid profile will be ineffective in retaining and removing substances having an adverse effect on ground waters. [Order 101, § 248-96-050, filed 6/10/74.]

**WAC 248-96-060 Connection to public sewer system.**

(1) Connection of any dwelling unit or other premise where sewage originates shall be made to a public sewer system where there is an adequate public sewer within 200 feet of the dwelling or other facility to be served, and such connection is permitted by the sewer utility. Such connection shall be made and use of the on-site sewage disposal system discontinued when repair or replacement of the on-site sewage disposal system is required or as directed by local ordinance, whichever is

sooner, but in any case shall be accomplished within two years after public sewer service becomes available. This requirement may be waived if the health officer determines that such connection is not feasible.

(2) If the distance between the facility to be served and an adequate public sewer is greater than 200 feet, and where the anticipated sewage flow is greater than 1,000 gallons per day, connection shall be made thereto if the health officer determines that a connection is feasible and such connection is permitted by the sewer utility.

(3) Where connection to public sewer is required, the same shall be made in accordance with rules, regulations and resolution of the public sewer utility providing sanitary service: *Provided, however,* That if the public sewer utility's requirements are less restrictive, subsections (1) and (2) of this section shall apply. [Order 101, § 248-96-060, filed 6/10/74.]

**WAC 248-96-070 On-site system management.**

(1) When subdivisions or multiple housing units are designed to have gross densities that exceed 3.5 housing units or 12 people/acre or waste flows of 1,200 gallons/acre/day, on-site sewage disposal systems shall not be permitted unless the perpetual maintenance and management of the sewage disposal systems are under the responsibility of an approved management system as identified in subsections (2) and (3) of this section.

(2) Proposed on-site sewage disposal systems to be located within the boundary of an operating public sewer utility shall be approved by the sewer utility prior to the issuance of a permit. If the proposed system serves a density greater than that identified in subsection (1) of this section, the maintenance of the sewage disposal system shall be the responsibility of the sewer utility or dry sewers shall be provided as approved by the department of ecology and applicable public sewer utility having jurisdiction in accordance with an approved sewage drainage basin plan.

(3) Sewage disposal systems serving housing densities and/or flows exceeding that identified in subsection (1) of this section and not located within the boundary of an operating public sewer utility, shall have an approved perpetual maintenance and management system as established under the guidelines developed by the secretary, the department of ecology, and the local government responsible for public utilities. The guidelines shall take into account the comprehensive land-use plan for the jurisdictional area and size of development.

(4) Within six months after the effective date of these regulations, the secretary shall develop guidelines describing an approved on-site waste management system. [Order 101, § 248-96-070, filed 6/10/74.]

**WAC 248-96-075 Larger systems.** Guidelines governing the review, approval procedure and authority for larger systems shall be developed jointly between the department of social and health services, the local health departments, the department of ecology, and municipal sewer utilities. However, until such guidelines are established, the following rule shall apply:

In all cases where the maximum design flow of any on-site disposal system is greater than 14,500 gallons per day, prior to instituting construction of the system, a copy of the construction plan shall be submitted to the secretary, who shall review the proposed system to determine that its use will be consistent with protection of the public health. No health officer shall issue a permit for such a system until it has been approved by the secretary. [Order 101, § 248-96-075, filed 6/10/74.]

**WAC 248-96-080 Permit.** (1) No person shall install a new on-site sewage disposal system, nor perform major alterations, extensions or relocations of an existing system without a valid permit issued by the health officer. Permits for alterations or repairs shall be so identified. Application for such permit shall be made in writing in a manner prescribed by the health officer.

(2) When applying for a permit to install an on-site sewage disposal system, a construction plan of the proposed system is required. The construction plan shall contain information as required by the health officer in sufficient detail and to a scale which will permit a proper evaluation of the application. Such information should contain the following as a minimum:

- (a) Name of applicant and legal description of site.
- (b) Soil logs describing nature and depth of soils.
- (c) Percolation test data where required.
- (d) Anticipated maximum seasonal ground water table.
- (e) General topography of the site and site drainage characteristics.
- (f) Distances of proposed system to water supplies, surface water, banks or cuts, boundaries of property and structures or other improvements.
- (g) Distance to public sewer system. [Order 101, § 248-96-080, filed 6/10/74.]

**WAC 248-96-090 Minimum lot sizes for subdivisions.** One of the following methods shall be used for determining lot sizes when on-site sewage disposal is used.

**METHOD (1)**

**TABLE I MINIMUM LOT SIZE  
SOIL TYPE**

WATER SUPPLY	1	2	3	4	5	6
Public	1* acre	12,500 sq.ft.	15,000 sq.ft.	18,000 sq.ft.	20,000 sq.ft.	—
Individual— Each Lot	2* acres	1 acre	1 acre	1 acre	2 acres	—

Soil Type	Drainage	Percolation Rate**	General Soil Classification
1	Excessive	Less than 1 minute/inch	Gravel, coarse sand, cobbles
2	Good	1 - 4 minutes/inch	Sandy soil, some, loam, some gravel
3	Fair	5 - 9 minutes/inch	Finer sand and/or silt, few gravels
4	Poor	10 - 19	Mostly silt or

Soil Type	Drainage	Percolation Rate**	General Soil Classification
		minutes/inch	clay, some sand and shot clay
5	Marginal	20 - 29 minutes/inch	Silt or clay
6	Unacceptable	Over 30 minutes/inch	Gumbo, rock, hardpan, clay pan

\* Lot sizes for soil type 1 can be reduced by the health officer if engineering justification can be provided that shows significant adverse effects on ground water quality will not occur; however, in no case shall the reduced size be less than that for soil type 2.

\*\* The requirements for percolation tests may be waived by the health officer if existing soils information, such as soil logs, soil maps and Soil Conservation Service data, is sufficient to accurately classify soils.

**METHOD (2)** On-site sewage disposal systems shall be installed on lots, parcels, or tracts that have a sufficient amount of area with proper soils in which sewage can be retained and treated properly on-site. If engineering justification can be provided that a lot or lots have a sufficient amount of area with proper soils to adequately retain and treat sewage on-site, taking into consideration those factors outlined in subsection (2), then minimum lot size will be established by the health officer on the basis of the information submitted. Factors that must be considered when determining minimum lot size include but are not limited to the following:

- (a) Soil type and depth.
- (b) Area drainage, lot drainage.
- (c) Protection of surface and groundwaters.
- (d) Setbacks from property lines, water supplies, etc.
- (e) Source of domestic water.
- (f) Topography, geology and ground cover.
- (g) Climatic conditions.
- (h) Availability of public sewers.
- (i) Activity or land use, present and anticipated.
- (j) Growth patterns.
- (k) Individual and accumulated gross effects on water quality.
- (l) Reserve areas for additional subsurface disposal.
- (m) Anticipated sewage volume.

**METHOD (3)** If the lot or lots are within the jurisdiction of an approved sewer utility which will provide maintenance and operation responsibility and replacement of systems as necessary, then minimum lot sizes shall be established jointly between the sewer utility, the local health, planning, established county public works departments, and other applicable local agencies. [Order 101, § 248-96-090, filed 6/10/74.]

**WAC 248-96-095 Determination of soil characteristics.** (1) Preliminary tests for subdivisions involving more than one disposal system shall be made in the amount of at least one representative soil log and percolation test per acre or tract or more as required by the health officer.

(2) At least two percolation tests and one soil log shall be performed at the site of each disposal area. This requirement may be waived by the health officer if adequate soils information is available. Additional tests may be required where the soil structure varies or if large disposal areas are required.

(3) All percolation tests and soil logs shall be performed by or under the direct supervision of a registered sanitarian, professional engineer or approved designer, except as specified in WAC 248-96-130.

(4) If a sufficient amount of information is not available on water table conditions, the health officer can require that percolation tests and soil logs be conducted during the months of suspected high water table conditions.

(5) All soil tests shall be conducted using a uniform procedure developed by the secretary and the local health officers. Such procedures shall be developed within six months after the effective date of these regulations. [Order 101, § 248-96-095, filed 6/10/74.]

**WAC 248-96-096 Larger tract requirements.** The requirements found in WAC 248-96-050(2) and WAC 248-96-090 may be reduced by the health officer for lots, parcels or tracts of 1/128th a section or more. [Order 101, § 248-96-096, filed 6/10/74.]

**WAC 248-96-100 Location.** (1) The minimum distance for location of the various component parts of the on-site sewage disposal system is measured horizontally and shall comply with Table II.

TABLE II MINIMUM DISTANCE IN FEET

Component	Well or Suction Line (a)	Water Supply Line Under Pressure	Surface Water (a)(b)(c)	Building	Property Line	Open Ditches or Cuts Down Hill Side
Building sewer	50	10	10	—	—	—
Septic tank	50	10	50	5	5	—
Tile field or dry well	100	10	100	10	10	15 + Height of cut or bank

(a) In soil types that are classified as having excessive drainage characteristics in accordance with WAC 248-96-090, the distance from any water supply or surface water may be increased by the health officer.

(b) Setbacks from surface waters shall be measured from mean high water.

(c) A reduced separation can be allowed between the tile field or dry well and the well or surface water by the health officer if it can be demonstrated that the reduction will not have an adverse effect. However, in no case shall the separation be less than 75 feet.

(2) The area to be used for sewage disposal shall be selected and maintained so that it is free from encroachment by buildings and other structures. The area shall

not be subject to vehicular traffic and shall not be covered with an impervious surface.

(3) The on-site sewage disposal system shall not be located in an area where surface water will accumulate. Provisions shall be made to minimize flow or accumulation of surface water over the area.

(4) No part of an on-site sewage disposal system shall be constructed in a state flood control zone, before a flood control zone permit is obtained from the department of ecology. Such permits are issued under the provisions of chapter 86.16 RCW and chapter 508-60 WAC. [Order 101, § 248-96-100, filed 6/10/74.]

**WAC 248-96-110 Design.** (1) The detailed design and construction of all systems shall conform to the "Manual of Septic Tank Practice," U.S. Public Health Service Publication No. 526, 1967, or any succeeding edition, except where modified by, or in conflict with these regulations.

(2) The system shall be designed to receive all sanitary sewage and domestic waste from the building served unless otherwise approved by the health officer. Footing or roof drains shall not enter the sewage disposal system.

(3) The size of the effluent absorption area shall be determined by the results of percolation tests performed in accordance with WAC 248-96-095 together with an evaluation of soil data, drainage conditions, and such other related data as may be required by the health officer.

(4) All septic tanks shall be designed in accordance with subsection (1) of this section.

(a) All tanks must have a minimum of two compartments.

(b) "Materials" - septic tanks and dosing tanks shall be constructed of corrosion resistant material, and shall be watertight. They may be constructed of poured in-place concrete, precast reinforced concrete, concrete blocks with mortar joints, or other materials approved by the health officer and the secretary.

(c) Suitable baffles and/or tees shall be provided to prevent floating solids from leaving the tank.

(d) Access and cleanouts shall be provided for easy inspection and removal of the tank contents.

(5) Effluent shall be disposed of by means of subsurface disposal fields except when special approval for other disposal systems is granted by the health officer and the secretary.

(a) The installation and use of cesspools for disposal of sewage is not permitted.

(b) Seepage pits shall not be used for the disposal of septic tank effluent except under special conditions approved by the health officer. The depth of approved seepage pits shall not exceed 10 feet from finished grade unless approved by the department of ecology.

(c) Sewage holding tanks shall not be used as a permanent method of sewage disposal for residential dwelling units.

The health officer may allow holding tanks on an interim use basis to handle emergency situations or to correct existing problem systems.

The health officer may allow holding tanks for controlled part-time use situations such as recreational vehicle parks and trailer dump stations: *Provided*, That an approved on-site system management program as provided by WAC 248-90-070 is in effect.

(6) The subsurface disposal system generally shall not be installed in fill. Fill can be used as cover over a subsurface disposal area up to a maximum depth of eighteen (18) inches provided that no portion of the absorption trenches are installed in this material.

The health officer may allow installation of a subsurface disposal system in fill that has been in place a period of time and has stabilized to the point where site conditions and soil tests show the site to be satisfactory to allow full compliance with provisions of these regulations.

(7) Construction on slopes in excess of 15% but not greater than 30% may be allowed: *Provided*, That subsoil profiles indicate no restrictive layers of soil and appropriate engineering design is provided.

(8) The absorption trench shall be installed no closer than ten (10) feet to an interceptor drain line provided the interceptor drain is on a slope higher than the absorption trench. If the interceptor drain is below the absorption trench, the drain shall be installed no closer than 30 feet. [Order 101, § 248-96-110, filed 6/10/74.]

**WAC 248-96-130 Designer program.** If a designer program is established, all plans, specifications, and percolation tests submitted to the health officer must be designed and certified by either a registered sanitarian, professional engineer or a designer licensed by the health officer. The health officer may waive any or all portions of the requirements of this section for single family dwellings only. [Order 101, § 248-96-130, filed 6/10/74.]

**WAC 248-96-140 Inspection.** The health officer may make inspections during construction to determine compliance with these regulations. No part of any installation shall be covered until approval has been obtained from the health officer. The health officer may waive this requirement provided the installation has been made by a person licensed under WAC 248-96-175 and a designer program has been established according to WAC 248-96-130. Once an on-site system has been installed and is approved, a complete set of certified "as-built" drawings shall be provided to the health officer for a permanent record of the installation. [Order 101, § 248-96-140, filed 6/10/74.]

**WAC 248-96-160 Waiver of regulations.** Whenever a strict interpretation of these regulations would result in extreme hardship, the health officer may, upon concurrence of the secretary, waive such regulation or portion thereof: *Provided*, That the waiver is consistent with the intent of these regulations and that no public health hazard will result. [Order 101, § 248-96-160, filed 6/10/74.]

**WAC 248-96-170 Disposal of septic tank waste.** (1) The contents of a septic tank or other treatment device

shall be disposed of only in areas and in a manner approved by the health officer.

(2) Local boards of health shall establish requirements for persons engaged in the removal of septic tank contents, which shall include standards for equipment and operating procedures and may provide for the issuance and revocation of permits. [Order 101, § 248-96-170, filed 6/10/74.]

**WAC 248-96-175 Sewage contractor's license.** Local boards of health shall establish requirements for persons, firms, or corporations engaged in the business of installing or repairing on-site sewage disposal systems. The requirements shall include a license or permit issued for a period not to exceed one year, an examination of the competence of the licensee to perform this work which may include a written test, and such other evaluation as the health officer may deem appropriate. The requirements shall include a means of revoking a license for non-compliance of established rules and regulations. [Order 101, § 248-96-175, filed 6/10/74.]

**WAC 248-96-180 Evaluation and revision.** These regulations shall be reviewed and evaluated annually. Revision shall be made as needed to insure proper administration and to allow for newer methods of on-site sewage disposal. The secretary is directed to appoint a special review committee for purposes of reviewing and recommending changes to these regulations. Members of the committee shall be selected from the land development and real estate industry, local health departments, planning, sanitarian and engineering organizations, consumer and environmental groups, state regulatory agencies, and a representative of a public sewer utility. [Order 101, § 248-96-180, filed 6/10/74.]

## Chapter 248-98 WAC

### SWIMMING AND WADING POOLS—BATHING BEACHES

#### WAC

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**WAC 248-98-001 Definitions.** (1) The term "public swimming pool" as used in these regulations shall mean an artificial pool of water having a depth of 24 inches or more used for swimming or recreative bathing together with buildings and appurtenances in connection therewith, and shall be construed as including all pools of water used for swimming or recreative bathing, in which it is necessary to employ such measures as the addition

of clean water or disinfectant or both, for the purpose of maintaining the water quality standards included in these regulations, and shall include any swimming pool owned or operated by the state of Washington or any of its political subdivisions or is a pool generally available to the general public upon the payment of a specific admission charge for the use of the same; and shall include pools maintained by hotels, motels, or private clubs as an additional facility for members or guests where the same is 1500 square feet or more in surface area; or any pools not otherwise defined in this section.

(2) The term "semipublic pool" shall mean a pool provided by a hotel, motel, or private club as an additional facility for members or guests where the same is less than 1500 square feet in surface area and having a water depth of 24 inches or more.

(3) The term "bathing beach" shall mean a bathing place, together with buildings and appurtenances used in connection therewith, on a natural pond, lake, stream, or other body of fresh or salt water, which is open to the public for bathing by express permission of the owner, or which is operated for a fee, or which is openly advertised as a place for bathing by the public.

(4) The term "wading pool" shall mean any artificial pool of water intended for wading purposes.

(5) The term "spray pool" shall mean a pool or artificially constructed depression for use by children, into which water is sprayed but is not allowed to pond in the bottom of the pool.

(6) The term "private pool" shall mean a swimming pool, bathing beach, wading pool, or spray pool maintained by an individual for use of his family and friends and shall not be subject to the provisions of these rules and regulations.

(7) The term "health officer" shall mean the state director of health or the city, county, city-county, or district health officer, as defined in RCW 43.20.010 and chapters 70.04, 70.08, and 70.46 RCW, or their authorized representatives. [Regulation .98.001, effective 3/11/60.]

**WAC 248-98-010 Approval of plans.** No municipality, person, persons, firm, corporation, association, organization, or institution shall construct a public or semipublic swimming pool, or make changes in any such pools already built, or in the appurtenances thereof, until the plans and specifications therefor shall first have been submitted to and received the approval of the state director of health. The state director of health may stipulate when granting this approval such modifications or conditions as the public health or safety may require. Such plans and specifications shall be prepared by a professional engineer or architect registered in the state of Washington. [Regulation .98.010, effective 3/11/60.]

**WAC 248-98-020 Compliance.** Existing public and semipublic swimming pools and wading pools which do not fully comply with the design, construction, and equipment requirements as outlined in WAC 248-98-050 and 248-98-080 of these regulations may be continued in use, provided the pool is operated in continuous

compliance with the requirements regarding water quality, disinfection, and sanitary control, as outlined in WAC 248-98-030, 248-98-040, and 248-98-060 of these regulations. [Regulation .98.020, effective 3/11/60.]

**WAC 248-98-030 Water.** (1) **Water quality.** The water in all pools subject to these rules and regulations shall at all times meet the following standards of quality:

(a) **Bacteria count** – Not more than 15% of any series of samples, (see WAC 248-98-030(2) following) nor more than 2 consecutive samples in any series of samples collected at times when the swimming pool is in use, shall show the presence of bacteria of the coliform group in any of the five 10-milliliter portions examined.

Not more than 15% of any series of samples nor more than 2 consecutive samples in any series of samples (See WAC 248-98-030(2)), collected at times when the swimming pool is in use, shall contain more than 200 bacteria per milliliter when incubated for 24 hours on standard nutrient agar at 35°C. ± 0.5°C.

(b) **Turbidity** – At all times when the pool is in use the water shall be sufficiently clear to permit a black disc six inches in diameter on a white field, when placed on the bottom of the pool at the deepest point, to be clearly visible from the walkways of the pool at all distances up to ten yards, measured from a line drawn across the pool through said disc. When conditions are such that the test disc cannot be seen as specified, bathers shall not be permitted in the pool until the test can be complied with. A test disc shall be kept readily available at all times.

(c) **Chemical** – The water in a swimming pool shall be maintained at all times in such alkaline condition that the pH value of the water in the pool shall be between 7.2 and 8.9.

(2) **Analytical methods.** Sample shall be examined in accordance with the latest edition of standard methods of water analysis of the American Public Health Association by a laboratory approved for the purpose by the state director of health. Samples of water submitted to such laboratory shall be accompanied by all pertinent data requested on water sample information form accompanying official water sample bottles relative to the operation of the pool, indicating the conditions prevailing at the time of collection of samples.

(3) **Collection of samples.** The health officer shall prescribe what series of samples of swimming pool water shall be collected and shall determine the frequency of samples necessary to assure that the water quality will meet the standards as set forth in paragraph (1) of this section. Such samples shall be collected while the swimming pool is in use, at a point near the outlet of the swimming pool, and at such additional sampling points as may be selected to indicate the quality of the water being maintained throughout the swimming pool. Samples of chlorinated water shall be dechlorinated when collected.

(4) No chemicals or materials shall be added to any pool unless the use thereof has been approved by the state director of health. [Regulation .98.030, effective 3/11/60.]

**WAC 248-98-040 Disinfection.** A disinfection process or procedure shall be used at all pools subject to these rules and regulations for the purpose of insuring continuous disinfection of the water throughout the pool during the period the pool is in use.

When chlorine or chlorine compounds are used as the disinfectant, the water in the pool at all times while in use shall contain a chlorine residual of not less than 0.4 parts per million as measured by the orthotolidine method, or shall contain a free chlorine residual of a value to be determined by the health officer.

Disinfection by other than chlorine or chlorine compounds may be used, if approved by the state director of health, and if such disinfection process or procedure will permit maintenance of a water quality in compliance with the requirements as outlined in WAC 248-98-030 of these regulations. [Regulation .98.040, effective 3/11/60.]

**WAC 248-98-050 Design, construction, and equipment.** The following design, construction, and equipment criteria will apply to all pools subject to these rules and regulations except as specifically noted. The design engineer or architect shall submit his computations for such portions of the design as the state director of health may require.

(1) **Location.** Outdoor pools shall be located where they will not be exposed to excessive pollution by dust, smoke, soot, surface drainage from surrounding areas, or other undesirable substances.

(2) **Material.** Pools shall be constructed of concrete or other approved material with an impervious finish adapted to the requirements of the various parts of the pool, and suitably constructed to withstand normal weather cycles.

(3) The rate of slope of the bottom of a public swimming pool shall not exceed 1 foot in 15 feet from the point of least depth to the tangent point of the vertical transition curve leading to the deepest part of the pool; and the radius of curvature from the transition tangent point through the first 15° of curvature shall not exceed 2 feet. All portions of the pool bottom shall have definite slope toward the outlets.

(4) **Radius of curvature of coving.** Where coved construction is used between the side walls and bottom of public and semipublic swimming pools, the radius of curvature shall not exceed the following values:

(a) At 3-foot depth, a 6-inch radius cove at the base of a 2-foot, 6-inch vertical section.

(b) At 3-foot, 6-inch depth, a 1-foot radius cove at the base of a 2-foot, 6-inch vertical section.

(c) At 5-foot depth, a 1-foot, 6-inch radius cove at the base of a 3-foot, 6-inch vertical section.

From this point the spring line or point of departure from vertical may rise through an 8-foot transitional zone, measured horizontally, to a typical deep end wall design consisting of a 2-foot, 6-inch vertical section with a curved section from that point meeting the floor of the pool.

(5) **Walk areas.** Walkways shall be provided around the entire perimeter of the pool. They shall slope away from the pool, be provided with adequate drains, and be

constructed of an impervious material with nonslip finish. For public swimming pools, total walkway area provided shall be not less than 16 square feet per bather, based on the bather load as computed below in paragraph (11)(m) of this section, and may be distributed around the pool in any manner, provided that the minimum walkway width at any point shall be 4 feet. For semipublic swimming pools walkways shall be not less than 4 feet in width and shall circumscribe the pool.

(6) **Fencing.** At outdoor public and semipublic pools, the entire area shall be fenced so that persons in street apparel and animals cannot enter the area used by bathers. Spray pools and wading pools shall be fenced so as to prevent the entrance of animals and minimize the entrance of persons not actively utilizing the pool facilities. For semipublic pools, fencing may consist of any suitable barrier so designed and constructed as to prevent the free and easy passage of persons from one area to another.

(7) **Sand and grass areas.** Sand and grass areas shall not be allowed inside of the pool enclosure unless properly fenced off to prevent direct access on the part of bathers and unless satisfactory facilities are provided for the proper cleansing of bathers before they again enter the bathing area. Fencing may consist of any barrier so designed and constructed as to prevent the free and easy passage of persons from one area to another. The provisions of this paragraph shall not apply to semipublic pools, spray pools, and wading pools.

(8) **Inlets.** Inlets for fresh or repurified water shall be located to produce, so far as possible, uniform circulation of water and the maintenance of a uniform chlorine or other disinfectant residual throughout the entire pool without existence of dead spots. Inlets for the circulation system shall be submerged to reduce escape of chlorine or other disinfectants.

(9) **Outlets.** Outlets shall be provided at the low points of the pool. They shall be not more than 20 feet apart nor more than 10 feet from the vertical portion of the sidewalls. Total area of the openings in the outlet gratings shall be such as to preclude the possibility of developing a suction dangerous to bathers' safety. The pool outlet piping shall be valved and shall discharge to the recirculation pump suction and have a capacity equal to 100% of the recirculation pump capacity.

(10) **Overflow channel and skimming facilities.**

(a) Public swimming pools, except as provided for under subparagraph (b) of this paragraph, shall be provided with an overflow channel around the entire perimeter of the pool. The design shall be such that matters entering them will not be washed back into the pool, and so dimensioned as to minimize the danger of bathers catching arms or feet in them. Channels shall be adequately sloped to provide rapid drainage to drains spaced not more than 15 feet apart, and drainage from channels shall be returned to the filters. The overflow channel drainage and collection system shall have a hydraulic capacity sufficient to carry 100% of the recirculation pump capacity plus one-fifth of the balancing tank capacity expressed in gallons per minute.

(b) Semipublic swimming pools and public swimming pools of 2500 square feet of area, or less, provided for

hotels, motels, private clubs, apartment houses or trailer courts may, in lieu of overflow channels, be provided with suitable devices which will accomplish the purpose of an overflow channel. The minimum number of such devices shall be equal to at least one device for each 500 square feet of surface area, or fraction thereof, plus one additional device where considered necessary, and they shall be so spaced that the surface of the pool will be skimmed uniformly. Each device shall be provided with a valve, and piping will be so designed hydraulically that the devices will collectively carry 100% of the recirculation pump capacity. Such devices must be recessed in the wall of the pool in such a manner that no part protrudes beyond the plane of the wall into the pool. They shall be automatically adjustable to variations in water level over a range of at least 3 inches; shall be provided with a device to prevent air lock in the recirculation suction line; and shall be equipped with an easily removable and cleanable screen designed to trap large solids.

(11) **Recirculation.**

(a) Public swimming pools shall be provided with complete recirculation equipment and facilities, including pumping equipment, hair and lint catcher, filters, and balancing tanks, together with all necessary valves, pipe connections to the inlets and outlets of the pool, and provisions for cleaning the filters. The entire system and its component parts shall be so designed that the entire volume of the pool can be recirculated in 6 hours. Not less than 60% of the recirculated water shall be returned through the overflow channels.

(b) Semipublic pools shall be provided with complete recirculation equipment and facilities, including pumping equipment; hair and lint catcher; filters, and balancing tanks, when required; together with all necessary valves, pipe connections to the inlets and outlets of the pool, and provisions for cleaning the filters. The entire system and its component parts shall be so designed that the entire volume of the pool can be recirculated in 12 hours. Not less than 60% of the recirculated water shall be returned through the overflow devices or channels.

(c) *Filtration equipment.* The maximum permissible filter rates shall be not greater than 3 g.p.m. per square foot of filter area for pressure filters using sand or equal media; 2 g.p.m. per square foot of filter area for diatomaceous earth filters; and 3 g.p.m. per square foot of filter area for gravity filters using sand or equal media.

(d) *Disinfection equipment.* Equipment shall be provided for the adequate disinfection of all pool water. When chlorinators are used for public pools, the capacity shall be sufficient to feed at the rate of at least 3 lb. of chlorine per 24 hours per 10,000 gallons of pool capacity; and for semipublic pools the capacity shall be sufficient to feed at the rate of at least 1 lb. of chlorine per 24 hours per 10,000 gallons of pool capacity. When gas chlorination is used, the chlorination equipment and all gas containers shall be housed in a separate room or rooms with the access doors opening to the outside of the building. All gas chlorination equipment, including gas containers, shall be housed above ground level and be adequately ventilated.

(e) *Coagulant and alkalinity equipment.* Suitable equipment for the feeding of a coagulant and alkalinity-producing chemical at such points that their use will be most effective shall be provided.

(f) All swimming pools shall be equipped with facilities for adding make-up water.

(g) *Cross-connections.* No piping arrangement shall exist which under any condition will permit sewage or waste water to enter the recirculation system or the pool, or water from the recirculation system or the pool to enter the make-up water supply.

(h) *Access to equipment.* Filters and other equipment shall be easily accessible.

(i) *Testing equipment.* Suitable testing equipment in good repair, for determination of hydrogen ion concentration (pH), alkalinity, and disinfectant residual shall be provided, together with the necessary reagents.

(j) *Rate of flow indicators.*

(i) Public Pools: Two rate of flow indicators shall be installed so as to measure gallons per minute flow. One indicator shall be located at the recirculation pump, and the other shall be located at the main pool outlet pipeline.

(ii) Semi-Public Pools: A single flow indicator shall be installed to measure in gallons per minute the total recirculation flow.

(k) *Loss of head gauges.* Suitable loss of head gauges shall be provided for measurement of lost head through filters.

(l) Provision shall be made for means of discharging filter backwash to waste; and where diatomaceous filters are used, provision shall be made for recirculating first-filtered water to filter or discharging to waste.

(m) *Bather load capacity.* The maximum number of bathers permitted within the pool enclosures of public pools at any one time shall not exceed a number determined by the following formula:

$$\text{Maximum Bathing Load} = \frac{A - S}{27} \div \frac{S}{10}$$

Where

A = Total area of water surface in square feet

S = Area of pool less than 5-feet 6-inches deep in square feet

Also, this formula will be used in determining certain features of pools as noted elsewhere in these rules and regulations.

(n) *Balancing tank capacity.* Where balancing tanks are required, the capacity shall be equal to 6 times the maximum bathing load expressed in gallons. If the balancing tank is designed to serve as a make-up water tank or to prevent air lock in the pump suction line, or both, the capacity shall be increased sufficiently to accommodate these uses.

(12) Exceptions to recirculation requirements can be made for flowing-through pools in cases where the supply of water is sufficient to provide the same turnover period that is specified for recirculation pools; and provided that the water supply meets the quality requirements as outlined in WAC 248-98-030 and is subjected

to a method of disinfection as outlined in WAC 248-98-040; and provided that the introduction of fresh treated water into pool is accomplished by the same type of inlet design required for recirculation pools.

(13) **Steps, ladders, and step holes.** Steps, ladders and step holes for entering and leaving the pool shall be of such construction as to minimize danger of accidents. Treads shall be of nonslip material. Where step holes are provided, they shall be of such design that they may be readily cleaned and be provided with drains into the pool to prevent accumulation of dirt. In public swimming pools, stairs shall be recessed into the wall of the pool and walkway of the pool, and a guard rail shall be provided in the walkway around the stairwell. In semipublic swimming pools, stairs may be constructed so as to extend into the pool, provided that the stair tread edge is constructed of a material so colored as to contrast with the color of the stairs and be clearly visible and evident to bathers.

(14) **Dressing rooms.** Dressing rooms shall be arranged so as to be easily accessible to toilet and shower facilities, and such that there will be minimum occasion for the patrons with bare feet and those in street shoes to walk in the same area, and shall be well lighted and ventilated. Floors of dressing rooms shall be constructed of impervious material with a nonslip finish and sloped to properly located drains.

(15) **Shower facilities.** Adequate shower bath facilities, with hot and cold or tempered running water, shall be provided for each sex. The minimum number of showers shall be one for each forty bathers at time of maximum use.

(16) **Toilet facilities.**

(a) Flush toilets shall be provided at a place all bathers must pass before entering the pool. One toilet for each forty women and one toilet and one urinal for each sixty men shall be provided. Urinals shall be so constructed that urine does not splash onto the floor or bathers' legs.

(b) The sewage or excreta from toilet facilities provided in the vicinity of any swimming pool shall be disposed of in a manner approved by the health officer.

(c) Where toilet facilities are provided for spectators, such facilities must be separate from those provided for bathers, and the approaches to spectators' toilet facilities shall not include areas where bathers pass in bare feet.

(17) **Lighting.**

(a) **Pool and pool enclosure.** All indoor public and semipublic pools, and all outdoor public and semipublic pools at which night bathing is permitted, shall be provided with lighting fixtures of such number and design as to light all parts of the pool enclosure and the water in the pool. The lighting intensity measured at a point 30 inches above any part of the pool walkway shall be not less than 15 foot-candles. Arrangement and design of lighting fixtures shall be such that lifeguards may see clearly every part of the pool waters, walkways, springboards, and other appurtenances without being blinded by light. When underwater pool lighting is provided, such lights shall be so installed as to create no hazard to bathers.

(b) **Shower and dressing rooms.** Shower rooms and dressing rooms of all public and semipublic pools shall be provided with lighting fixtures of such number and design, and be so located, as to provide a lighting intensity of not less than 15 foot-candles measured at a point 30 inches above any part of the shower room or dressing room floor. Location of lighting fixtures and control switches shall be such as to create no hazard to persons using these facilities.

(18) **Drinking water supply.** A safe, sanitary drinking water supply shall be provided at conveniently located drinking fountains located within the pool enclosure. The drinking fountains shall be of the angle jet type and meet the standards of the American Standards Association.

(19) Semipublic pools are exempted from the provisions of paragraphs (14), (15), (16)(a), and (18) of this section.

(20) **Foot baths.** The provision of foot baths is optional. If provided, they shall be equipped with an adequate drain, or shall be of a portable nature, shall be cleaned daily, and shall contain a chlorine solution of 0.3% to 0.6% chlorine or other solution of equal bactericidal quality approved by the health officer.

(21) **Hose bibs.** Hose bibs shall be provided at convenient locations within the dressing rooms and adjacent to the pool walkways at all public and semipublic pools and wading pools.

(22) **Wash basins.** A minimum of one wash basin shall be provided for each sex and be located adjacent to the toilets.

(23) **Soap.** Liquid or powdered soap in suitable dispensing equipment shall be provided at each shower head and each wash basin, and soap dispensers shall be kept clean and filled at all times that pool is in use.

(24) **Toilet tissue.** Toilet tissue in suitable dispensers shall be provided at each toilet. Dispensers shall be kept filled at all times that pool is in use. [§ 248-98-050(11)(j), filed 10/3/67; Regulation .98.050, effective 3/11/60.]

**WAC 248-98-060 Operation, sanitary control and safety measures.** (1) All parts of all pools subject to these rules and regulations, including their premises and appurtenances, shall be maintained in a clean and sanitary condition at all times while the pool is open to bathers.

(2) **Operator or attendant.** All public and semipublic pools shall be maintained and operated by one or more persons familiar with the equipment and appurtenances and having a good understanding of the principles of swimming pool operation. The operator or attendant shall require a careful observance of the sanitary regulations.

(3) **Operating records.** At all public swimming pools, semipublic swimming pools, and wading pools, full daily records shall be kept as follows: the actual length of time pumps and filters are in operation; when each filter is backwashed or cleaned; the results of all tests made of the quality of the water and the results of disinfectant

residual tests. These records must be available for inspection by the state department of health or the local health officer having jurisdiction.

(4) All persons using public or semipublic pools shall be required to take a cleansing bath in the nude, using warm water and soap, and to rinse off thoroughly all soapsuds before entering the pool. In the case of semipublic pools, the requirement of this paragraph will be posted in a prominent location within each living unit, or on a prominent sign adjacent to the pool.

(5) **Communicable disease.** No person having skin lesions, sore or inflamed eyes, mouth, nose, or ear discharges, or who is known to the health officer to be a carrier of any communicable disease shall use any pool subject to these rules and regulations.

(6) **Pollution of pool prohibited.** Urinating, expectorating, blowing the nose, or depositing any foreign matter in any pool subject to these rules and regulations is prohibited.

(7) Tobacco, food and drink shall be completely banned from the enclosure of any public swimming pool.

(8) **Spectators.** Persons not dressed for bathing shall not be allowed on walks immediately adjacent to public pools.

(9) **Lifesaving and first aid facilities.**

(a) Every public and semipublic swimming pool shall be equipped with one or more light but strong poles with blunt ends and not less than 12 feet in length for making reaching assists or rescues; one or more throwing buoys not more than 15 inches in diameter, having 60 feet of 3/16 inch manila rope attached, placed in easily accessible racks adjacent to the pool; a standard 24-unit first aid kit which shall be kept filled and readily accessible for emergency use; and two or more blankets reserved for emergency use. In addition, there shall be prominently displayed immediately adjacent to the telephone a telephone number list to include the nearest available doctor, ambulance service, hospital, and police or fire department rescue unit.

(10) Common towels, combs, brushes and drinking cups are prohibited.

(11) **Posting regulations.** Placards reciting paragraphs (4) through (10) inclusive shall be posted conspicuously at the pool or enclosure and in the dressing rooms and offices of all pools subject to the provisions of these rules and regulations.

(12) **Care of bathing suits and towels.** All bathing suits, towels and bathing caps furnished patrons at any pool subject to these rules and regulations shall be laundered with soap and hot water, and thoroughly rinsed and dried before re-use.

(13) **Care of floor surfaces.** Bathhouse floors and appurtenances as well as pool decks and walkways shall be scrubbed at least daily to insure cleanliness at all times. Disinfection with chlorine solution or other germicides shall be accomplished daily. The provisions of this paragraph shall apply to all public and semipublic pools, wading pools and spray pools.

(14) Public pools shall be so operated that the entire volume of the pool shall be recirculated in not more than six hours. Semipublic pools shall be so operated that the entire volume of the pool shall be recirculated in not

more than 12 hours: *Provided*, That pools previously approved with turnover rates varying from the above may continue to so operate. [Regulation .98.060, effective 3/11/60.]

**WAC 248-98-070 Bathing beaches.** No bathing beach shall be maintained or operated when such water is determined by the health officer to be so polluted or subject to pollution as to constitute a menace to health if used for bathing. Where bathhouse and toilet facilities are provided for use of bathers they shall be constructed, maintained and operated in a sanitary manner approved by the health officer. [Regulation .98.070, effective 3/11/60.]

**WAC 248-98-080 Wading pools.** (1) Wading pools shall be not more than 24 inches in depth.

(2) The water in wading pools at all times while in use shall meet the requirements pertaining to water quality as outlined in WAC 248-98-030 of these rules and regulations.

(3) Wading pool water shall be recirculated and shall be disinfected in accordance with the provisions of WAC 248-98-040 and of WAC 248-98-050(11)(d).

(4) In the operation of wading pools the requirements pertaining to sanitary control of swimming pools as outlined in WAC 248-98-060(1), (5) and (6) of these regulations apply.

(5) Adequate sanitary toilet facilities shall be available in the vicinity of wading pools.

(6) No wading pool shall be maintained or operated when such pool is determined by the health officer to constitute a menace to health if used for wading. [Regulation .98.080, effective 3/11/60.]

**WAC 248-98-090 Spray pools.** The water supply for a spray pool shall at all times meet the water quality requirements as outlined in WAC 248-98-030 of these rules and regulations. The spray pool shall be equipped at its low point with an unvalved drain of sufficient capacity and design to prohibit accumulation of any water in the pool. [Regulation .98.090, effective 3/11/60.]

**WAC 248-98-100 Apartment houses.** A swimming pool provided and maintained by an apartment house or trailer court as an additional facility for tenants where the same is less than 1500 square feet in surface area may be designed, constructed, maintained, and operated in accordance with the requirements for semipublic pools. [Regulation .98.100, effective 3/11/60.]

**WAC 248-98-110 Waiver.** The secretary of the department of social and health services, or his designee, may in his discretion, waive parts of these regulations upon a showing by an applicant that a waiver may be made in an individual case without placing the safety or health of persons using the swimming pool in jeopardy. [Order 715, § 248-98-110, filed 9/14/72.]

**WAC 248-98-120 Substitution.** The secretary of the department of social and health services, or his designee, may, in his discretion, allow substitutions of equipment,

facilities, or procedures required by these regulations upon a showing that such substitution will adequately provide for the protection of the public health and safety of persons using the pool. [Order 715, § 248-98-120, filed 9/14/72.]

**WAC 248-98-999 Legal authority of the state board of health.** RCW 70.90.020 and 70.90.030 (chapter 57, Laws of 1957). [Regulation .98.999, effective 3/11/60.]

### Chapter 248-99 WAC

## STANDARDS FOR THE CONTROL, PREVENTION AND TREATMENT OF TUBERCULOSIS— CERTAIN COUNTIES

### WAC

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248-99-060	Infection control.
248-99-070	Clinical services.
248-99-080	Home treatment.
248-99-090	Case monitoring.
248-99-100	Program review.

**WAC 248-99-010 Purpose.** (1) These regulations are adopted for the purpose of establishing standards necessary to assure the effective and adequate care and treatment of persons suffering from tuberculosis in hospitals, nursing homes, and other organized living groups, or outpatient settings, including patient homes.

(2) Outpatient treatment should be given the highest priority in personnel and services. A high degree of success must be achieved, requiring the dedicated service of physicians and nurses who can identify with every type of patient and a provision of a full range of type of service, including office, clinic, home visit and special clinics.

(3) These regulations are adopted pursuant to section 2, chapter 213, Laws of 1973, 1st ex. sess., and RCW 70.33.020, and the requirements of these regulations shall be in addition to the requirements of WAC 248-100-532, now or as hereafter amended. [Order 848, § 248-99-010, filed 8/23/73.]

**WAC 248-99-020 Definitions.** (1) "Primary physician" shall mean the physician who assumes the day-to-day medical care of a tuberculosis patient.

(2) "Chest clinic" shall mean an outpatient medical activity provided for persons suffering from or suspected to be suffering from disease primarily affecting the lungs.

(3) "Inpatient" shall mean medical care furnished in a hospital, nursing home or other organized living group in which the patient is a resident.

(4) "Outpatient" shall mean medical care furnished to patients who are residents in their homes or other places of residence.

(5) "Surveillance" shall mean an organized system of medical observation of persons at risk of developing active disease.

(6) "Suspect" shall mean a person who may possibly have a disease condition.

(7) "Epidemiological investigation" shall mean those specific actions taken by physicians or nurses which are taken to determine the extent of spread of infection from an active case of tuberculosis.

(8) "Register" shall mean the listing of all tuberculosis patients as required by WAC 248-100-532(3)(c), now or as hereafter amended.

(9) "UV generator" shall mean a properly mounted fluorescent tube which electrically produces ultraviolet radiation with bacteriocidal properties.

(10) "Slide microscopy" shall mean the diagnostic test in which body fluids such as sputum are examined for the presence of pathogenic bacteria.

(11) "Prophylaxis" shall mean either primary treatment to prevent infection in an uninfected person or secondary treatment to treat disease in an infected person.

(12) "Infectious" shall mean the state of being the possible transmitter of tuberculosis infection to other persons. [Order 848, § 248-99-020, filed 8/23/73.]

**WAC 248-99-030 Responsibility of local health officers.** County, city-county and district health officers are responsible for the control of tuberculosis within their jurisdictions. Each health officer will act as or will designate another physician to act as a tuberculosis control officer. This individual will coordinate all aspects of the control and treatment program. [Order 848, § 248-99-030, filed 8/23/73.]

**WAC 248-99-040 Local health department responsibilities.** (1) Each health department shall staff and provide a chest clinic under the supervision of a physician specializing in pulmonary diseases. Sufficient nursing and clerical personnel shall be provided to furnish supervision of post-inpatient treatment, post-treatment surveillance, suspect evaluation, epidemiological investigation, contact workup and prophylaxis. A health department unable to provide these services shall contract for such services.

(2) A register must be kept of all known cases of tuberculosis within the jurisdiction in accordance with WAC 248-100-532(3)(c), now or as hereafter amended. Reports of all newly discovered cases of tuberculosis must be made promptly to the department of social and health services.

(3) One or more physicians qualified to treat tuberculosis as determined by the local health officer with the advice of the state tuberculosis advisory committee shall be secured to assume the primary inpatient and/or outpatient care of patients. A tuberculosis clinical consultant, similarly endorsed, shall be available to provide review in case conferences of diagnoses, plans of management and dates of discharge.

(4) The health department shall also provide by contract appropriate inpatient care. Public health nursing services sufficient to meet the needs of outpatients including home care programs shall be available. Social service is necessary, and if not available within the department, shall be arranged. [Order 848, § 248-99-040, filed 8/23/73.]

**WAC 248-99-050 Inpatient services.** (1) Hospitals which treat infectious tuberculosis patients shall provide the following: Private or semi-private rooms suitably arranged for respiratory isolation with a properly installed UV generator, nursing service, complete x-ray service, respiratory therapy service, clinical laboratory services including slide microscopy, occupational therapy when reasonably available to the hospital, patient education, and social services.

(2) Nursing homes caring for infectious tuberculosis patients shall provide the following: A private or semi-private room arranged for respiratory isolation, and nursing service. [Order 848, § 248-99-050, filed 8/23/73.]

**WAC 248-99-060 Infection control.** (1) A hospital which contracts to treat tuberculosis patients shall have an infection control committee, published infection control policies for nursing and laboratory services, a staff health surveillance program including skin testing and periodic x-ray examination, and continuing staff education. Mycobacteriological culture, identification and sensitivity testing are procedures not recommended for hospital laboratories; these services are available in the state public health laboratory.

(2) Nursing homes caring for tuberculosis patients shall continue staff education, published infection control policies, and a staff health surveillance program. [Order 848, § 248-99-060, filed 8/23/73.]

**WAC 248-99-070 Clinical services.** (1) The following physician services shall be available for the treatment of tuberculosis patients in all hospitals treating tuberculosis patients and as appropriate in nursing homes: Internal medicine and pediatrics (primary physician), pulmonary disease (consultant), available consultation in other appropriate medical and surgical specialties, chest surgery, pathology, mycobacteriology (state laboratory).

(2) Case conferences shall be held regularly involving the primary physician, consultant and health officer to ensure accurate diagnosis, effective treatment regimen and discharge at the earliest date consistent with good management and safety from transmission. Discharge conferences must include a representative of the facility which will be supervising treatment after discharge. [Order 848, § 248-99-070, filed 8/23/73.]

**WAC 248-99-080 Home treatment.** When the home situation and clinical state are favorable, cooperative patients may be treated on an outpatient basis. Case conference between primary physician, health officer and consultant is required as in hospital practice. [Order 848, § 248-99-080, filed 8/23/73.]

**WAC 248-99-090 Case monitoring.** From the time of diagnosis every patient shall be monitored by the local health department for the purpose of assuring that treatment is continuous, appropriately reviewed and completed. The case register shall be kept in sufficient detail to allow recording of accomplishment of periodic diagnostic studies, clinical progress and changes in state

of disease. Quarterly status reports on each diseased patient will be furnished to the department of social and health services tuberculosis control program. Business and financial records including contracts and accounts shall be maintained by an administrative clerk. [Order 138, § 248-99-090, filed 2/7/77; Order 848, § 248-99-090, filed 8/23/73.]

**WAC 248-99-100 Program review.** To ensure effective, economical control programs health departments shall maintain adequate operational records and carry out a comprehensive program review annually. Important program criteria are: proportion of patients brought to completion of treatment, proportion of newly discovered cases which are reactivations, proportion of completed epidemiological investigation of newly discovered cases, prompt evaluation of close contacts of new cases, evaluation of other significant contacts within a prescribed period, and proportion of close contacts placed on prophylaxis. Recommended values for these criteria will be published annually by the department of social and health services. [Order 848, § 248-99-100, filed 8/23/73.]

### Chapter 248-100 WAC COMMUNICABLE AND CERTAIN OTHER DISEASES

#### WAC

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- 248-100-185 Tuberculosis testing—Duration of certificates. [Regulation .100.185, effective 3/11/60.] Repealed by Order 78, filed 1/9/73.
- 248-100-245 Venereal diseases—Who may diagnose or treat. [Regulation .100.245, effective 3/11/60.] Repealed by Order 143, filed 2/4/77.
- WAC 248-100-001 Definitions—General.** The definition of terms and the recommendations included in the latest edition of the booklet, "The Control of Communicable Diseases in Man," published by the American Public Health Association, are hereby accepted as official and applicable to the control of such diseases within this state under the rules and regulations of the state board of health except in such instances in which they may be in conflict with said rules and regulations of the state board of health, which shall take precedence. [Regulation .100.001, effective 3/11/60.]
- WAC 248-100-002 Definition of "health officer."** "State health officer" means or refers to the state director of health. "Local health officer" means or refers to

one of the following: (1) Health officer of a local health district as provided in chapter 70.46 RCW.

(2) Health officer of a combined city-county health department, as provided in chapter 70.08 RCW.

(3) Health officer of a city, as defined in 70.04 RCW.

(4) Health officer of a county, as defined in chapter 70.06 RCW. [Regulation .100.002, effective 3/11/60.]

**WAC 248-100-003 Health officers in cities below the first class.** Health officers of cities below the first class (population less than 20,000) are under the jurisdiction of the county or district board of health, and are required to report to the county or district health officer. [Regulation .100.003, effective 3/11/60.]

**WAC 248-100-010 General--Laboratory tests--Duty of person attending patient.** Whenever any laboratory report or clinical symptoms of a patient indicate suspicion of any disease of a communicable nature, the person attending such patient shall immediately take such action as is necessary in order to prevent the spread of such disease, and shall make a report to the local health officer. Pending official action by the local health officer, the attending physician or other person practicing a healing art or science shall enforce such rules and regulations as are prescribed by the state board of health. [Regulation .100.010, effective 3/11/60.]

**WAC 248-100-015 General--Diagnoses and releases.** The diagnosis or release of a case, contact or carrier of diphtheria, typhoid, paratyphoid, and such other infections as may be designated by the director of the state department of health shall be determined whenever possible by the examination of appropriate laboratory specimens submitted to the state department of health laboratory, or a laboratory designated by the state director of health to perform such confirmatory or diagnostic examinations. [Regulation .100.015, effective 3/11/60.]

**WAC 248-100-020 General--Annual registration of laboratories.** Every person, firm or corporation operating or maintaining a laboratory in which body fluids, secretions or excretions are examined for the determination of the presence or absence of an infectious agent in the material examined or in the person or animal from which it was secured, shall register annually with the state department of health giving the name of such laboratory, its location, and the name of the person or persons owning or operating the same. [Regulation .100.020, effective 3/11/60.]

**WAC 248-100-025 General--Investigative duty of health officers.** It shall be and is hereby made the duty of all local health officers within the state to thoroughly investigate the possible sources of infection and modes of transmission and submit appropriate epidemiologic reports of such diseases or infections occurring within their jurisdictions as may be required by these rules and regulations. The state department of health

shall provide assistance to local health officers in carrying out necessary investigations, whenever such assistance is needed. [Regulation .100.025, effective 3/11/60.]

**WAC 248-100-030 General--Epidemiologic report.** Such a report shall include the pertinent information concerning the circumstances involved in the illness concerned, including identification of the patient, occupation, and date of onset, chief symptoms, results of laboratory tests used to confirm or support the diagnosis, history of possible exposure, possible source of infection and mode of transmission, immunization status, family roster if indicated, and list of extra household contacts exposed to patient if the disease is communicable from man to man, and such other information which may be of value in contributing to knowledge of the epidemiology and control of the disease concerned.

Such reports may be submitted on epidemiologic record forms available from the state department of health. [Regulation .100.030, effective 3/11/60.]

**WAC 248-100-035 Reports of diseases by attending physicians and others--Reports by those in attendance.** It shall be the duty of every physician or practitioner, every superintendent or manager of a dispensary, hospital or clinic, or any person in attendance on a case of a reportable disease or a case suspected of being a reportable disease, to report the case immediately to the local health officer, such report to include pertinent data regarding the patient and the circumstances involved as may be deemed necessary to determine the source of infection and mode of transmission. This data is to include name of patient, disease, address, age, sex, and date of onset. In case such patient is hospitalized or is receiving treatment through a dispensary, hospital or clinic, the superintendent or manager of such dispensary, hospital or clinic shall be responsible for reporting if the attending physician fails to do so.

The submitting of laboratory specimens to a health department laboratory shall not be considered as a report of any case. [Regulation .100.035, effective 3/11/60.]

**WAC 248-100-040 Reports of diseases by attending physicians and others--Duty of others with knowledge.** When no physician is in attendance, it shall be the duty of any individual having knowledge of a person suffering from a disease presumably communicable or suspected of being communicable to report forthwith to the local health officer all the facts relating to the case, together with the name and address of the person who is ill. [Regulation .100.040, effective 3/11/60.]

**WAC 248-100-045 Reports of diseases by attending physicians and others--Duty of interrogated persons.** It shall be the duty of any person who may be interrogated to answer correctly and to the best of his knowledge all questions put to him which may be necessary to elicit any information needed to verify or complete any report of a case of a known or suspected communicable disease or any disease dangerous to the public health or

to enable measures to be taken to prevent the spread of any such disease. [Regulation .100.045, effective 3/11/60.]

**WAC 248-100-050 Reports of diseases by attending physicians and others—Health officers and medical deputies.** The health officer or his medical deputy may accept, or may, at his discretion, carry out such additional steps as may be deemed by him to be necessary to verify diagnosis reported by a physician. [Regulation .100.050, effective 3/11/60.]

**WAC 248-100-055 Reports of diseases by attending physicians and others—Changes in diagnosis.** The diagnosis of a reported case may be changed only by the local health officer or his authorized agent. A suspected case may be reported on the basis of a provisional diagnosis, which may be changed by the local health officer or by the physician in attendance after notifying the local health officer. [Regulation .100.055, effective 3/11/60.]

**WAC 248-100-060 Reports of diseases by attending physicians and others—Forms for and lists of reportable diseases.** It shall be the duty of local health officers to keep all physicians within their jurisdiction supplied with the proper forms upon which to report diseases as required. It is also his responsibility to acquaint the physicians with the list of reportable diseases and to stimulate interest in and encourage good reporting. [Regulation .100.060, effective 3/11/60.]

**WAC 248-100-065 Reports of diseases by attending physicians and others—Reports of special diseases.** Individual reports to the local health officer of the following diseases shall be transmitted in sealed envelopes on special forms provided by the state department of health: Syphilis, gonorrhea, chancroid, lymphogranuloma venereum, and granuloma inguinale. [Regulation .100.065, effective 3/11/60.]

**WAC 248-100-070 Reports of diseases by attending physicians and others—Withholding identity.** The identity of persons infected with any of these diseases who faithfully comply with the rules and regulations of the state board of health will not be disclosed except to official agents and physicians charged with enforcement of these regulations. [Regulation .100.070, effective 3/11/60.]

**WAC 248-100-075 Reportable diseases—List of.** The state board of health does hereby declare the following diseases to be notifiable (reportable) in accordance with the procedures indicated in these rules and regulations:

- (1) Amoebic dysentery
- (2) Anthrax
- (3) Aseptic meningitis
- (4) Botulism
- (5) Brucellosis
- (6) Chancroid

- (7) Chicken pox
- (8) Cholera
- (9) Conjunctivitis, infectious (incl. Ophthalmia neonatorum)
- (10) Coxsackie disease
- (11) Diarrhea, epidemic (incl. Diarrhea of Newborn)
- (12) Diphtheria and Carrier State
- (13) Dysentery, bacillary (Shigellosis and Salmonellosis)
- (14) Encephalitis, infectious
- (15) Food poisoning
- (16) German measles
- (17) Gonorrhea
- (18) Granuloma inguinale
- (19) Hepatitis, infectious
- (20) Impetigo
- (21) Influenza and Epidemic Respiratory infection
- (22) Leprosy
- (23) Leptospirosis
- (24) Lymphogranuloma venereum
- (25) Malaria
- (26) Measles
- (27) Meningococcal infection
- (28) Mumps
- (29) Pertussis
- (30) Plague
- (31) Poliomyelitis
- (32) Psittacosis
- (33) Rabies
- (34) Rheumatic fever
- (35) Ringworm of face and scalp
- (36) Rocky Mt. Spotted fever
- (37) Salmonellosis (see Dysentery)
- (38) Smallpox
- (39) Staphylococcal infections in hospitalized patients
- (40) Streptococcal infections. Scarlet fever and Septic Sore Throat
- (41) Syphilis
- (42) Tetanus
- (43) Tick paralysis
- (44) Trachoma
- (45) Trichinosis
- (46) Tuberculosis
- (47) Tularemia
- (48) Typhoid and paratyphoid fever and carrier state

[Regulation .100.075, effective 3/11/60.]

**WAC 248-100-080 Unusual or serious diseases—Sudden or extraordinary outbreaks of.** All sudden or extraordinary outbreaks of unusual or serious disease are to be reported immediately to the local health officer by phone. Investigations of all reports of major diseases and outbreaks shall be made by the local health officer and the results reported to the state department of health. Immediate informal reports are desirable, followed by progress reports if indicated, and then a final report. [Regulation .100.080, effective 3/11/60.]

**WAC 248-100-085 Diseases requiring confirmation by laboratory examination whenever possible.** The diagnosis of the following diseases shall be confirmed by appropriate laboratory examinations whenever possible. This information is to be recorded on the epidemiologic report of the case:

- (1) Amoebiasis
- (2) Anthrax
- (3) Botulism
- (4) Brucellosis
- (5) Cholera
- (6) Diphtheria and Carrier state
- (7) Dysentery, bacillary (Shigellosis and Salmonellosis)
- (8) Encephalitis, infectious
- (9) Food poisoning
- (10) Leprosy
- (11) Leptospirosis
- (12) Malaria
- (13) Meningococcal infections
- (14) Ophthalmia neonatorum
- (15) Plaque
- (16) Psittacosis
- (17) Rabies
- (18) Rocky Mountain spotted fever
- (19) Trichinosis
- (20) Tuberculosis
- (21) Tularemia
- (22) Typhoid and paratyphoid fever and carrier state
- (23) Venereal diseases

[Regulation .100.085, effective 3/11/60.]

**WAC 248-100-090 Diseases in which release specimens shall be submitted.** Appropriate "release" specimens shall be submitted to the state department of health laboratory or other designated approved laboratory to determine whether the patient has become non-infectious in the following diseases:

- (1) Amoebiasis
- (2) Cholera
- (3) Diphtheria and carrier state
- (4) Dysentery, Bacillary (Shigellosis and Salmonellosis)
- (5) Leprosy
- (6) Typhoid and paratyphoid fever and carrier state

[Regulation .100.090, effective 3/11/60.]

**WAC 248-100-095 Diseases where specimens must be submitted.** Specimens, or subcultures of isolates of organisms, recovered in the following diseases shall be submitted to the state department of health laboratory or other laboratory specially designated to make or confirm identification or type of organism: Typhoid fever, paratyphoid fever, salmonellosis, shigellosis, diphtheria, botulism, and malaria. [Regulation .100.095, effective 3/11/60.]

**WAC 248-100-100 Reports of local health officers—Telegraph or telephone reports in certain cases.** The following diseases are to be reported by the local health officer to the state department of health immediately by telegraph or telephone (preferably) as soon as suspected or diagnosed: (1) Any sudden or extraordinary outbreak or case of unusual illness suspected of being infectious or transmissible, or of possible public health significance.

- (2) Cholera.
- (3) Plague (human).
- (4) Smallpox.
- (5) Large outbreaks of food infection or poisoning.

Such telephonic or telegraphic reports are to be followed by mailing to the state department of health completed individual case report cards and records of investigation. [Regulation .100.100, effective 3/11/60.]

**WAC 248-100-105 Reports of local health officers—Diseases reportable by number of cases.** The following diseases are to be reported by number of cases only, at the close of each week as specified below:

- (1) Chicken pox under 15 years of age
- (2) German measles under 15 years of age
- (3) Measles under 15 years of age
- (4) Mumps under 15 years of age
- (5) Scarlet fever and Strept. sore throat
- (6) Pertussis
- (7) Epidemic respiratory illness including influenza
- (8) Epidemic diarrhea, nausea, or vomiting
- (9) Conjunctivitis, infectious
- (10) Impetigo
- (11) Ringworm of face and scalp

[Rule .100.105, filed 6/4/63; Regulation .100.105, effective 3/11/60.]

**WAC 248-100-110 Reports of local health officers—Diseases reportable by individual report cards.** All other diseases are to be reported on completed individual report cards, mailed at the close of each week as specified below:

(1) Health officers of cities below the first class (population 20,000) are under the jurisdiction of the county (or district) health officer.

(2) Such city health officers (in cities below first class) shall submit the weekly report and the individual report cards of all diseases reported to them, to the county or district health officer each week on Thursday.

(3) County or district health officers or health officers of cities of the first class will submit reports as indicated in paragraphs WAC 248-100-100, 248-100-105, and 248-100-110 above, directly to the state department of health, as indicated, and each week on Friday.

(4) In case no reports have been received by a health officer during the week, he is to submit a report of "no cases" on the report cards ordinarily used. [Regulation .100.110, effective 3/11/60.]

**WAC 248-100-115 Reports of local health officers—Reports of circumstances.** Health officers shall

submit reports of investigations of the circumstances concerning those diseases for which this requirement is set forth in the regulations governing the individual diseases and for such other diseases as may be requested from time to time by the state director of health, or by a deputy of said director. Such information may be submitted on appropriate record forms to be made available from the state department of health. [Regulation .100.115, effective 3/11/60.]

**WAC 248-100-120 Isolation and quarantine procedures—Duty of physicians to advise.** It shall be the duty of the physician in attendance on a case considered to be an infectious or communicable disease to give detailed instructions to the members of the household in regard to precautionary measures to be taken to prevent the spread of the disease. Such instructions shall conform to the regulations of the state board of health and the ordinances in effect in the local city or county.

In communities in which such services are available, the local health department should be requested to assist families to establish isolation or quarantine procedures in the home and to instruct the family how such conditions are to be maintained. [Regulation .100.120, effective 3/11/60.]

**WAC 248-100-125 Isolation and quarantine procedures—Mandatory precautions.** The following precautions shall be observed in carrying out isolation procedures: (1) The patient shall be isolated as much as possible from contact with other members of the household, preferably in a room occupied by the patient alone. The place of isolation should be kept free of flies and other insects.

(2) No persons except those designated to attend the patient may enter the area of isolation.

(3) Persons caring for the patient shall avoid coming in contact with all other persons in the household until every precaution has been taken to prevent the spread of infectious material from the patient's area of isolation. Such precautions must include the following:

(a) The attendants shall wear an outer protective garment which is to be removed before leaving the isolation area.

(b) After removal of this garment and before leaving the isolation area, the hands of the attendant are to be thoroughly washed with soap and water.

(c) When directed by the local health officer, special provision for handling dishes and utensils used in feeding the patient are to be made in order to keep them separate from dishes used by others and to insure that they are properly sanitized following use by the patient. Use of disposable dishes is recommended.

(d) When specified by the local health officer, special provision must be made to handle the linen and clothing of the patient in a separate manner designed to prevent spread of infection from this source.

(e) Additional procedures for upper respiratory diseases: Mouth and nasal discharges should be destroyed, preferably by burning. Clean cloth or paper handkerchiefs should be used and discarded into paper bags attached to the bed, and then burned.

(f) Additional procedures for enteric diseases: Bowel discharges and urine must be disposed of in such a place and manner that will insure that such excrement will not contaminate any water supplies, that it will not be accessible to flies and that the attendant will not become infected during the handling of it.

(g) No milk bottles shall leave the premises in which a case is isolated until such bottles are thoroughly washed in soap and water and scalded after such washing. Whenever possible, disposable containers should be used.

(h) Use of placard. It now appears to be the consensus of public health authorities that the control of those communicable diseases requiring isolation of the patient without restriction of household contacts is not significantly benefited by the use of warning placards. In addition to the doubtful efficacy of this procedure, its use gives rise to administrative difficulties and tends to act as a deterrent to reporting. Therefore, the requirement of the use of placards is not recommended for general or routine use, but the local or state health officer shall have authority to post placards on premises in the presence of circumstances in which he deems this procedure necessary.

(i) Persons may be released from isolation only by permission of the local or state health officer or his authorized deputy. [Regulation .100.125, effective 3/11/60.]

**WAC 248-100-130 Isolation and quarantine procedures—Quarantine of contacts.** (1) There appears to be substantial agreement among experienced public health authorities that quarantine of contacts of most diseases spread by personal contact is not an effective method of control. However, in the case of cholera, smallpox, plague, and diphtheria, the quarantine of exposed contacts is still considered to be of sufficient value and importance to require that this procedure be enforced. When contacts of such diseases are quarantined, it is required that the premises occupied by such contacts be placarded.

(2) Placards shall be of yellow cardboard, measuring five by nine inches and are to be worded as follows:

**WARNING (60 pt. type)**

Because of communicable disease, all persons are forbidden to enter or leave these premises without special permission from the health officer having jurisdiction.

Removal or mutilation of this card, or interfering with or disobeying the orders of the health officer shall constitute violation of the rules and regulations of the state board of health, and shall be punishable by law.

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Health officer

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Health department

(3) In addition to carrying out all the above isolation procedures, in the quarantine of premises, the health officer or his deputy shall define the area wherein the patient is to be isolated, define the quarantine area and affix the specified placard in a conspicuous place, and determine contacts that are subject to quarantine and issue instructions accordingly.

Note: When a household is placed under quarantine, the appropriate governmental agency must assume responsibility that arrangements are made to insure that the quarantined persons obtain adequate food supplies and other necessities.

(4) No persons, except the health officer and his authorized representatives, physicians, authorized attendants or authorized police shall enter the quarantine area, and no one shall permit any other person to enter any room, apartment, or premises quarantined for a communicable disease, nor shall any person needlessly expose any other person to a communicable disease. Under the health officer's supervision, the clergy may be permitted to enter the quarantine area for administration of last rites.

(5) No person shall interfere with or obstruct the entrance of any quarantined premises or the inspection or examination of any occupant thereof by any health officer, his authorized representative, or a representative of the state board of health in the proper discharge of his duties.

(6) Isolation or quarantine may be terminated only by permission or order of the local health officer or by the state director of health or his authorized deputy. [Regulation .100.130, effective 3/11/60.]

**WAC 248-100-135 Isolation and quarantine procedures—Termination procedure.** (1) Persons may be released from quarantine only by permission of the local or state health officer or his authorized deputy.

(2) The patient, and members of the household or institution where the patient is confined, shall be examined to determine freedom from infection or capability of transmitting the infection for which isolation was imposed.

(3) The patient must be bathed and dressed in uncontaminated clothing.

(4) The room shall be thoroughly cleaned and aired.

(a) Burn disposable articles.

(b) Where feasible, wash articles with hot water and soap.

(c) Expose to sun and air for twelve hours, articles that cannot be burned, boiled, or washed, such as books. [Regulation .100.135, effective 3/11/60.]

**WAC 248-100-140 Milk and dairy workers—Sales forbidden from places where certain diseases exist.** No milk or other dairy product to be used for human consumption may be sold from a residence or dairy farm on which there is a person ill with or who is a carrier of diphtheria, scarlet fever or septic sore throat, poliomyelitis, tuberculosis, meningococcal infection, typhoid or paratyphoid fever, salmonellosis, shigellosis, amoebiasis, or any other disease which, in the opinion of the local health officer or the state director, might be transmitted

in milk or other dairy products, *Provided:* (1) That such milk or other dairy products are sold only to a pasteurizing plant where it shall be properly pasteurized before being offered for sale or distributed in any form for human consumption.

(2) That such milk or dairy products to be sold or distributed are not brought into the house or residence where such case or carrier exists.

(3) That all persons coming in contact with such milk or dairy products shall eat, sleep, and work wholly outside of such house and shall not come in contact in any way with such house or its inmates or contents.

(4) That all inmates of such house or residence shall not come in contact with such milk or dairy products to be sold or delivered.

(5) That specific permission or authorization to sell or distribute such milk or dairy products be obtained from the local or state health authorities before delivery for sale or distribution is undertaken. [Regulation .100.140, effective 3/11/60.]

**WAC 248-100-145 Travel—Forbidden without permission.** No individual with a communicable disease in an infectious state nor any contact of a communicable disease case subject to quarantine shall move or be transported from one place to another without the permission of the local health officer, and no such person may be transported outside the area of jurisdiction of the local health officer until the permission of the local health officer into whose territory the case is being taken is obtained. When transportation involves travel through several counties the permission as to travel shall be obtained through the state department of health. [Regulation .100.145, effective 3/11/60.]

**WAC 248-100-150 Travel—Common carriers, United States public health service regulations adopted.** The regulations made by the United States public health service for the control of common carriers engaged in interstate business are hereby declared to be part of these regulations of the state board of health of Washington and shall apply to intrastate transportation. [Regulation .100.150, effective 3/11/60.]

**WAC 248-100-155 Travel—By public conveyance.** No person knowingly afflicted with a dangerous communicable disease in an infectious state shall use any public conveyance, and no person or persons knowingly shall assist such afflicted person by the use of any such public conveyance, except under supervision of appropriate local or state health authorities. [Regulation .100.155, effective 3/11/60.]

**WAC 248-100-160 Schools and public gatherings—Duties of teachers and principals.** It shall be the duty of every teacher in any school, public or private, within the state of Washington to report forthwith to the principal or person in charge of such school all facts relating to the illness and physical condition of any child in such school who appears to be affected with a disease, presumably communicable. It shall be the duty of the

principal or person in charge of every such school to report forthwith to the local health officer all facts relating to the illness or physical condition of any child attending such school, who appears to be affected with any disease or infestation, presumably communicable, together with the name, age, and address of such child. Such child shall be at once sent home or isolated. [Regulation .100.160, effective 3/11/60.]

**WAC 248-100-162 Immunization of school children.**

(1) The parent or guardian of any child entering or presently attending any:

- (a) Public, private, or parochial nursery school; or
- (b) Licensed day care center or mini-day care center, as those terms are defined in WAC 388; or
- (c) Public, private, or parochial school in Washington (K through 12);

must present to appropriate school authorities evidence of a state of immunity to measles, diphtheria, tetanus, poliomyelitis, and rubella, either by reason of having had the disease in the case of measles, or as a result of an accepted course of immunization as outlined by the Public Health Service Advisory Committee on Immunization Practices. Exceptions to this immunization requirement shall be made in the case of a parent or guardian who expresses religious, intellectual, or philosophical objections by signing a statement to this effect. Children also shall be excused upon the presentation of a physician's statement that a valid medical reason exists to contraindicate immunization.

(2) Wherever a status of incomplete individual or school immunity exists, each local health officer shall, not later than 30 days after the effective date of this regulation, prepare and submit a plan for implementation of this regulation to the health services division, department of social and health services. Each plan so submitted shall provide for immunization of each affected child by the end of the 1974-1975 school year.

(3) For each ensuing school year, by November 1 each local health officer shall obtain from each school or other facility to which this regulation applies the immunization records for each new attendee and each attendee whose immunization record is incomplete. By December 1 the local health officer shall report to the department of social and health services, on a form provided by the department of social and health services, a summary of the status of immunization for each facility. Not later than May 1 each local health officer shall see to it that every child to whom this rule applies is immunized or has begun an acceptable course of immunization and shall report that fact to the department of social and health services on forms supplied by the department. [Order 96, § 248-100-162, filed 4/5/74; Order 92, § 248-100-162, filed 1/4/74.]

**WAC 248-100-165 Schools and public gatherings—Impetigo, ringworm of the scalp, pediculosis.** It shall be the duty of the principal or other responsible person of any public, private, or Sunday School to exclude therefrom any child or other person affected with

or suspected of being so affected with impetigo, ringworm of the scalp, or pediculosis until the requirements of the applicable public health regulations have been met. [Regulation .100.165, effective 3/11/60.]

**WAC 248-100-170 School employees—Communicable diseases.** No person in any public or private school, or college or university in this state shall work at such employment while suffering from any communicable disease. [Order 78, § 248-100-170, filed 1/9/73; Regulation .100.170, effective 3/11/60.]

**WAC 248-100-175 Tuberculosis testing—Certification.** (1) No contract of any public school employee (teacher, bus driver, janitor, clerk, or other employee) who comes in direct contact with the students in any school shall become operative until for such employee there has been filed with the local intermediate school district superintendent a valid health certificate issued by any county, city-county, or district health department. The word "operative" may be understood to mean that salary warrants shall not be issued until this evidence is filed properly and recorded with the school superintendent.

(2) Each public school employee who comes in direct contact with students shall undergo a tuberculin skin test at the time of initial employment. Employees whose skin test reaction is negative (less than 10 mm. of induration after 5 T.U. of P.P.D. given by the Mantoux method) may be certified indefinitely. Those whose skin test is positive shall have a current chest film within 90 days. If the x-ray is normal the employee may be certified for two years. Employees whose chest films indicate possible previous infection with tuberculosis may be certified for no more than one year.

(3) Those employees who were certified under regulations previously effective may be recertified under the provisions of the preceding paragraph (WAC 248-100-175(2)).

(4) Any public school employee found to have suspected or proven infectious tuberculosis shall be denied issuance of a certificate. If the diagnosis is challenged by an employee the case shall be reviewed by a panel selected for this purpose. The panel shall be composed of at least two physicians, in addition to the health officer, who are familiar with radiology and/or chest diseases.

(5) The requirements herein of tuberculosis testing and certification shall not apply to employees of colleges or universities, provided that nothing herein shall be deemed to prevent individual colleges or universities from requiring tuberculosis testing and certification in any manner deemed appropriate by such college or university.

(6) An employee who feels that the tuberculin skin test by the Mantoux method would present a hazard to his health because of conditions peculiar to his own physiology may present supportive medical data to this effect to the tuberculosis control program, Health Services Division, Department of Social and Health Services. The department will select three physicians expert in the management of tuberculosis and will submit the medical data to them. The three physicians will review

and evaluate the data and thereafter recommend to the department whether the requirement of the tuberculin skin test should be waived for the individual employee. The department will consider the recommendation of the three physicians selected by it and will decide whether the waiver should be granted to the individual employee and will notify the employee accordingly. Any employee granted a waiver from the tuberculin skin test shall have a chest x-ray taken in lieu thereof. [Order 146A, § 248-100-175, filed 3/28/77; Order 146, § 248-100-175, filed 3/22/77; Order 138, § 248-100-175, filed 2/7/77; Order 78, § 248-100-175, filed 1/9/73; Regulation .100.175, effective 3/11/60.]

**WAC 248-100-180 Tuberculosis testing—Restricting further charges where x-ray technically unsatisfactory.** Roentgenograms of unsatisfactory technical quality shall be returned to the physician or agency by whom they were made to be retaken without additional charge to the employee. [Regulation .100.180, effective 3/11/60.]

**WAC 248-100-190 Tuberculosis testing—Renewals of certifications.** For renewal of certification, a new roentgenogram shall be submitted not less than thirty days prior to expiration of the certificate. [Regulation .100.190, effective 3/11/60.]

**WAC 248-100-195 Filing certificates.** The health certificate shall be filed with the intermediate district superintendent, except in districts of the first class wherein such certificate shall be filed with the city superintendent of schools. Whenever an employee transfers from one district to another, the intermediate district superintendent shall return to the employee his health certificate, which shall be filed with the intermediate district superintendent of schools in the new locality. [Order 78, § 248-100-195, filed 1/9/73; § 248-100-195, filed 10/3/67; Regulation .100.195, effective 3/11/60.]

**WAC 248-100-200 Casual substitute teachers and student employees.** These regulations shall not apply to casual substitutes, teachers who do not teach more than thirty calendar days in any school year. Nor shall they apply to student employees who have jobs in schools and are covered by a tuberculosis case finding program applicable to the student body. [Order 78, § 248-100-200, filed 1/9/73; Regulation .100.200, effective 3/11/60.]

**WAC 248-100-205 Preventive treatment for tuberculosis.** Employees who are found to be tuberculin positive who have no history or x-ray evidence of tuberculosis and who complete an adequate course of chemoprophylaxis under the direction of the local health officer may be certified indefinitely. [Order 78, § 248-100-205, filed 1/9/73; Regulation .100.205, effective 3/11/60.]

**WAC 248-100-210 Barbers and cosmeticians—Freedom from disease—Examinations.** No person shall act as a barber or cosmetician who is afflicted with a

communicable disease in an infectious state. All persons acting as barbers or cosmeticians shall have a physical examination by a doctor of medicine for the purpose of determining the presence of a communicable disease, whenever desired and requested by the state or local health officer. It is recommended that barbers and cosmeticians have chest x-ray examinations made at least once every two years. [Regulation .100.210, effective 3/11/60.]

**WAC 248-100-215 Barbers and cosmeticians—Procedure in serving infected persons.** No person suffering from an infectious disease of the skin, scalp, or hair or other communicable disease, unless such customer is provided with utensils for his exclusive use, shall be served in a public shop.

The hands of the barber or cosmetician shall be washed with soap and water before serving each customer. [Regulation .100.215, effective 3/11/60.]

**WAC 248-100-220 Venereal diseases—Submission of specimens.** The director of every medical laboratory which performs serological tests for syphilis shall submit to the division of health laboratory or to a local health department laboratory approved for treponemal antibody testing a sufficient portion of any specimen which has been found reactive (including weakly reactive) to any test for syphilis for the purpose of confirmation of the reaction and for further definitive testing. Specimen identification shall include the patient's name, age, if available, the name and address of the attending physician, the date of collection and the test results. [Order 43, § 248-100-220, filed 10/14/70; Regulation .100.220, effective 3/11/60.]

**WAC 248-100-225 Venereal diseases—Advising patients.** Whenever a case of syphilis, gonorrhea, or other venereal infection is under the care of a legally qualified and licensed physician, such physician shall, in addition to reporting the case as provided in these rules and regulations, instruct the patient as to the communicability of the disease and that such patient is required to refrain from any act that may transmit the disease to another. [Regulation .100.225, effective 3/11/60.]

**WAC 248-100-230 Venereal diseases—Duties of local health officers and afflicted persons.** Local health officers shall investigate and examine, or cause to be examined, all persons within their jurisdiction whom they have reason to suspect are infected with syphilis, gonorrhea, or other venereal infection, and such investigation shall include the submission of specimens to an approved laboratory for examination. All persons infected with syphilis, gonorrhea, or other venereal infection shall be required to report for treatment to a doctor of medicine and continue treatment until cured, or to submit to treatment provided at public expense until cured. When, in the judgment of the local health officer, it is necessary to protect the public health, he shall isolate or quarantine persons with such venereal diseases, and under those circumstances he may detain, isolate, or quarantine persons reasonably suspected of having any of the venereal

diseases until results of necessary examinations have been obtained and until the diagnosis has been confirmed or ruled out. The place of such detention, isolation or quarantine shall be such quarters as are designated by the local health officer to be safe and appropriate. [Regulation .100.230, effective 3/11/60.]

**WAC 248-100-235 Venereal diseases—Nonissue of "freedom from" reports.** No laboratory, physician or other person shall issue to any individual a certificate, statement, or report which states or implies that the individual is free from venereal disease and which may be used for the purpose of soliciting sexual contact. [Regulation .100.235, effective 3/11/60.]

**WAC 248-100-240 Venereal diseases—Curative advertising.** No person or persons, firm, corporation, or association, except boards of health and other agencies approved by the state director of health, shall publish, deliver, or distribute or cause to be published, delivered, or distributed in any manner whatsoever, any advertisement drawing attention to any medicine, article, or procedure to be used as a cure for any venereal disease or complication of such disease. No person shall advertise or publish any advertisement which states or implies that he will treat or cure any venereal disease or complication. [Regulation .100.240, effective 3/11/60.]

**WAC 248-100-246 Infectious disease—Submission of specimens.** (1) The director of every medical laboratory shall submit for confirmation and further testing bacteriological cultures or subcultures found to be positive for any of the infections listed below to the division of health laboratory or such other laboratory as designated by the assistant secretary, division of health. Specimen identification shall include the patient's name, (age, if available,) the name and address of the attending physician, the date of collection and test results.

(2) When test results indicate possible infection with specific communicable diseases, action will be taken as outlined:

(a) Brucellosis. Suspicious subcultures and reactive serological specimens shall be submitted for confirmation and final identification.

(b) Diphtheria. Subcultures shall be submitted for identification (and toxin study when indicated).

(c) Meningococcal infections. Subcultures shall be submitted for confirmation and final identification.

(d) Salmonella including typhoid infections. Subcultures shall be submitted for confirmation and serotyping.

(e) Shigella infections. Subcultures shall be submitted for confirmation and serotyping.

(f) Tuberculosis. Subcultures shall be submitted for confirmation and identification except in cases already reported and under treatment in a hospital or health department outpatient clinic.

(3) These requirements may be extended to include other diseases that the assistant secretary, division of health, may designate from time to time as deemed necessary. [Order 43, § 248-100-246, filed 10/14/70.]

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## SPECIFIC DISEASES

**WAC 248-100-249 Reference to American Public Health Association manual.** For more detailed information concerning the epidemiology, control, clinical manifestations and certain other data, reference may be made to the latest revision of the manual, "The Control of Communicable Diseases in Man," published by the American Public Health Association, or other suitable texts. [Introduction, filed 3/11/60.]

**WAC 248-100-250 Amoebiasis and amoebic dysentery.**

**Regulations:**

Epidemiologic report required. (special form)

Laboratory confirmation required.

**Restrictions:**

Persons who are infected with or are carriers of *Endamoeba histolytica* are prohibited from handling food for public consumption. Release from these restrictions may be obtained after examination of four consecutive specimens of feces, submitted no sooner than one week following appropriate treatment, show that the person is free of both the cyst and trophozoite forms of the causative organisms, *endamoeba histolytica*. Where laboratory facilities are available, one of the four stool specimens shall be unformed or liquid and obtained following administration of a saline cathartic, and shall be examined shortly after passage.

See APHA manual for recommendations of additional control measures. [Regulation .100.250, effective 3/11/60.]

**WAC 248-100-255 Anthrax.**

**Regulations:**

Epidemiologic report required. Indicate probable source of infection on report card whenever possible.

Laboratory confirmation required.

Isolation until lesions have healed.

Sale of milk, meat, hides and hair from infected animals prohibited.

Notify state department of agriculture.

See APHA manual for recommendations of other control measures. [Regulation .100.255, effective 3/11/60.]

**WAC 248-100-260 Botulism.**

**Regulations:**

Report to state department of health immediately by phone or telegraph.

Epidemiologic record required.

Laboratory confirmation if suspect food is available.

**Investigation:**

It is essential to obtain specimens of the suspected food. Unconsumed portions of the food are preferable. The can or jar from which the food was obtained may be of use, but if unavailable, it is worthwhile to examine other cans or jars of food from the same lot.

If the food was prepared commercially, obtain the brand name and lot number. If the food was home-

canned, attempt to obtain information about the preparation of the food and the canning process.

Learn if any of the suspected food was fed to fowl or other animals; if so, observe these for signs of poisoning. See APHA manual for further information and recommendations. [Regulation .100.260, effective 3/11/60.]

#### WAC 248-100-265 Brucellosis (undulant fever).

##### Regulations:

Epidemiologic report required only for cases with date of onset not more than one year past. Indicate possible exposure to raw milk and contact with suspect animals. Give occupation of patient.

Isolation - None.

##### Recommendations:

Special attention should be given to investigation of acutely ill patients and those in which date of onset is relatively recent. Investigation leading to sources of unpasteurized milk should include determination of the reaction to the Bang's test of the cows involved.

See APHA manual for additional recommendations. [Regulation .100.265, effective 3/11/60.]

#### WAC 248-100-270 Chancroid.

##### Regulations:

Report on special form (S.F. No. 4668B).

See WAC 248-100-220 through 248-100-245, inclusive, for special regulations governing the venereal diseases, and WAC 248-100-065 and 248-100-070. [Regulation .100.270, effective 3/11/60.]

#### WAC 248-100-275 Chicken pox.

##### Regulations:

Report to state department of social and health services, health services division, cases in persons under 15 years of age by number only. Individual case report and investigation is to be made of all patients 15 years of age or older.

Isolation of case for a minimum of five days from the appearance of the eruption and thereafter until all vesicles have become encrusted. [Order 73, § 248-100-275, filed 4/11/72; Regulation .100.275, effective 3/11/60.]

#### WAC 248-100-280 Cholera.

##### Regulations:

Report - Telephonic or telegraphic report required.

Epidemiologic record required.

Laboratory confirmation required.

Placard - Quarantine.

Isolation of patients in screened room until stools are negative for cholera vibrio.

Quarantine - Contacts of known cases for five days from last exposure and until stools are negative for cholera vibrio. [Regulation .100.280, effective 3/11/60.]

**WAC 248-100-285 Coccidioidomycosis. (Coccidioidal granuloma, valley fever).** Deleted - Not reportable. [Regulation .100.285, effective 3/11/60.]

**WAC 248-100-290 Conjunctivitis (see also "Newcastle disease").** (1) Simple infectious (pink eye) -

##### Regulations:

Isolation - Exclusion of children from school and swimming pools and restriction to home premises during the acute phase of infection.

(2) Epidemic keratoconjunctivitis -

##### Regulations:

Epidemiologic report required.

Isolation - Exclusion of patient from occupation; institution of precautionary measures in the home until complete recovery.

##### Recommendations:

(a) Particular cleansing of the hands of all persons treating or otherwise exposed to the disease, including physicians and nurses.

(b) Assignment of personal protective devices, such as respirators and goggles, to an individual for his exclusive use. (Such devices must be thoroughly sterilized before being assigned to another worker.)

(c) Instruction in personal hygienic measures designed to prevent spread of infection to fellow workers and members of the infected patient's family.

(d) Aseptic technique in professional care of patients with eye diseases and injuries.

See APHA manual for additional information and recommendations. [Regulation .100.290, effective 3/11/60.]

**WAC 248-100-295 Ophthalmia neonatorum (infectious conjunctivitis of the newborn).**

##### Regulations:

Epidemiologic report required.

Isolation - Strict isolation technique must be carried out until recovery.

Prevention:

(1) Instillation of a one percent solution of silver nitrate into the conjunctival sacs of the eyes of all infants shortly after birth.

(2) Upon request of the medical staff of a hospital, the use of some other effective and suitable preparation in lieu of silver nitrate solution may be authorized by the state director of health, providing the name and concentration of the prophylactic agent is recorded on the birth certificate of the infant.

See APHA manual for additional information and recommendations. [Regulation .100.295, effective 3/11/60.]

**WAC 248-100-300 Coxsackie diseases, epidemic (pleurodynia, epidemic myalgia.)**

##### Regulations:

Reportable only. [Regulation .100.300, effective 3/11/60.]

**WAC 248-100-305 Dengue fever.** Deleted - Not reportable. [Regulation .100.305, effective 3/11/60.]

**WAC 248-100-310 Diarrhea, epidemic.** (1) Of the newborn (onset up to one month of age)

**Regulations:**

Epidemiologic report required. (Special form)

Laboratory examinations should be carried out in an attempt to establish an etiologic diagnosis.

Placard at discretion of local or state health officer.

Isolation if in hospital nursery, until recovery.

Quarantine - Infants shall not be admitted to a nursery in which diarrheal cases are being cared for.

Attendants with intestinal disturbances are to be prohibited from working in a nursery. Nurses caring for infants in the suspect or isolation nursery are to be prohibited from entering any other nursery, or coming in contact with formula bottles intended for other nurseries. If adequate facilities and personnel are not available to make it possible to admit all newborn infants to a separate clean nursery, the maternity service of the hospital shall be closed until this is made possible.

**Recommendations:**

Provision of infant nurseries with adequate space and physical facilities, including:

(a) Properly spaced and protected individual bassinets in units with conveniently located running water hand-washing facilities.

(b) Separate units for (a) general nursery, (b) premature nursery, (c) suspect and/or isolation nursery.

(c) Rigid isolation technique.

(d) Rigid aseptic technique in formula preparation, sterilizing bottles and nipples, etc., terminal autoclaving to be preferred.

(e) Elimination of hazards of common sources of infection by instituting individual care, i.e., elimination of common bath, sink, use of breast cleansing technique designed to avoid any possible contamination of cleansing solutions, use of individual thermometers and cleansing solutions, etc.

(f) Institution of admission procedures for expectant mothers to detect and screen out mothers with symptoms of possible infectious illnesses to be managed in a separate manner.

(g) Careful charting of number and character of stools of infants.

(h) Bacteriologic examination of stools of all infants exhibiting loose bowel movement should be made routinely.

(i) Surveillance follow-up of all discharged infants for two weeks following removal of last case from contaminated nursery.

**Criteria for determination of diarrheal illness:**

Any infant that passes one or more loose stools in one day should be segregated and kept under close observation. If the infant is not taking its feeding properly or vomits in addition to exhibiting loose stools, it should be placed in the suspect nursery. If the infant passes a distinctly liquid stool, particularly if this was ejected in an abnormally forceful manner and if the abdomen appears to be abnormally distended, such an infant should be removed at once to the suspect or isolation nursery.

(2) Epidemic nausea, vomiting, and diarrhea -

**Regulations:**

A report of all outbreaks should be made, including an estimate of the number of cases.

Isolation until recovery. [Regulation .100.310, effective 3/11/60.]

**WAC 248-100-315 Diphtheria and carrier state.****Regulations:**

Epidemiologic investigation and report required.

Laboratory confirmation of diagnostic and release cultures by a laboratory designated by the state director of health required.

Placard - Quarantine placard required.

Isolation of case for a minimum of 14 days from onset and until two successive cultures of the nose and throat taken not less than 24 hours apart are negative for virulent diphtheria bacilli.

Quarantine - All household contacts until release of case, at which time they shall be released in the same manner as the case. However, if the case is removed from the household, or if the contacts move to another address where there are no susceptible children, such contacts may be released in the same manner as a case, provided, that they shall be kept under quarantine for a minimum of five days following last contact with the case.

Modified quarantine of adult wage earners - Adult wage earners of the household of the case may be allowed to continue work *Provided*: (1) That arrangements are made in the home to satisfactorily isolate the patient to prevent contact with the wage earner, and (2) That two successive cultures from the nose and throat, taken not less than 24 hours apart, have been found to be negative for diphtheria bacilli; and *Provided further*, (3) That such wage earner has been under quarantine for a minimum of five days.

Virulence test. - In the case of convalescent and contact carriers, the fact that the clinical disease is or was present in the patient or source of infection is presumptive evidence that the diphtheria bacilli recovered from such carriers are virulent. Experience has shown that such organisms remain virulent in the majority of cases for at least three months (if they persist that long). [Regulation .100.315, effective 3/11/60.]

**WAC 248-100-320 Dysentery, bacillary (shigellosis and salmonellosis).****Regulations:**

Epidemiologic investigation and report required.

Laboratory confirmation should be made by bacteriologic examination of feces. Submit subculture or duplicate specimen to state laboratory for species identification.

Isolation of patient during the acute phase of the diarrheal illness.

**Restrictions:**

(1) Persons who have recovered from clinical attacks of bacillary dysentery, or who have been found to be asymptomatic carriers of shigellae or salmonellae (other than typhoid or paratyphoid infections) shall be excluded from occupations involving the handling of food or care of children until two successive specimens of feces, collected not less than 24 hours apart and no sooner than one week following discontinuation of chemotherapy or

administration of antibiotics, are found to be free of the causative organism. Such persons are to be kept under surveillance by the department of social and health services until the required negative release specimens have been obtained.

(2) School children in the first grade or above may be allowed to return to school after cessation of diarrhea, provided they are not allowed to take part in the preparation or serving of food at school.

(3) Contact – Any person in the household of a patient suffering from shigellosis or salmonellosis shall be prohibited from handling food or drink for public consumption during the acute diarrheal phase of the illness of the patient and until said food handler contact has demonstrated his freedom of such infection as evidenced by a negative feces culture.

(4) Carrier – Persons who are carriers of shigellosis or salmonellosis without clinical symptoms shall be prohibited from handling food or drink for public consumption and shall be excluded from occupations involving the care of children until two successive specimens of feces, collected not less than seven days apart are found to be free of the causative organism.

#### **Recommendations for follow-up of sporadic cases of salmonellosis or shigellosis:**

To reduce the amount of time that may be consumed in carrying out follow-up investigations of single, sporadic cases of salmonellosis or shigellosis, the following policy is recommended:

(a) When a physician's or laboratory report is received, indicating a case of one of these enteric infections, the following information should be obtained:

(i) Is this case associated with other cases?

(ii) Is the patient a food handler or is he (or she) engaged in an occupation involving the intimate care of children (such as nurses in nurseries or baby sitters)?

(iii) If the patient is not in either of the categories mentioned in (ii) above, is there anyone in the household whose occupation does fall into these categories?

(b) The type and extent of follow-up may be gauged by the answers to the above questions as follows:

(i) If the patient is not associated with any other known case of diarrheal illness and does not fall into either of the two categories specified in (a) (ii) above, all that is necessary is to report the case on the ordinary C.D. report card, upon which is made the statement, "Sporadic case – not associated with other known cases and not involved in food handling or intimate care of children outside the home."

(ii) Such persons should be advised of the infectious nature of their illness and instructed in precautions to observe to prevent spread.

(iii) Such persons, of course, are prohibited from food handling or intimate care of children during the diarrheal phase of the illness and until negative release cultures are obtained as indicated below.

(iv) Release cultures will not be necessary, unless the occupation of the patient falls in the categories specified in (a) (ii) above, in which case two successive negative release specimens must be obtained before they may be allowed to resume such occupations.

(v) If a member of the household (not the patient) is engaged in one of the occupations indicated in (a) (ii), such person is to be excluded from such occupation until examination of a stool specimen indicates freedom from infection.

(c) School children may be allowed to return to school after cessation of diarrhea, but shall be prohibited from taking part in the serving of food at school for a period of not less than three months, unless examination of two successive stool specimens indicate freedom from infection.

(d) Epidemiologic records will not be required for single sporadic cases, but will be required for outbreaks of two or more cases.

(e) To avoid the inhibitory effect of antibiotics, it is essential to delay obtaining release specimens for culture for a week after administration of antibiotic treatment has been discontinued.

(5) In order to protect the public health and to prevent the occurrence of salmonella infection transmitted by turtles, it shall be unlawful to sell, offer for sale, barter, trade, or give away any viable turtle egg(s) or live turtle(s) with a carapace length less than four inches except that this provision shall not apply to live turtles and turtle eggs used for bona fide scientific, educational, or exhibitional purposes, other than use as pets.

The term "turtle(s)" includes all animals commonly known as turtles, tortoises, terrapins, and all other animals of the order testudinata, class reptilia except marine species (families dermochelidae and cheloniidae).

Turtles or turtle eggs found in violation of this section shall be subject to immediate confiscation and destruction as a public health hazard by the health officer or his representative with no indemnification to the owner or bailee of said turtles or turtle eggs. [Order 103, § 248-100-320, filed 8/9/74; § .100.320(5), filed 8/4/67; Regulation .100.320, effective 3/11/60.]

#### **WAC 248-100-325 Encephalitis, primary, viral.**

##### **Regulations:**

Epidemiologic investigation and report required.

Laboratory confirmation. – submit acute and convalescent phase blood specimens to virus laboratory.

Isolation – none.

Refer to APHA manual for recommendations and further information. [Regulation .100.325, effective 3/11/60.]

#### **WAC 248-100-330 Food poisoning—Staphylococcal, streptococcal, chemical, shellfish, and plant (see also botulism, shigellosis and salmonellosis)**

##### **Regulations:**

All outbreaks of food poisoning are to be investigated to attempt to determine the source and mode of contamination of the food involved.

Whenever feasible, the suspected foods shall be submitted for laboratory examination and the persons involved in the preparation or service of the food shall also be examined whenever, in the judgment of the local health officer, such persons may have been the source of the causative agent.

**Recommendations for follow-up of isolated single cases of suspected food poisoning:**

(1) When the health department receives a report of a single isolated case of suspected food poisoning, the person from whom the report originated should be questioned in regard to (a) the existence of other cases, and (b) the symptoms and associated circumstances.

(2) If no other cases are known to exist, the case is to be reported to the state department of health and the information should be held for reference for a few days and then filed in the appropriate local permanent file for the year.

(3) Unless special circumstances are present which appear to be of a serious nature, if no additional cases are associated with the first one reported, no further investigation is indicated and the collection and examination of laboratory specimens is then not warranted. If there is some doubt as to the presence of "special circumstances" which would warrant investigation, the matter should be referred to the supervising sanitarian or the health officer for decision.

Certainly, single isolated cases of illness suggestive of botulism should receive attention, as well as isolated severe illnesses with histories suggestive of chemical poisoning.

(4) Selection of specimens for laboratory examination. It is of utmost importance to obtain samples of suspected food items at the earliest time possible, but the selection of specimens to be examined requires the judgment of a well trained health officer, sanitarian, or bacteriologist. Furthermore, the manner in which specimens are collected and submitted to the laboratory usually determines their value.

The history of the circumstances and comparison of items eaten by those who become ill and those not ill usually will assist in limiting the number of items that need to be examined.

(5) Acceptance of specimens for examination. Ideally, specimens should be obtained by properly trained and experienced public health workers. Precautions must be observed to avoid additional contamination or cross-contamination of specimens during the process of picking them up and placing them in suitable containers. The trained sanitarian or health officer also is in the best position to decide what specimens, or what portion of food items are most likely to be implicated. However, there will be occasions when the first information to reach the health department will be the delivery of specimens for examination picked up and brought in by untrained persons, usually someone concerned with or involved in the outbreak. What to do with such specimens? In the first place, are the items of food submitted reasonably suspect? Do the circumstances suggest them as potential sources of the agent that caused the illness? Are they the type of food that might support bacterial growth, or in which such contamination is apt to be found? Secondly, is it reasonably certain that the food samples were not contaminated after the time of consumption of the suspected food item? Food could be contaminated by poor sampling technique (cross-contamination) by placing the samples in an already contaminated container, or by obtaining the sample from

food items discarded into a garbage can or other disposal container where it may have been readily contaminated by contact with unclean surfaces or by flies.

When food samples are submitted for examination, it is necessary to transmit to the laboratory detailed information as to when, how and where the specimens were obtained. [Regulation .100.330, effective 3/11/60.]

**WAC 248-100-335 German measles.****Regulations:**

Local health departments shall report to the state department of health cases in persons under 15 years of age by number only. Individual case report is to be submitted for all patients over 15 years of age and all cases in pregnant women regardless of age.

Isolation of cases for three days after appearance of eruption. [Regulation .100.335, effective 3/11/60.]

**WAC 248-100-340 Gonorrhea.****Regulations:**

Report on special form (S.F. No. 4668B).

See also WAC 248-100-220 through 248-100-245, inclusive, for special regulations governing control of the venereal diseases, and WAC 248-100-065 and 248-100-070.

For gonorrheal ophthalmia, see "conjunctivitis" - WAC 248-100-290 and "ophthalmia neonatorum" - WAC 248-100-295. [Regulation .100.340, effective 3/11/60.]

**WAC 248-100-345 Granuloma inguinale.****Regulations:**

Report on special form (S.F. No. 4668B).

See also WAC 248-100-220 through 248-100-245, inclusive, for special regulations governing the control of venereal diseases, and WAC 248-100-065 and 248-100-070. [Regulation .100.345, effective 3/11/60.]

**WAC 248-100-350 Hepatitis, infectious (viral).****Regulations:**

Isolation in institutional outbreaks.

See APHA manual for recommendations particularly in regard to prophylactic treatment of home or school contacts. [Regulation .100.350, effective 3/11/60.]

**WAC 248-100-355 Histoplasmosis.** Deleted - not reportable. [Regulation .100.355, effective 3/11/60.]

**WAC 248-100-360 Impetigo.** (1) Neonatorum (Children under one month of age).

**Regulations:**

Epidemiologic investigation and report required.

Placard may be used in hospital nurseries at discretion of local or state health officer.

Isolation - Strict isolation of infants in hospital nurseries until lesions have cleared or until infant is discharged.

Quarantine – If such infections continue to occur in nurseries, special procedures must be adopted and newborn infants shall not be admitted to the contaminated nursery.

**Recommendations:**

Attempt to find and remove source of infection in hospital.

Establish protective facilities and procedures for handling the newborn similar to those recommended under "diarrhea of the newborn" WAC 248-100-310.

Eliminate or reduce frequency of bathing of infants.

Apply a suitable germicidal agent to entire skin surface soon after birth and daily thereafter, to all infants as a prophylactic measure in nurseries where such infections have been recently present.

(2) Impetigo contagiosa (of older children) –

**Regulations:**

Isolation – Exclusion from school and restriction to home premises of infected children until lesions have healed, or until proper treatment has been instituted and is being satisfactorily continued. [Regulation .100.360, effective 3/11/60.]

**WAC 248-100-365 Influenza and epidemic respiratory disease (undifferentiated).**

**Regulations:**

All outbreaks shall be reported by local health officer, with estimates of the number of cases made when indicated, on the basis of sample checks with attending physicians, absenteeism from schools and occupations. Whenever feasible, acute and convalescent blood specimens should be submitted to the virus laboratory from a representative sample of patients. [Regulation .100.365, effective 3/11/60.]

**WAC 248-100-370 Intestinal worms.** Deleted – not reportable. [Regulation .100.370, effective 3/11/60.]

**WAC 248-100-375 Leprosy.**

**Regulations:**

Epidemiologic investigation and report required.

Laboratory confirmation by a laboratory designated by the state director of health required.

**Restrictions:**

Cases in whom there are bacteriological positive mouth or nasal lesions or open lesions on the surface of the body shall be required to obtain treatment under the direction of a physician deemed competent by the state director of health to treat this disease, and shall continue under treatment and supervision until appropriate examinations reveal that the disease is no longer active or infectious.

Leprosy patients shall be placed under surveillance by the local health officer and shall not move to any other quarters or premises or to any other public health jurisdiction within or without the state without the written consent and approval of the local health officer in this state.

Patients with active leprosy shall be kept segregated from children.

**Recommendations:**

Familial contacts should be examined by a physician at least once a year for signs of manifestations of this disease. [Regulation .100.375, effective 3/11/60.]

**WAC 248-100-380 Leptospirosis.**

**Regulations:**

Epidemiologic investigation and report required.

Laboratory confirmation required.

Isolation – none. [Regulation .100.380, effective 3/11/60.]

**WAC 248-100-385 Lymphogranuloma venereum.**

**Regulations:**

Report case on special form (S.F. No. 4668B).

See also WAC 248-100-220 through 248-100-245, inclusive, for special regulations governing the control of venereal diseases, and WAC 248-100-065 and 248-100-070. [Regulation .100.385, effective 3/11/60.]

**WAC 248-100-390 Malaria.**

**Regulations:**

Epidemiologic report required. State possible place of exposure.

Laboratory confirmation – Submit blood smears to state laboratory.

Isolation – None required if patient is under treatment.

Patient must be protected from mosquitoes by screening of bedroom or house until blood is rendered free of malarial parasites through treatment. [Regulation .100.390, effective 3/11/60.]

**WAC 248-100-395 Measles.**

**Regulations:**

Report to state department of social and health services, health services division, cases in persons under 15 years of age by number only.

Individual case report is to be made of all patients 15 years of age or older.

Isolation of case for a minimum of five days after appearance of rash.

**Restriction of contacts:**

Susceptible child contacts are to be immediately isolated upon appearance of symptoms of upper respiratory infection, and shall be excluded from school for a minimum of five days from onset of symptoms. [Order 73, § 248-100-395, filed 4/11/72; Regulation .100.395, effective 3/11/60.]

**WAC 248-100-400 Meningococcal infection (meningitis or meningococcemia).**

**Restrictions:**

Case: Isolate until clinical recovery or until patient has been adequately treated with penicillin, or other suitably effective chemotherapeutic or antibiotic agent has been administered over a period of two days.

Family Contacts: Restrict family contacts to premises for seven days, or until adequate acceptable prophylaxis

has been administered over a period of at least two days. [Regulation .100.400, effective 3/11/60.]

**WAC 248-100-405 Mononucleosis, infectious.** Deleted - Not reportable. [Regulation .100.405, effective 3/11/60.]

**WAC 248-100-410 Mumps.**

**Regulations:**

Report to state department of health cases in persons under 15 years of age by number only. Individual case report is to be made of all patients 15 years of age or older.

Isolation of case for minimum of seven days, and until swelling of salivary glands has subsided. [Regulation .100.410, effective 3/11/60.]

**WAC 248-100-415 Newcastle disease.** Deleted - Not reportable. [Regulation .100.415, effective 3/11/60.]

**WAC 248-100-420 Pertussis (whooping cough).**

**Restrictions:**

Case: Separation of patient from susceptible children and exclusion from school and public places for a minimum of three weeks from appearance of paroxysmal cough or five weeks from onset, or for one week following adequate administration of an effective antibiotic.

Contacts: Susceptible children who have been exposed to a known case shall be kept under observation, particularly during the second week following exposure. If signs of an upper respiratory infection develop, such exposed children shall be kept in isolation until a definite diagnosis can be established or pertussis ruled out. [Regulation .100.420, effective 3/11/60.]

**WAC 248-100-425 Plague (in humans).**

**Regulations:**

Report - Telephonic or telegraphic report required.

Epidemiologic record required.

Laboratory confirmation required.

Placard - Quarantine.

Isolation of patient until convalescence is well established.

Quarantine of contacts of pneumonic cases for seven days from last exposure. Premises may be restricted until rid of rodents. [Regulation .100.425, effective 3/11/60.]

**WAC 248-100-430 Pneumonia, primary.** Deleted - Not reportable. [Regulation .100.430, effective 3/11/60.]

**WAC 248-100-435 Poliomyelitis.**

**Regulations:**

Report cases by type - paralytic or nonparalytic.

Case: Isolation of case for one week from date of onset, or for duration of acute febrile stage, if longer.

Contacts: Children in household of case shall be restricted to their home premises for one week from date of onset of first case. Adults who are food handlers shall

be prohibited from handling food for public consumption for one week following date of onset of first case in household. [Regulation .100.435, effective 3/11/60.]

**WAC 248-100-440 Psittacosis (ornithosis).**

**Regulations:**

Epidemiologic investigation of human cases required.

Laboratory confirmation whenever feasible. Arrange to submit specimens from suspected birds and humans to virus laboratory.

Isolation of case during acute stage. Those in attendance upon human cases must take precautions to protect themselves against respiratory droplet infection from such patients.

**Special control measures:**

(1) Definition of term "psittacine bird" - For the purpose of this regulation, the term "psittacine bird" shall include all birds commonly known as parrots, macaws, cockatoos, lovebirds, parakeets, and all other birds of the order psittaciformes.

(2) Coded leg-band identification required. All psittacine birds, except parrots, macaws, and cockatoos, offered for sale or trade within the state of Washington shall be identified by a coded, closed leg band. The code identification on the leg band shall be such as to identify the breeder source and the individual bird.

(3) Records of acquisition and disposition of birds required. All vendors of psittacine birds operating within this state shall keep a record of all birds belonging to the order psittaciformes acquired, including the date of acquisition, identity of original breeder source, and identification of the individual birds acquired including leg band code identification as required in (2) above; also records shall be kept of all birds sold, traded or given away, which record shall include the date of transaction, the leg-band code identification of the birds, and the name and address of the person or firm to whom the birds were transferred.

Records of such transfers shall be held available for a minimum of one year from date of transaction.

(4) Investigation of psittacosis infection. Whenever investigation of a human or other case of psittacosis indicates probable infection from a recently acquired psittacine bird, the vendor or previous owner of such bird or birds shall, on request, surrender to the state or local health officer a selected sample of birds remaining on the vendor's or owner's premises for the purpose of making laboratory examinations. There will be no financial reimbursement or indemnification for birds surrendered for such examinations. The premises upon which the birds involved are located shall be thoroughly sanitized and kept under surveillance by the state or local health officer and no additional birds may be brought onto these premises, except by special permission of the state or local health officer.

(5) Quarantine of birds for protection of public. If, in the opinion of the state or local health officer, it is deemed necessary for the protection of the public, birds on the premises of a vendor or owner, where laboratory-confirmed psittacosis infection has been found, may be placed and held under strict quarantine at the owner's

expense, until it appears to the state or local health officer that the danger of further spread of infection has been effectively reduced or eliminated.

(6) Special sales or transfer record required. Dealers or distributors of psittacine birds shall be required to furnish to every person to whom one or more psittacine birds are sold or delivered a special sales or transfer record bearing the firm name of the dealer, the name and address of the person acquiring the birds, the number, species, and leg-band identification of each bird sold. At the bottom of the sales record shall be printed in bold-faced type not less than 1/4" high, the following: "Caution! Purchaser please read the information printed on the reverse side of this transfer record." On the reverse side of the sales record, the following information shall be printed, using type no less than 1/8" in height: "Notice to Purchaser of Birds:

Psittacine and other birds are occasionally infected with a virus which can cause disease of birds and humans known as 'psittacosis' or 'parrot fever'.

Signs of disease in birds:

The bird may show nasal discharge, sneezing, cough, ruffled feathers, drowsiness, shivering, or diarrhea. (These symptoms may be present in other diseases of birds also.)

The illness may cause the death of some birds, while others may recover from the disease. Apparently healthy birds may be carriers of the virus. This virus is excreted in the nasal discharge and droppings of infected birds of their cages.

Signs of the disease in humans:

One or two weeks after exposure to infected birds a small number of humans develop a flu-like or pneumonia-like illness characterized by some or all of the symptoms of chills, fever, headache, muscular aching, cough, and pneumonia. The disease may be mild or severe and is rarely fatal.

The same symptoms can be caused by many other infectious agents and therefore the specific diagnosis of psittacosis can be made only by means of laboratory tests of several specimens of the patient's blood. Owners of psittacine birds should keep the possibility of this disease in mind; if illness of this type develops in persons who have been in contact with psittacine birds, the physician should be advised of such contact so that he may obtain the proper specimens for laboratory examination. If the diagnosis is confirmed by the laboratory tests, the physician will be able to prescribe proper treatment."

(7) Enclosure required when exhibited in public place. Psittacine birds shall not be offered for sale or exhibited in public places, such as taverns, department stores, variety and other multipurpose stores unless placed in an enclosure which will effectively protect the public against direct exposure to the birds or dust particles which emanate from the pen or cage in which they are kept.

(8) Shipment of psittacine birds into the state of Washington. Any person or firm, wholesaler, retailer, distributor, or private fancier of psittacine birds may receive from points outside this state shipments of psittacine birds: *Provided*, That such birds do not originate from an aviary or premises on which psittacosis infection

is suspected or known to be present, or from premises under quarantine for any reason: *And provided further*, That psittacine birds imported into Washington originating from outside the United States shall comply with all federal regulations pertaining to the importation of psittacine birds.

(9) Embargo authorized. The secretary of the department of social and health services or his designee is hereby authorized to place an embargo upon the shipment of live birds into this state from any state or locality in which the presence of psittacosis has been reported to be currently prevalent by a governmental health, agriculture, or animal industry department. Such embargo shall remain in effect until removed by order of the secretary of the department of social and health services or his designee.

(10) Penalties. Failure to comply with any of the provisions of this regulation shall be cause for immediate legal action and the immediate quarantine of the birds involved if within this state, or the immediate imposition of an embargo on further shipments from such a dealer or breeder source if outside the state. The cost of maintenance of quarantined birds shall be borne by the owner thereof. [Order 73, § 248-100-440, filed 4/11/72; Order 21, § 248-100-440, filed 6/27/69; Em. Order 20, § 248-100-440, filed 4/8/69; Regulation .100.440, effective 3/11/60; subsection (8) amended by filing of 6/3/65.]

**WAC 248-100-445 "Q" fever.** Deleted - Not reportable. [Regulation .100.445, effective 3/11/60.]

**WAC 248-100-450 Rabies.** (1) In order to protect the public health and prevent the occurrence of rabies in dogs and cats and in wild animals which are used as pets and which may transmit rabies to human beings, it shall be unlawful to:

(a) Import into this state any skunk, fox, or racoon for sale, barter, exchange, or gift for use as a personal pet;

(b) Acquire, sell, barter, exchange, give, purchase, for trap or retention as pets or for export, any skunk, fox, or racoon within the state of Washington: *Provided*, That subsections (a) and (b) shall not prohibit the importation of any skunk, fox, or racoon by a bona fide publicly or privately owned zoological park, or circus, or any other show where animals are exhibited but are not in physical contact with the public, or by scientific or educational institutions, nor shall such prohibit the use of such animals in fur farming.

(2) Whenever a human being is bitten by any skunk, fox, or racoon, such animal shall be immediately destroyed and the procedures as set forth below shall be followed.

(3) Whenever any human being is bit by any other wild animal, such animal, if available, shall be sacrificed or otherwise disposed of in the discretion of the local health officer.

(4) Whenever any human being has been bitten by a cat or dog and there is no reason to suspect that the animal is rabid in the opinion of the local health officer or a veterinarian, the animal involved shall be restricted for ten days for observation in such manner as to prevent

contact with other animals or humans except for the caretaker.

(5) If it becomes necessary to destroy the dog or cat or other animal, care should be taken to avoid damaging the brain tissues. The dead animal's head must be severed from the body and placed in a proper container, packed in ice, and sent to the state department of social and health services, division of health's laboratory at Seattle, or other laboratory competent to carry out the complete examination, including a mouse inoculation test. [Order 40, § 248-100-450, filed 10/14/70; Regulation .100.450, effective 3/11/60.]

**WAC 248-100-451 Treatment of individuals.** The following procedures should be followed where any human being is bitten by any animal:

(1) The wound caused by the bite of an animal suspected of being rabid should be cleansed at once to its greatest depth with soap and water or an appropriate antiseptic.

(2) The decision to administer antirabies treatment to persons bitten by any animal must be made upon the basis of the circumstances of each individual case. If the animal is a dog or cat and is available for observation, ordinarily the vaccine may be withheld pending the outcome of observation and/or examination of the animal to determine whether it is rabid or not. If the biting animal is a wild animal and the circumstances are such that rabies are suspected, treatment should be started immediately unless the results of the examination will be available within twenty-four hours after the bite. [Order 40, § 248-100-451, filed 10/14/70.]

**WAC 248-100-452 Management of rabies outbreak.** When a dog or cat is found to be rabid, the local health officer shall immediately institute a community-wide rabies control program to include:

(1) The picking up and impounding of all stray and unlicensed dogs and cats;

(2) The issuance of an order that all dogs and cats be vaccinated against rabies; and

(3) That all dogs and cats be confined to their owner's premises except when on leash for a minimum of one month following vaccination, provided vaccination was not administered more than six months previously, in which case the dog or cat should be revaccinated or restricted. [Order 40, § 248-100-452, filed 10/14/70.]

**WAC 248-100-455 Rat-bite fever (including Haverhill fever).** Deleted - Not reportable. [Regulation .100.455, effective 3/11/60.]

**WAC 248-100-460 Relapsing fever.** Deleted - Not reportable. [Regulation .100.460, effective 3/11/60.]

**WAC 248-100-465 Rheumatic fever.**

**Regulations:**

All cases of acute rheumatic fever and, in addition, rheumatic heart disease in persons under twenty-one years of age are to be reported.

[Title 248 WAC—p 258]

**No restrictions:**

See APHA manual for recommendation concerning chemoprophylaxis.

[Regulation .100.465, effective 3/11/60.]

**WAC 248-100-470 Ringworm. (1) Of scalp.**

(a) Exclusion of children under 15 years of age from school until suitable fungicidal treatment has been initiated: *Provided*, That such treatment be continued consistently thereafter until the infection has been eradicated.

(b) Infected children allowed to attend school after suitable fungicidal treatment has been initiated, but before complete eradication of the infection, must continuously wear tight-fitting caps while in school or on the school grounds. Garments for out-of-doors wear, such as caps and coats, must be kept well separated from those of noninfected children.

(c) Infected children living in institutions or boarding schools should be kept segregated as much as possible from uninfected children.

(d) Infected children shall not make use of public barber shops or beauty parlors and shall not be allowed to attend theaters.

(e) Child contacts in the home and in school should be examined with a filtered ultra-violet light to detect other early or latent infections.

(f) Control of infected domestic animals: Animals with ringworm lesions found on the premises of the case, or animals with such lesions that have been in contact with human cases of ringworm, shall be placed in isolation and under treatment until cured.

**Recommendations:**

(a) Determine species of fungus prevalent by culture if possible.

(b) Teach infected children and their familial and school contacts how the infection is spread and the measures necessary to prevent spread, which will include such matters of personal hygiene as the use of separate individual toilet articles (brush, comb, towels), avoidance of close personal contact with the head of the infected person (use of separate pillows, care in playing) and use of head coverings.

(c) When a case of ringworm of the scalp is discovered in a school, the entire class should be inspected with a filtered ultra-violet light to detect other infections. The ultra-violet screening should be repeated once a month until one month after the last case has been detected. Should the condition exist in two or more classrooms in a school, or be prevalent in more than two percent of a single classroom, the entire student body under fifteen years of age should be screened by filtered ultra-violet light.

(d) Suggestions for medical management:

(i) Clip all of the hair closely, or at least a generous margin about the lesion.

(ii) Apply local treatment once or twice daily.

(iii) Epilate manually or with adhesive tape once or twice a week.

(iv) Wash the head two or three times weekly.

(v) Check head with filtered ultra-violet light once a month. If treatment is unsuccessful after four months, recommend x-ray epilation.

**(2) Of face and body.**

Children with ringworm of the exposed parts of the body shall be excluded from school until fungicidal treatment has been initiated, provided such treatment is continued as necessary. Children with this infection shall be excluded from use of gymnasium facilities and swimming pools, even though under treatment. [Order 81, § 248-100-470, filed 4/9/73; Order 73, § 248-100-470, filed 4/11/72; Regulation 100.470, effective 3/11/60.]

**WAC 248-100-475 Rocky Mountain spotted fever.**

**Regulations:**

Epidemiologic report required. State place of possible exposure to ticks.

Laboratory confirmation required. Submit acute and convalescent phase blood specimens to virus laboratory.

**Recommendations:**

(1) Personal prophylaxis by avoidance of tick-infested areas if possible; if such areas cannot be avoided, ticks must be carefully removed from the person as soon as possible, caution being taken to protect the hands and not to crush the tick while it is being removed.

(2) Persons who must be present in tick-infested areas during the active tick season (roughly March 1 to September 1) should receive active immunization with Rocky Mountain spotted fever vaccine. This vaccine appreciably lessens the chance of developing the disease and lowers the case fatality rate. However, it is of no value after the infection has been acquired, nor as treatment. [Regulation .100.475, effective 3/11/60.]

**WAC 248-100-480 Salmonellosis.** See WAC 248-100-320 dysentery, Bacillary (Shigellosis and Salmonellosis) [Regulation .100.480, effective 3/11/60.]

**WAC 248-100-485 Scabies.** Deleted - Not reportable. [Regulation .100.485, effective 3/11/60.]

**WAC 248-100-490 Schistosome (cercarial) dermatitis (swimmer's itch).** Deleted - Not reportable. [Regulation .100.490, effective 3/11/60.]

**WAC 248-100-495 Smallpox.**

**Regulations:**

Report immediately by telephone or telegraph.

Epidemiologic record required.

Placard - "Quarantine" placard required.

Isolation of case from onset until disappearance of scabs and crusts from all smallpox lesions.

**Restrictions of Contacts:**

(1) Any person exposed to a case of smallpox in the household of the patient, or through work or other close association, shall be immediately placed under temporary quarantine until the immunity status of such person may be determined by immediate vaccination.

Exposure shall include contact with the patient during the preruptive stage of the disease. If the exact date of

onset of case is indefinite, the time should be estimated as five days preceding eruption.

(2) If the exposed person is not a household contact of the case, or if the exposed person is a household contact but the case is removed from the home, the contact may be released if he shows an immune reaction; or if the contact is vaccinated within 24 hours after the first exposure, he may be released after the vaccination reaches its height. (Immune reaction - fourth day, accelerated reaction - seventh day, primary reaction - tenth day.)

(3) Persons exhibiting an immune reaction need not remain in quarantine; *Provided* the other contacts in the home also exhibit immune reactions. However, if the other contacts in the home exhibit accelerated or primary reactions, the person with the immune reaction must either remain in quarantine or move out of the home; he may not be allowed to enter or leave the quarantined home at will.

(4) Persons exhibiting an accelerated or primary reaction must remain in quarantine for eighteen days after last exposure, unless vaccinated within twenty-four hours after the first exposure, in which case they may be released after the vaccinia has reached its height.

(5) Vaccinated persons usually do not develop sufficient immunity to protect them against exposure until after the tenth day following vaccination in case of a primary take, and not sooner than after the seventh day in case of an accelerated reaction. However, evidence of an accelerated or primary reaction must not be interpreted as unequivocal protection against smallpox, because persons may have been exposed to the disease before the vaccination has developed sufficient protective immunity in the individual.

See APHA manual for additional information. [Regulation .100.495, effective 3/11/60.]

**WAC 248-100-500 Streptococcal infections—  
Hemolytic.** (1) Respiratory type -  
Scarlet fever and streptococcal sore throat.

**Regulations:**

Isolation of case until clinical recovery. If patient is treated with penicillin or any equally effective antibiotic, isolation may be terminated after 24 hours of treatment, provided an effective therapeutic level is maintained over a period of seven to ten days.

See APHA manual for further information and recommendations concerning prophylactic treatment of family contacts.

(2) Puerperal infection -

**Regulations:**

Epidemiologic investigation and report required.

Isolation of patient while infectious discharges persist, or until 24 hours of treatment with penicillin, provided an effective therapeutic level is maintained over a period of seven to ten days.

See APHA manual for additional methods of control and institute where applicable.

(3) Erysipelas -

**Regulations:**

Epidemiologic investigation and report required if hospital or nursery is involved.

Isolation of patient during period of communicability. Isolation may be terminated after 24 hours of penicillin treatment, provided an effective therapeutic level is maintained over a period of seven to ten days.

See APHA manual for additional methods of control and institute where applicable. [Subsection 1, filed 5/31/61; Regulation .100.500, effective 3/11/60.]

**WAC 248-100-505 Syphilis.****Regulations:**

Report on special form (S.F. No. 4668B). See WAC 248-100-220 through 248-100-245 (inclusive) for special regulations governing the control of venereal disease, and WAC 248-100-065, 248-100-070.

Refer to APHA manual for additional information and recommendations.

Prenatal Blood Test law for the prevention of congenital syphilis: The following law (RCW 70.24.090 and 70.24.100) was enacted and put into effect January 2, 1940 (Session Laws 1939, chapter 165):

RCW 70.24.090 - Every physician attending a pregnant woman in the state of Washington during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of blood of such woman at the time of first examination, and submit such sample to an approved laboratory for a standard serological test for syphilis. If the pregnant woman first presents herself for examination after the fifth month of gestation, the physician or other attendant shall, in addition to the above, advise and urge the patient to secure a medical examination and blood test before the fifth month of any subsequent pregnancies.

RCW 70.24.100 - A standard serological test shall be a laboratory test for syphilis approved by the state director of health and shall be performed either by a laboratory approved by the state director of health for the performance of the particular serological test used or by the state department of health, on request of the physician free of charge.

Laboratory approval - See WAC 248-100-560 and 248-100-565 of these rules and regulations. [Regulation .100.505, effective 3/11/60.]

**WAC 248-100-510 Tetanus.****Regulations:**

Reportable only. Report should indicate probable source of infection, and whether patient had had previous artificial immunization against tetanus, whenever possible.

See APHA manual for recommendations concerning prevention of this disease. [Regulation .100.510, effective 3/11/60.]

**WAC 248-100-515 Tick paralysis.****Regulations:**

Reportable only. Report should indicate geographic area in which tick was acquired.

[Title 248 WAC—p 260]

**Information:**

Occasionally persons (usually children) bitten by ticks of the genus ixodes or the genus dermacentor, develop an ascending flaccid paralysis which may result in death if the tick is not removed. Apparently this paralysis is a toxic effect of the parasite and not an infection. If the tick is found and removed promptly, the patients usually make a dramatic recovery within twenty-four to forty-eight hours.

Occasionally in adults, pain, vertigo, and an erythematous rash have been noted to accompany the paralysis.

Informational bulletins are available from the state department of health in regard to distribution of ticks in this state and recommendations concerning precautions to exercise in avoiding, or the management of, tick bites. [Regulation .100.515, effective 3/11/60.]

**WAC 248-100-520 Trachoma.****Regulations:**

Laboratory confirmation by examination of conjunctival scrapings or expressed follicular material, whenever possible.

Submit specimen to virus laboratory.

**Restrictions:**

Children should be excluded from school when active lesions exist, until acceptable treatment has been administered under supervision of a competent physician.

See APHA manual for additional information and recommendations. [Regulation .100.520, effective 3/11/60.]

**WAC 248-100-525 Trichinosis.****Regulations:**

Epidemiologic investigation and report required.

Laboratory confirmation required. (Complement-fixation tests, eosinophil count, muscle biopsy, examination of suspected meat or meat product involved.)

Report to state department of Agriculture, and if food involved is commercially produced and distributed in interstate commerce, notify Federal food and drug administration officials.

See APHA manual for further information and recommendations.

Reference may also be made to state laws and regulations requiring the cooking of all garbage fed to hogs. [Regulation .100.525, effective 3/11/60.]

**WAC 248-100-530 Tuberculosis. (1) Pulmonary -****Regulations:**

Reportable on special form (S.F. No. 7302).

Placard to be used when active cases refuse to observe precautions to prevent spread of disease, in which event the local health officer may use a placard.

Quarantine of such known active cases as do not observe the precautions to prevent the spread of the disease. The place of quarantine to be in such quarters as designated appropriate by the local health officer and for such time as necessary until one of the following conditions is fulfilled:

(a) The patient's pulmonary disease is considered to be "apparently arrested" (National Tuberculosis Association classification, 1940), (b) The patient agrees to accept routine sanatorium care, (c) The patient dies, (d) Other arrangements for adequate isolation are made which, in the opinion of the local health officer, protect the public from the spread of his infection.

Concurrent disinfection of sputum and articles soiled therewith. Particular attention shall be paid to prompt disinfection or disposal of the sputum itself, of handkerchiefs, cloths or papers soiled therewith, and the eating utensils used by the patient.

Terminal disinfection. — Thorough cleansing and aeration.

Examination of persons suspected of being tuberculous. — In order to prevent the dissemination of tuberculosis, the state, county, or municipal health officers, or their respective deputies, who are licensed physicians within their respective jurisdictions, are hereby directed and empowered, when in their judgment it is necessary to protect the public health, to make adequate examination of persons reasonably suspected of being tuberculous. It shall be the duty of local and state health officers to investigate thoroughly the sources of infection of tuberculosis within their jurisdictions.

**(2) Other than pulmonary —**

**Regulations:**

Reportable.

Isolation only in unusual cases discharging tubercle bacilli in external secretions, such as cold abscesses, draining sinus, etc.

See APHA manual for additional information and recommendations. [Regulation .100.530, effective 3/11/60.]

**WAC 248-100-532 Control of tuberculosis.** These regulations for the control of tuberculosis shall apply only to those counties listed in RCW 70.33.040, now or as hereafter amended and shall not pertain to any counties contained in the Eastern Tuberculosis Hospital District.

(1) General. The local health officer is responsible for control of tuberculosis in his jurisdiction. Each local health department shall maintain a tuberculosis control program including case finding, treatment, surveillance and prophylaxis.

Case finding includes the epidemiological investigation of newly developed cases, the examination of contacts and suspected cases, and the survey of groups.

Treatment may be carried out in licensed health care facilities or on an out-patient basis. Choice of treatment will depend upon the circumstances of each case.

Surveillance consists of follow up on cases following treatment to prevent and control reactivation. Chemoprophylaxis where indicated is an important element of control.

(2) Hospitalization. Hospital admission is to be in accordance with procedures arranged by the local health officer with the medical director or administrator of a hospital.

Patient discharge, where the patient is in a tuberculosis hospital, shall be the responsibility and decision of the medical director of said facility. Where hospitalization is not in a tuberculosis hospital, patient discharge shall be the responsibility and decision of the attending physician. The medical director or attending physician shall notify the local health officer of each intended discharge in order to assure necessary out-patient arrangements.

(3) Out-patient Services. The local health officer is responsible for assuring necessary out-patient treatment following discharge.

(a) Clinics. Each local health department shall be responsible for diagnostic and treatment services, including public health nursing services. In order to provide support and continuity to the provision of clinic and other services, each local health department will maintain a tuberculosis register. A qualified chest physician and adequate nursing staff shall be maintained at each clinic.

(b) Private Patients. Tuberculosis patients being treated by private physicians must be monitored by each local health department. This includes recording private patients on the tuberculosis register.

(c) Tuberculosis Register. Records of all patients shall include identifying, epidemiological and clinical information, including frequency of examination.

(4) Reporting. Each local health department shall report all newly developed cases, whether public or private patients, to the health services division of the department of social and health services. Newly developed cases include new active cases and reactivations. Hospitals, clinics and physicians treating cases of tuberculosis shall make quarterly patient status reports to the health officer of the patient's jurisdiction. Hospitals, clinics, and health districts shall make such reports to the health services division as said division may require. [Order 138, § 248-100-532, filed 2/7/77; Order 73, § 248-100-532, filed 4/11/72.]

**WAC 248-100-535 Tularemia.**

**Regulations:**

Epidemiologic investigation and report required.

Indicate geographic area of source of infection as well as the vector involved.

Laboratory confirmation required.

Report to state department of agriculture and state department of game.

**Restrictions:**

None

See APHA manual for additional information and recommendations concerning prevention of this disease. [Regulation .100.535, effective 3/11/60.]

**WAC 248-100-540 Typhoid fever, paratyphoid fever, and the carrier state of each.**

**Regulations:**

Epidemiologic investigation and report required.

Confirmation of diagnosis and examination of release cultures to be made by a laboratory approved by the state director of health to make such examinations.

Subcultures of organisms isolated by local laboratories are to be submitted to the state laboratory for phage typing. Positive cultures from suspected sources of infection shall also be submitted for such typing.

**Restrictions:**

(1) Case - The patient shall be isolated in a fly-proof room and the local health officer shall provide instructions for the disposal of fecal discharges and other necessary isolation precautions. The patient shall remain in isolation during the acute clinical phase of the disease, and thereafter shall remain under the supervision of the local health officer until released on the basis of furnishing three sets of negative cultures of feces and urine, each set at least twenty-four hours apart, the first set being submitted not earlier than one week after discontinuation of the administration of any antibiotic, and not earlier than one month from date of onset. If any one of this series of specimens is positive, release may not be granted until three successive sets of specimens, taken at intervals of one month within the first year after onset, have been found to be negative.

(2) Convalescent carrier - Should any of the specimens in the first series of release specimens examined be positive, the patient shall be declared to be a convalescent carrier and shall be subject to the restrictions imposed on chronic carriers as stipulated in (3) following.

(3) Chronic carrier -

(a) If examination of specimens of feces, urine, or other body excretion, secretion, organ or tissue structure reveals the presence of the causative organisms of typhoid or paratyphoid fever in a person at any time after one year from date of onset of illness diagnosed as typhoid or paratyphoid fever, such person shall be declared to be a chronic carrier, and shall be subject to the restrictions described below, and all other regulations governing such carriers.

(b) Any person who is discovered to harbor typhoid or paratyphoid bacilli as demonstrated by recovery of the organism from any body secretion or excretion, or from any organ or tissue structure without other clinical manifestation of the disease typhoid or paratyphoid fever at that time or during the preceding year shall be declared to be a chronic carrier and shall be subject to the restrictions described below, and all other regulations governing such carriers.

(4) Restrictions of chronic carriers - The following instructions are to be read to each person declared to be a chronic carrier, after which such carrier shall be requested to sign an agreement to the effect that he or she will abide by these instructions.

Instructions to typhoid and paratyphoid carriers

Name ----- Age -----  
Address ----- Examination of a specimen of ----- submitted by you on ----- made by the ----- Laboratory shows that you are a carrier of the causative agent of ----- fever. This means that unless you observe the precautions described hereafter, other persons are liable to contract ----- fever from you. Therefore,

in order to prevent the infection of others, it is necessary and you are required to carefully and continuously abide by the following instructions:

(a) Not to have any part in the preparation, serving or handling of food which may be consumed by any person other than members of your immediate family; nor to engage in any occupation which includes contact with milk, milk products, milk bottles, or milk utensils; nor to participate in the management of a dairy or other milk-distributing plant, boarding house, restaurant, food store, or any place where food is prepared or served; nor to reside on the premises of any such food-handling establishment or dairy.

(b) To wash your hands thoroughly with soap and water after using the toilet and before handling food in the home.

(c) (Applicable to fecal or urinary carriers only) If the premises on which carrier resides is provided only with an outdoor privy, there shall be on hand at all times an adequate supply of quicklime to be used as instructed. The privy shall be kept at all times in a sanitary condition and kept free of flies. It shall be located at a safe distance from any well or cistern and so situated that drainage from the privy will be away from such water supplies. The well or cistern must be properly constructed to guard against surface drainage.

(d) You are to keep the local health officer informed at all times of your address and occupation, and to notify the health officer at once of any contemplated change in address or occupation.

(e) You are to communicate with the health officer before submitting to any type of treatment intended for the cure of the carrier condition.

(f) You are to report to the health officer immediately any cases of illness suggestive of typhoid or dysentery in your family or among your immediate associates.

I hereby acknowledge receipt and explanation of the above instructions. -----

The above instructions were given to the above named carrier by: -----

----- on -----  
(title) (date)

Procedure for local health department: The above form should be completed, read, and explained to the carrier, following which the carrier is to sign the agreement in triplicate, witnessed by the person who has given the instructions. One copy of the signed instructions is mailed to the state epidemiologist, one copy is retained by the carrier, and the third copy is retained by the local health department.

(5) Follow-up of carriers - The local health officer or his authorized representative shall visit each chronic carrier at least once during each six-month period (January to July; July to January) to check on the address, occupation, and other activities of the carrier, and to determine if all instructions are being carried out; and a report of such investigation shall be forwarded to the state department of health.

(6) Release of chronic carriers - Such carriers who excrete organisms via the intestinal or urinary tracts may be released following submission of eight successive

sets of negative feces and urine specimens, each submitted one month apart. When the focus of infection is located in some other tissue or structure (such as bone), such carrier may be released upon eradication of the focus after drainage from the lesion has ceased and is negative for the causative organism as evidenced by three successive negative cultures obtained during a period of not less than two weeks, providing antibiotic treatment has not been administered during that time. [Regulation .100.540, effective 3/11/60.]

**WAC 248-100-545 Typhus fever.** Deleted - not reportable. [Regulation .100.545, effective 3/11/60.]

**WAC 248-100-550 Vincent's disease.** Deleted - not reportable. [Regulation .100.550, effective 3/11/60.]

**WAC 248-100-555 Yellow fever.** Deleted - not reportable. [Regulation .100.555, effective 3/11/60.]

**WAC 248-100-560 Approval of laboratories to perform prenatal serologic tests for syphilis—Laboratory advisory committee.** (1) The state director of health shall appoint members to a laboratory advisory committee consisting of representatives from the following:

(a) University of Washington school of medicine, department of pathology (a clinical pathologist, if possible).

(b) Pathologist group.

(c) Recognized medical technologists group.

(d) Laboratory section of the Washington state public health association.

(e) State medical society (a physician who shall represent the clinical practice of medicine).

(f) The local health officers association.

(2) The committee shall organize and select a chairman at its first meeting of each year.

(3) The functions of the committee shall include consideration of programs and policies concerning the relationship of the state department of health to medical and public health laboratories throughout the state. It shall advise the state director of health as to its recommendations concerning matters considered within its scope. [Regulation .100.560, effective 3/11/60.]

**WAC 248-100-565 Approval of laboratories to perform prenatal serologic tests for syphilis—Requirements for approval of laboratories to perform prenatal serologic tests for syphilis.** (1) **Personnel:**

(a) The director of the laboratory is to be held directly responsible for the accuracy of the tests performed and the reports issued.

(b) The serologist who actually performs the tests that are to be approved shall meet the following qualifications:

(i) **Training:** Two years of academic work in an accredited college, which work shall include laboratory courses in chemistry and bacteriology which meet the approval of the state director of health.

(ii) **Experience:** Two years of full-time, supervised laboratory experience, which shall include a significant amount of work in the performance of serologic tests.

(iii) The above requirements shall apply to those serologists registered for the first time with the Washington state department of health after July 1, 1950.

The training and experience of serologists registered with this department previous to July 1, 1950, who have participated satisfactorily in one or more intrastate serology evaluations shall be considered acceptable.

(c) The serologists who perform the tests must not be overburdened with other duties that interfere seriously with the proper execution of the procedure.

(d) The state director of health shall be notified immediately if the serologist-in-charge of a laboratory leaves or is replaced.

(e) If a different serologist is placed in charge following approval of a laboratory, the approval status will not be changed if the new serologist-in-charge meets the training and experience requirements and has demonstrated satisfactory performance of the tests involved in the last previous serology evaluation in this state.

(f) In case a new serologist-in-charge meets all requirements except for satisfactory participation in the last previous serology evaluation, the approval status of the laboratory shall be changed to "Tentative approval."

(2) **Laboratory quarters and equipment:** The laboratory must be sufficiently large to enable the technicians to perform the tests in an uninterrupted and convenient manner.

Apparatus and reagents shall conform to the latest description of the standard test as recommended by the author or the United States public health service venereal disease research laboratory.

(3) **Definition of "standard test".** Those tests will be accepted as "standard" which are recommended as such by the laboratory advisory committee and approved by the state director of health.

(4) **Periodical check-testing for accuracy.** Laboratories desiring approval must achieve an acceptable level of performance in the examination of specimens submitted to them for examination during each year in the periodical serology performance evaluations conducted by the state department of health. The criteria for determination of the level of "acceptable performance" shall be based upon the recommendations of the state public health laboratory advisory committee.

(5) **Certificate of approval:**

(a) Upon satisfactory compliance with the requirements set forth above, a certificate of approval will be issued to each laboratory so complying.

(b) A list of such approved laboratories will be issued twice annually, copies of which will be distributed to each county health department, county medical society, county clerk of courts, and to the superintendents of the hospitals in the community where the laboratory is located.

(c) Laboratories will retain approval during the calendar year in which such approval was issued, provided the requirements for approval are maintained. See also (1), (a) and (b), above concerning personnel changes.

(d) If it becomes necessary to withdraw such approval, the certificate of approval is to be returned immediately upon the request of the state director of health,

and the agencies cited in (b) above shall be notified of such action.

(6) **Appeal:** Applicant laboratories not receiving approval for any reason, may appeal to the laboratory advisory committee for reconsideration. After considering the facts involved in the appeal, the advisory committee shall submit recommendations as to any further course of action to the state director of health in writing. If there is a disagreement within the committee, a minority as well as a majority report may be submitted.

After consideration of such recommendations, the state director of health shall render a final decision as to what further action shall be taken, if any.

(7) **Adequate and consistent volume of work:** Since it is difficult for technicians to maintain acceptable proficiency and accuracy unless the performance of the serologic tests is carried on at frequent and regular intervals, in order to insure a consistent reliability in the results, it is suggested that laboratories testing less than sixty specimens a month submit sera which has reacted positively to the state laboratory or some other approved laboratory for checking.

It is further recommended that laboratories testing less than sixty specimens per month should purchase antigen in amounts not large than 5 ml. per bottle, and limit the number of bottles purchased in order to avoid the possibility of using antigen which has deteriorated with age. [Regulation .100.565, effective 3/11/60.]

#### Chapter 248-101 WAC

#### SCHOOL DISTRICTS—CONTAGIOUS DISEASES

##### WAC

248-101-010 Purpose.  
248-101-020 Definition.

##### SPECIFIC DISEASES

248-101-030 Chickenpox.  
248-101-040 Conjunctivitis.  
248-101-050 Diphtheria.  
248-101-060 Gonorrhea.  
248-101-070 Impetigo.  
248-101-080 Infectious mononucleosis.  
248-101-090 Measles.  
248-101-100 Meningitis (all types).  
248-101-110 Mumps.  
248-101-120 Pediculosis.  
248-101-130 Ringworm.  
248-101-140 Rubella.  
248-101-150 Salmonellosis and shigellosis.  
248-101-160 Scabies.  
248-101-170 Streptococcal infections.  
248-101-180 Syphilis.  
248-101-190 Tuberculosis.  
248-101-200 Viral hepatitis.  
248-101-210 Whooping cough.

**WAC 248-101-010 Purpose.** The following regulations are adopted pursuant to chapter 32, Laws of 1971, for the purpose of governing the presence on or about any school premises of persons who have, or who have been exposed to, the disease named. These regulations are in addition to other requirements imposed by WAC 248-100-001 through 248-100-555.

In furtherance of the purpose and intent of the law and these regulations, it is recommended that parents of

students whose medical supervision seems inadequate should be encouraged to obtain the services of a physician for the child. When the economic situation warrants, the parents should be guided to the appropriate source of community-sponsored medical care. These regulations are not intended to imply that any diagnosis or treatment will be performed by school personnel. [Order 62, § 248-101-010, filed 11/1/71.]

**WAC 248-101-020 Definition.** As used in this portion of these regulations, a contact means a person who has more than incidental association with a person in the infectious stage of a disease, including one who has simultaneously occupied the same classroom or work area for several hours, or had closer association. [Order 62, § 248-101-020, filed 11/1/71.]

#### SPECIFIC DISEASES

**WAC 248-101-030 Chickenpox.** Patient shall be excluded from school until free of symptoms and until all vesicles have crusted (usually five days from onset of eruptions). Contacts shall be immediately excluded from school if they develop fever or skin lesions. [Order 62, § 248-101-030, filed 11/1/71.]

**WAC 248-101-040 Conjunctivitis.** A person with inflammation of the eye or eyelid shall be excluded from school until (1) the inflammation has cleared or (2) a physician certifies that he does not have conjunctivitis in an infectious stage. [Order 62, § 248-101-040, filed 11/1/71.]

**WAC 248-101-050 Diphtheria.** The local health officer or his designee shall advise school authorities as to exclusion or readmission of each case, carrier or contact. [Order 62, § 248-101-050, filed 11/1/71.]

**WAC 248-101-060 Gonorrhea.** A person known to have symptoms suggestive of gonorrhea, at the discretion of the nurse or counselor, will be referred to the local health officer. The local health officer has responsibility, if the likelihood of a venereal disease warrants, to ensure the diagnosis and treatment of the patient as well as other exposed persons. This includes the involvement of parents and family physician where appropriate for the health of the patient and the control of the disease. [Order 66, § 248-101-060, filed 1/13/72; Order 62, § 248-101-060, filed 11/1/71.]

**WAC 248-101-070 Impetigo.** Patient shall be excluded from school while lesions remain or until a physician certifies he is under adequate and continuing treatment. Furthermore, a patient may not use a swimming pool or participate in body contact sports at school until all lesions are healed. [Order 62, § 248-101-070, filed 11/1/71.]

**WAC 248-101-080 Infectious mononucleosis.** A person with mononucleosis shall be excluded from school until free of fever and lesions of the mouth or throat. [Order 62, § 248-101-080, filed 11/1/71.]

**WAC 248-101-090 Measles.** Patient shall be excluded from school until 9 days after onset of symptoms or 5 days after onset of rash, or until cough and nasal discharge have ceased and rash has faded. Any susceptible contact who develops signs of respiratory illness shall immediately be excluded from school. [Order 62, § 248-101-090, filed 11/1/71.]

**WAC 248-101-100 Meningitis (all types).** Patient shall be excluded from school until released by a physician in accordance with regulations pertaining to the applicable type. [Order 62, § 248-101-100, filed 11/1/71.]

**WAC 248-101-110 Mumps.** A patient shall be excluded from school while fever or visible swelling is present. Contacts who develop fever shall be immediately excluded. [Order 62, § 248-101-110, filed 11/1/71.]

**WAC 248-101-120 Pediculosis.** A patient shall be excluded from school until adequately treated. Treatment should be continued and sharing of personal articles prohibited until lice and nits are eliminated. [Order 62, § 248-101-120, filed 11/1/71.]

**WAC 248-101-130 Ringworm.** The patient may attend school with a physician's statement that he is under treatment. Such statement may include any restrictions regarding school activities deemed necessary in the judgment of the physician. [Order 62, § 248-101-130, filed 11/1/71.]

**WAC 248-101-140 Rubella.** Patient shall be excluded from school while symptoms are present and until rash fades. Contacts who develop fever or rash shall be excluded. [Order 62, § 248-101-140, filed 11/1/71.]

**WAC 248-101-150 Salmonellosis and shigellosis.** Patient shall be excluded from school while fever or gastrointestinal symptoms are present. Upon return he shall be instructed in personal hygiene including frequent handwashing. [Order 62, § 248-101-150, filed 11/1/71.]

**WAC 248-101-160 Scabies.** Patient may attend school with a physician's statement that treatment has been completed or is in progress. [Order 62, § 248-101-160, filed 11/1/71.]

**WAC 248-101-170 Streptococcal infections.** Patient or contact shall be excluded from school while fever or other signs of illness are present. [Order 62, § 248-101-170, filed 11/1/71.]

**WAC 248-101-180 Syphilis.** A person known to have symptoms suggestive of syphilis, at the discretion of the nurse or counselor, will be referred to the local health officer. The local health officer has responsibility, if the likelihood of a venereal disease warrants, to ensure the diagnosis and treatment of the patient as well as other exposed persons. This includes the involvement of

parents and family physician where appropriate for the health of the patient and the control of the disease. [Order 66, § 248-101-180, filed 1/13/72; Order 62, § 248-101-180, filed 11/1/71.]

**WAC 248-101-190 Tuberculosis.** The physician attending an infected person will advise school authorities of any restrictions on his presence or activities at school. Instructions will be reviewed by the local health officer or his designee. [Order 62, § 248-101-190, filed 11/1/71.]

**WAC 248-101-200 Viral hepatitis.** Patient shall be excluded from school until a physician states he may return. Contacts who develop fever or jaundice will be excluded immediately. Pupils or school employees who have stayed overnight or shared food or beverage in the same dwelling as a viral hepatitis case will be advised to obtain medical attention. [Order 62, § 248-101-200, filed 11/1/71.]

**WAC 248-101-210 Whooping cough.** Patient shall be excluded from school until 5 weeks after onset or until certified by a physician to be noninfectious. Contacts who develop respiratory illness shall be excluded until symptoms subside or physician certifies that symptoms are not due to whooping cough. [Order 62, § 248-101-210, filed 11/1/71.]

## Chapter 248-102 WAC PHENYLKETONURIA

### WAC

248-102-010	Definitions.
248-102-020	Performance of screening tests.
248-102-030	Panel of consultants appointed.
248-102-040	Establishment of diagnosis.
248-102-050	Eligibility for financial support for treatment and followup care.
248-102-060	Financial support, services, and facilities not compulsory.
248-102-070	Fees to be charged in support of the program.
248-102-999	Legal authority of the state board of health.

**WAC 248-102-010 Definitions.** For the purposes of this chapter:

(1) "Department" means the Department of Social and Health Services of the State of Washington.

(2) "Phenylketonuria" (PKU) means a congenital metabolic disorder characterized by abnormal phenylalanine metabolism usually accompanied by mental retardation if not adequately treated.

(3) "Hypothyroidism" means a congenital disorder of thyroid function associated with low blood levels of thyroid hormone, which may lead to mental retardation if undetected and untreated.

(4) "Positive screening test" is an abnormal laboratory test result which indicates that a disorder may be present in the person tested and that further diagnostic evaluation should be performed. [Order 136, § 248-102-010, filed 12/2/76; Order 5, § 248-102-010, filed 10/16/68.]

**WAC 248-102-020 Performance of screening tests.**

(1) Administrators of all hospitals and maternity care facilities in which children are born or newborns receive care in the State of Washington shall forward to the Health Services Division of the Department appropriate specimens and related necessary data for laboratory screening tests for phenylketonuria and hypothyroidism; the form and manner for collection of such specimens shall be prescribed by the Health Services Division of the Department. The specimens are to be collected from each newborn infant prior to discharge from the hospital or maternity facility, or by 10 days of age if undischarged. The specimen(s) shall be forwarded not later than the close of the next working day, to the Health Services Division Laboratory.

(2) The parent, parents or guardian of a newborn infant shall be informed by hospital personnel that a blood specimen is to be taken from the infant in compliance with State law prior to obtaining the specimen. In the event that a parent, the parents or guardian refuse to allow such testing because of religious tenets or practices (as provided by RCW 70.83.020), hospital staff shall obtain a signed statement from the parent, parents or guardian refusing to allow the test on such grounds. Such signed statement or a copy shall be sent to the Health Services Division of the Department in lieu of the specimen for the newborn. [Order 136, § 248-102-020, filed 12/2/76; Order 5, § 248-102-020, filed 10/16/68.]

**WAC 248-102-030 Panel of consultants appointed.**

The director of the department shall appoint a panel of recognized medical authorities in the diagnosis and treatment of phenylketonuria. Members of the panel of consultants shall:

(1) Advise the department regarding currently accepted medical standards regarding diagnosis and treatment of Phenylketonuria.

(2) Assist the department in finding an attending physician able and willing to supervise the medical care of individuals suspected of having or found to have Phenylketonuria when the family of the individual has not done so.

(3) Consult with the attending physician in all matters relating to diagnosis, treatment, and follow-up care of individuals suspected of having or found or have Phenylketonuria. [Order 5, § 248-102-030, filed 10/16/68.]

**WAC 248-102-040 Establishment of diagnosis.**

(1) Upon receipt of a report of a positive screening test, the department shall contact the attending physician of the subject of the test, or the family of the subject if no attending physician can be identified.

(a) If no attending physician can be identified, the department shall, with the assistance of the Panel of Consultants, assist the family in finding a physician able and willing to serve this function.

(2) If at least two positive screening tests have been recorded, at least one of which shall have been a blood test, the department shall offer to the attending physician and the family to provide financial support for and

assistance in arranging and carrying out further diagnostic studies for the subject.

(3) If such offer is accepted, the department shall assist the family and the attending physician in selecting a member of the Panel of Consultants who is able and willing to act as the Consultant in the case of the subject.

(4) The attending physician, acting with the advice of the Consultants, and with the permission of the family shall devise a plan for further diagnostic study. The department shall cooperate with the attending physician with the advice of the Consultants in carrying out plans for diagnostic study to the extent that funds are available for this purpose. [Order 5, § 248-102-040, filed 10/16/68.]

**WAC 248-102-050 Eligibility for financial support for treatment and followup care.**

(1) If it is determined by further diagnostic study that the subject does have Phenylketonuria and is in need of treatment, the department shall offer to the attending physician, the Consultant, and the family to provide financial support for and assistance in obtaining such treatment as may be ordered by the attending physician and the consultant.

(2) Provision of financial support shall be contingent upon the finding by the department that the subject and his family are eligible for such financial assistance using the same criteria as those currently used for determining financial eligibility for Crippled Children's Services.

(3) The age of the subject will have no bearing on the provision of financial support.

(4) Continuation of financial support in treatment will be contingent upon receipt by the department from the attending physician of reports which show that the subject is under at least minimal surveillance for safe and effective treatment.

(5) Supplemental treatment and services (nursing services, nutrition services, medical social work, laboratory services and others) will be made available for the department to the extent that they are desired by the attending physician, family, and Consultant, and to the extent that the department is able to provide them within the limits of funds available for this purpose. [Order 5, § 248-102-050, filed 10/16/68.]

**WAC 248-102-060 Financial support, services, and facilities not compulsory.**

(1) It is the intent of the department that no compulsion be inherent or implied under this chapter upon the recipient to accept any financial support, service, or facility. [Order 5, § 248-102-060, filed 10/16/68.]

**WAC 248-102-070 Fees to be charged in support of the program.**

The Department is authorized to make a reasonable charge to the parents of the newborn child, to be collected through the hospitals, and each hospital is authorized to make a reasonable charge to the parent covering its expenses for services rendered in carrying out the program. [Order 144, § 248-102-070, filed 3/22/77; Order 136, § 248-102-030 (codified WAC 248-102-070), filed 12/2/76.]

**WAC 248-102-999** Legal authority of the state board of health. Chapter 70.83 RCW. [Order 5, § 248-102-999, filed 10/16/68.]

**Chapter 248-104 WAC  
PERSONNEL PRACTICES**

**WAC**  
248-104-110 General.

**WAC 248-104-110** General. Personnel practices in the Washington state department of health shall be based on merit principles governing the appointment, promotion, transfer, layoff, recruitment, retention, classification, pay, removal, discipline, and welfare of employees as established in RCW 50.12.030 and as required by the federal government as a prerequisite for fiscal grants-in-aid. [Regulation .104.110, effective 3/11/60.]

**Chapter 248-112 WAC  
DISPOSITION OF HUMAN REMAINS**

**WAC**  
248-112-010 Definitions.  
248-112-020 Approval required for tissue preservation.  
248-112-030 Approval required for tissue preservation—Provisions for approval.  
248-112-040 Approval required for tissue preservation—Exemptions from approval.  
248-112-050 Records.  
248-112-060 Labels.

**WAC 248-112-010** Definitions. (1) As used in these regulations "person" includes any public or nonprofit therapeutic agency such as a nonprofit blood bank, artery bank, eye bank, or other therapeutic service approved by the state director of health.

(2) "Department" means the state of Washington department of health. [Regulation .112.010, filed 2/18/66.]

**WAC 248-112-020** Approval required for tissue preservation. No person shall collect, process, store, or distribute human tissues obtained in accordance with RCW 68.08.250 through 68.08.290 unless such person shall have received approval from the department. [Regulation .112.020, filed 2/18/66.]

**WAC 248-112-030** Approval required for tissue preservation—Provisions for approval. (1) Application for approval shall be made to the department and shall include the following items:

(a) Complete and detailed description of the methods, equipment, and technics used in relation to each tissue which is to be processed.

(b) The name and address of the person owning the place, establishment, or institution, in which the processing is to be carried on.

(c) The name and address of the director who shall be a duly licensed physician and surgeon or dentist in the

state of Washington, according to the tissue field utilized.

(d) Kinds of tissues to be processed.

(e) Such additional information as the department may require in order to determine compliance with these regulations.

(2) The operation of the tissue bank shall be under the direct supervision of a physician and surgeon or dentist duly licensed in this state according to the tissue field utilized.

(3) The department shall be notified within thirty days following approval as to the date of commencement of operation.

(4) Application will be approved only when establishment and the methods used are such that the tissues processed will not be contaminated, dangerous, or harmful.

(a) Representative samples shall be provided for the department of each lot of tissues, if requested by the department, for the purpose of checking sterility, quality, or other factor.

(b) Any duly authorized representative of the department shall have free access to the establishment and the records thereof at all reasonable hours for the purpose of ascertaining compliance with these regulations.

(5) Approval may be granted only for the processing of tissues for which there is scientific evidence of therapeutic value and for which methods of preservation have been developed.

(6) Renewal of approval.

(a) Each license shall expire on December 31 of the year in which it was issued. Renewal of applications shall be filed by October 31.

(b) Each person on applying for renewal shall review his activities in the field for the preceding year if requested to do so by the department. [Regulation .112.030, filed 2/18/66.]

**WAC 248-112-040** Approval required for tissue preservation—Exemptions from approval. This group does not apply to autogenous tissue grafting, or to homografts where tissues are obtained from living donors, or to other biologic products which are defined as follows: whole blood and blood derivatives, serum, vaccine, live vaccine, killed vaccine, tissue vaccine, autogenous vaccine, live virus, killed virus, live bacterial culture, killed bacterial culture, bacterin, hormone, tissue extract, gland extract, gland preparation, insulin and similar products made from human and animal tissues or micro-organisms and offered for sale or distribution for the prevention or treatment of disease. [Regulation .112.040, filed 2/18/66.]

**WAC 248-112-050** Records. (1) The director or supervisor of approved tissue processing programs shall keep records of all tissues processed.

(2) Records may be designated by number (instead of by name of donor) to conform with individual specimens or lots of tissue.

(3) Records shall contain the following data:

(a) Name and address of institution from which material was obtained, also name of physician responsible for procurement.

(b) Date and time to nearest quarter hour of death of donor.

(c) Cause of death, age of donor, and when available, pathologic results including autopsy report.

(d) Date and hour of obtaining tissue. If more than four hours post mortem, state whether refrigeration was used and, if so, give length of time and temperature.

(e) Date and method of processing tissue, if applicable.

(f) Date final storage begins.

(g) Date and place of use.

(h) Results of tests for contamination and other examination.

(i) Pertinent laboratory data, such as serologic tests for syphilis, from donor. Prospective donors with histories of hepatitis shall not be accepted.

(j) Information relating to consent or authorization.

(4) Unless otherwise required by other provisions of law, all records and information shall be retained for not less than two years. [Regulation .112.050, filed 2/18/66.]

**WAC 248-112-060 Labels.** (1) A method which will positively identify each specimen during the period from procurement to the beginning of final storage shall be placed in effect by each person.

(2) The final label shall show:

(a) The name of the product, and method used in processing.

(b) A number which will identify the processing information related to the specimen.

(c) A date prior to which use must be made of the product, or prior to which use of the product is recommended, whichever is applicable.

(d) Name and address of the processor.

(e) If temperature is a factor in preservation, the temperature range within which deterioration is avoided shall be specified.

(f) Other data descriptive of the product may also be included in the label.

(g) Directions for reconstitution of the product, and preparation for its use may be included in the label or in an accompanying circular.

(h) Altered or supplementary labels shall not be used. [Regulation .112.060, filed 2/18/66.]

### Chapter 248-116 WAC

#### REGISTRATION OF REPORTABLE RADIATION SOURCES

##### WAC

248-116-010	General.
248-116-020	Definitions.
248-116-030	Registration procedure.
248-116-040	Reportable radiation sources.
248-116-050	Exemptions from registration.
248-116-060	Records.

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##### APPENDIX

248-116-900	Schedule A—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.
248-116-901	Schedule B—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.
248-116-902	Schedule C—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.
248-116-903	Schedule N—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.
248-116-904	Schedule O—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.

**WAC 248-116-010 General.** (1) **Registration requirement.** Every person possessing a reportable radiation source shall register in accordance with the provisions of this regulation.

(2) **Effective date.** The rules and regulations set forth herein shall be effective thirty days after they have been filed with the code reviser as provided for in RCW 34.04.040.

(3) **Authority.** Rules and regulations set forth herein are adopted pursuant to the provisions of section 5 (RCW 70.98.050), chapter 207, Laws of 1961. [Chapter I, filed 7/24/64.]

**WAC 248-116-020 Definitions.** As used in these rules and regulations:

(1) "Agency" means the state radiation control agency and "department" means the department of health. As used herein, the terms "agency" and "department" are interchangeable.

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

(3) "Designated person" means an individual, other than the registrant, having been so named by the registrant to function in liaison with the state radiation control agency.

(4) "General License" means a license effective pursuant to regulations promulgated by the U.S. Atomic Energy Commission or any agreement state without the filing of an application to transfer, acquire, own, possess or use quantities of, or devices or equipment utilizing byproduct, source, special nuclear materials, or other radioactive material occurring naturally or produced artificially.

(5) "Installation" means the location where one or more reportable radiation sources are used, operated, stored, manufactured, or handled, except temporary job-sites where field operations utilizing radiation sources are a routine part of the registrant's normal conduct of business.

(6) "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private

institution, group, agency, political subdivision of this state, any other state or political subdivision or agency thereof, and any legal successor, representative, agent, or agency of the foregoing, other than the United States Atomic Energy Commission, or any successor thereto, and other than federal government agencies licensed by the United States Atomic Energy Commission, or any successor thereto.

(7) "Possessing a reportable radiation source" means having care, custody, or control over a reportable radiation source either actually or constructively.

(8) "Radiation" or "Ionizing radiation" means gamma rays and x-rays, alpha and beta particles, high speed electrons, neutrons, protons, and other nuclear particles; but not sound or radio waves, or visible, infrared, or ultraviolet light.

(9) "Radiation machine" means any device capable of producing radiation when the associated controls are operated, but excluding devices which produce radiation only by the use of radioactive material.

(10) "Radiation source" means any type of device or substance which is capable of producing or emitting ionizing radiation.

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

(12) "Registrant" means any person who is registering with the state radiation control agency, or who has registered with the state radiation control agency, and is legally obligated to register with the state radiation control agency pursuant to these rules and regulations, or Laws of 1961, chapter 207 (chapter 70.98 RCW).

(13) "Registration" means registration with the state radiation control agency in accordance with rules and regulations adopted by the agency by any person possessing a reportable radiation source.

(14) "Reportable radiation source" means any radiation source except those specifically exempted by Laws of 1961, chapter 207 (chapter 70.98 RCW), or those radiation sources exempted by the state radiation control agency pursuant to the authority of section 8 (RCW 70.98.080), chapter 207, Laws of 1961.

(15) "Sealed radiation source" means any radioactive material that is encased in, and intended to be used in, a container designed so as to prevent leakage of the radioactive material.

(16) "Specific license" means a license, issued after application, pursuant to regulations promulgated by the U.S. Atomic Energy Commission or any agreement state to use, manufacture, produce, transfer, receive, acquire, own, or possess quantities of, or devices or equipment utilizing byproduct, source, special nuclear materials, or other radioactive materials occurring naturally or produced artificially. [Chapter II, filed 7/24/64.]

**WAC 248-116-030 Registration procedure. (1) Registration.**

(a) Every person possessing a reportable radiation source on the date that these rules and regulations become effective shall register with the state radiation control agency prior to the first of the month following

one hundred and eighty days after the effective date of these rules and regulations.

(b) Every person not already registered who acquires possession of, or enters the state to remain for more than thirty days while in possession of, a reportable radiation source subsequent to the effective date shall register with the state radiation control agency within thirty days of the date of acquisition, or entry: *Provided*, That if the date of acquisition is more than thirty days prior to the time for registration specified in (a) above, then such time for registration shall apply.

(c) Subsequent to initial registration, the state radiation control agency may require renewal at such intervals and designate such registration periods as it deems necessary: *Provided*, That the renewal of registration shall not be required more frequently than every two years.

(2) **Registration form.** Registration shall be made on forms furnished by or in such other manner designated by the state radiation control agency. The registrant shall set forth all applicable information called for by the state radiation control agency or set forth a valid reason or reasons why such information cannot be furnished.

(3) **Separate installations.** A single registration form may be used to include several installations provided such installations are under the ownership or administrative control of the registrant. Where, as a routine part of the normal conduct of business, reportable radiation sources are moved between or among such installations, the registrant will so indicate at the time of registration. Each registrant shall name one or more designated persons, preferably one for each installation where the registrant is not normally present, who may be contacted by the state radiation control agency with respect to the requirements for registration.

(4) **Report of change—Theft, loss, or accident.**

(a) Within thirty days of change, the registrant shall report in writing to the state radiation control agency any change in the name or address of the registrant, designated person, or location of the installation; or receipt, transfer, or disposal of any reportable radiation source: *Provided*, That this subsection (a) shall not apply to a registrant residing in the state of Washington who:

(i) Receives, transfers, or disposes of any reportable radiation source(s) pursuant to a valid license issued by the Atomic Energy Commission, and has recorded the license number(s) with the agency at the time of registration or upon subsequent receipt of such a license; or

(ii) Removes such reportable radiation source(s) to sites of temporary use located in or out of the state and subsequently returns such radiation source(s) to his installation in the state, all in the normal conduct of a bona fide business or enterprise, and has recorded with the agency at the time of registration the fact that such removal and return is normal to the conduct of the registrant's legal operation or activity; or

(iii) Receives and uses radon for a single or short term use in diagnosis or therapy; or receives and uses other naturally occurring radioactive material(s) through a lease, rental or like arrangement for a single or short term use in diagnosis, therapy or allied use, all within

the scope of the registrant's professional license as a practitioner of the healing arts, and has recorded with the agency at the time of registration or registration amendment the fact that such radioactive material(s) may be received and used in the normal conduct of the registrant's professional work; or

(iv) Receives, produces or uses naturally occurring radioactive material(s) or material(s) made radioactive by means other than by exposure to the radiation incident to the process of producing special nuclear materials, and has recorded with the agency at the time of registration or registration amendment the fact that such radioactive material(s) may be received, produced, or used in the normal conduct of the registrant's bona fide business or enterprise.

(v) Replaces x-ray equipment with a like piece of x-ray equipment in the sense that it is for use in the same application or for the same purpose as the x-ray equipment originally included in the registration.

(b) In the event of the loss of control of any reportable radiation source, as the result of theft, loss, or accident, the registrant or any person possessing a reportable radiation source shall notify the state radiation control agency of such fact immediately upon acquiring knowledge of such loss of control. Notification shall be by telegram, or telephone call followed by written confirmation, to the state radiation control agency.

(5) **Report of discontinuance.** Every registrant who terminates the use of, and/or disposes of, all his reportable radiation sources at an installation, shall notify the state radiation control agency within thirty days of such action.

(6) **Registration shall not imply approval.** No person, in any advertisement, shall state either expressly or by implication, that the use of any radiation source registered with the state radiation control agency has been approved by either the state radiation control agency or the department of health.

(7) **Registration information confidential.** Information relating to devices or processes involving trade secrets submitted on registration forms shall be confidential and cannot be disclosed without the written consent of the registrant. Registrants shall not be required to disclose classified military or defense process information. [Chapter III, filed 7/24/64.]

#### WAC 248-116-040 Reportable radiation sources.

(1) **Reportable radiation sources.** The following constitute reportable radiation sources:

(a) All radiation machines not exempted in WAC 248-116-050.

(b) All radioactive material(s) not exempted in WAC 248-116-050.

(2) **Notification of entry into the state of reportable radiation sources for temporary use.**

(a) Before reportable radiation sources are brought into the state for use by out-of-state persons for a period not exceeding thirty consecutive days in any period of twelve consecutive months, the state radiation control agency shall be notified by such persons in writing seven days prior to entry except as provided in subsection (3) below.

(b) In case of use for an emergency, out-of-state persons shall submit written notification at the time of introducing such reportable radiation sources into the state. A telegram or registered letter directed to the state radiation control agency dated or postmarked not later than the time of entry shall be evidence of and constitute complete compliance with the provisions of this section.

(3) **Registration in lieu of notification by out-of-state persons.**

(a) The notification by out-of-state persons of the entry of reportable radiation sources into the state may, upon application to and approval by the state radiation control agency, be accomplished through registration, effective for periods of two calendar years in intervals measured from January 1, 1964, in lieu of advance notice required under subsection (2)(a) above where, in the normal conduct of a bona fide business or enterprise, one or more of the following conditions exist:

(i) Radiation sources, contained in devices owned by out-of-state persons and normally located outside of the state, brought into the state from time to time for sales demonstration purposes;

(ii) Radiation sources in safety devices or operational devices mounted as an integral and/or permanent fixture on mobile equipment such as airplanes, trains, ships, and similar vehicles, moving in and out of the state in normal commerce.

(iii) Other radiation sources under similar circumstances recognized by the state radiation control agency for the purposes of this section.

(b) The application for registration shall specify the nature of the radiation source, its use, and the radiation protection provided, the equipment or device in which it is contained, approvals and/or licenses issued by the U.S. Atomic Energy Commission or any agreement state, the estimated frequency of movement in or out of the state of Washington, and other information as may be called for by the state radiation control agency for the purposes of this subsection (3): *Provided*, That this provision for registration by out-of-state persons shall not apply to out-of-state persons bringing reportable radiation sources into the state on a one-time or infrequent basis in which cases advance notice under subsection (2) above shall apply. [Chapter IV, filed 7/24/64.]

#### WAC 248-116-050 Exemptions from registration.

The registration requirements shall not apply to persons possessing only the following radiation sources:

(1) **Radiation machines not installed.** Radiation machines during process of manufacture, or in storage or transit, or when not installed in such a manner as to be capable of producing radiation: *Provided*, That this exemption shall not apply to functional testing or demonstrating of such machines.

(2) **Radioactive materials—Transport—Federal jurisdiction.** Radioactive material(s) while being transported in conformity with regulations adopted by any federal agency having jurisdiction over safety in interstate transport, and specifically applicable to the transportation of such radioactive materials.

(3) **Radioactive materials—In portable monitoring instruments.** Radioactive material(s) used for calibration of and self-contained in hand-portable radiation monitoring instruments. The manufacture of such instruments shall not be exempt.

(4) **Radioactive materials—In specified devices—Schedule A.** Radioactive material(s) incorporated in a device or equipment which is listed in and under the conditions of schedule A hereto, a copy of which is maintained in the offices of the state radiation control agency, and such device or equipment has been manufactured pursuant to a valid specific license or equivalent licensing document, issued by the U.S. Atomic Energy Commission, or any agreement state, and authorizing distribution under a general license or its equivalent. The manufacture of such device or equipment shall not be exempt.

(5) **Radioactive materials—Specified quantities—Schedule B.** Radioactive material(s) in the quantities listed in and under the conditions of schedule B hereto, a copy of which is maintained in the offices of the state radiation control agency.

(6) **Radioactive material—Specified quantities—Schedule C.** Radioactive material(s) in the concentrations listed in and under the conditions of schedule C hereto, a copy of which is maintained in the offices of the state radiation control agency.

(7) **Uranium and thorium—Specified quantities and conditions—Schedule N.** Uranium and thorium in the quantities listed in and under the conditions of schedule N hereto, a copy of which is maintained in the offices of the state radiation control agency.

(8) **Radioactive materials—In luminous devices—Schedule O.** Radium and tritium or other radioactive materials in luminous timepieces, instruments and safety devices, lock illuminators and similar devices as shown in and under the conditions of schedule O hereto, a copy of which is maintained in the offices of the state radiation control agency. The application or removal of such radioactive material(s) in the process of manufacture, repair, or salvage is not exempt.

(9) **Other radiation sources designated.** Such other radiation machine(s) or radioactive material(s) as may be specifically designated by the state radiation control agency as exempt from registration. [Chapter V, filed 7/24/64.]

**WAC 248-116-060 Records.** Each registrant who possess a reportable radiation source shall keep records showing the receipt (for any reportable radiation source received after the effective date of these rules and regulations), transfer, and disposal of such reportable radiation source. [Chapter VI, filed 7/24/64.]

**WAC 248-116-900 Schedule A—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.**

APPENDIX

SCHEDULE A

of the

RULES AND REGULATIONS OF THE STATE  
RADIATION CONTROL  
AGENCY (DEPARTMENT OF HEALTH)  
PERTAINING TO THE  
REGISTRATION OF REPORTABLE RADIATION  
SOURCES.

Persons possessing the following devices and equipment incorporating radioactive material, when manufactured, tested, and labeled by the manufacturer in accordance with the specifications contained in a valid specific license or equivalent licensing document issued by the U.S. Atomic Energy Commission or any agreement state and authorizing distribution under a general license or its equivalent, are exempt from the registration requirements.

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

(b) **Spark gap and electronic tubes.** Spark gap tubes and electronic tubes which contain radioactive material consisting of not more than 5 microcuries per tube of Cesium 137, or Nickel 63, or Krypton 85 gas, or not more than 5 micrograms Radium 226, or not more than one microcurie per tube of Cobalt 60.

(c) **Light meter.** Devices designed for use in measuring or determining light intensity which contain, as a sealed radiation source or radiation sources, radioactive material consisting of a total of not more than 200 microcuries of Strontium 90 per device.

(d) **Ion generating tube.** Devices designed for ionization of air which contain, as a sealed radiation source or radiation sources, radioactive material consisting of a total of not more than 500 microcuries of Polonium 210 per device or a total of not more than 50 millicuries of Hydrogen 3 (tritium) per device [Schedule A (codified as WAC 248-116-900), filed 7/24/64.]

**WAC 248-116-901 Schedule B—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.**

SCHEDULE B

of the

RULES AND REGULATIONS OF THE STATE  
RADIATION CONTROL  
AGENCY (DEPARTMENT OF HEALTH)  
PERTAINING TO THE  
REGISTRATION OF REPORTABLE RADIATION  
SOURCES.

Persons possessing the following radioactive materials as separate quantities of radionuclides are exempt from the registration requirements unless such person shall at any one time possess more than a total of ten such different radionuclides.

Radionuclide	Col. No. I Not as sealed source (micro-curies)	Col. No. II As a sealed source (micro-curies)
Americum 241	0.1	1.0
Antimony (Sb 124)	1	10
Arsenic 76 (As 76)	10	10
Arsenic 77 (As 77)	10	10
Barium 140—Lanthanum 140 (BaLa 140)	1	10
Beryllium (Be 7)	50	50
Cadmium 109—Silver 109 (CdAg 109)	10	10
Calcium 45 (Ca 45)	10	10
Carbon 14 (C 14)	50	50
Cerium 144—Praseodymium (CePr 144)	1	10
Cesium—Barium 137 (CeBa 137)	1	10
Chlorine 36 (Cl 36)	1	10
Chromium 51 (Cr 51)	50	50
Cobalt 60 (Co 60)	1	10
Copper 64 (Cu 64)	50	50
Europium 154 (Eu 154)	1	10
Fluorine 18 (F18)	50	50
Gallium 72 (Ga 72)	10	10
Germanium 71 (Ge 71)	50	50
Gold 198 (Au 198)	10	10
Gold 199 (Au 199)	10	10
Hydrogen 3 (Tritium) (H 3)	250	250
Indium 114 (In 114)	1	10
Iodine 131 (I 131)	10	10
Iridium 192 (Ir 192)	10	10
Iron 55 (Fe 55)	50	50
Iron 59 (Fe 59)	1	10
Lanthanum 140 (La 140)	10	10
Manganese 52 (Mn 52)	1	10
Manganese 56 (Mn 56)	50	50
Molybdenum 99 (Mo 99)	10	10
Nickel 59 (Ni 59)	1	10
Nickel 63 (Ni 63)	1	10
Niobium 95 (Nb 95)	10	10
Palladium 109 (Pd 109)	10	10
Palladium 103—Rhodium 103 (PdRh 103)	50	50
Plutonium	0.1	1.0
Phosphorus 32 (P32)	10	10
Polonium 210 (Po 210)	0.1	1
Potassium 42 (K 42)	10	10
Praseodymium 143 (Pr 143)	10	10
Promethium 147 (Pm 147)	10	10

Radionuclide	Col. No. I Not as sealed source (micro-curies)	Col. No. II As a sealed source (micro-curies)
Rhenium 186 (Re 186)	10	10
Rhodium 105 (Rh 105)	10	10
Rubidium 86(Rb 86)	10	10
Ruthenium 106—Rhodium 106 (RuRh 106)	1	10
Samarium 153 (Sm 153)	10	10
Scandium 46 (Sc 46)	1	10
Silver 105 (Ag 105)	1	10
Silver 111 (Ag 111)	10	10
Sodium 22 (Na 22)	10	10
Sodium 24 (Na 24)	10	10
Strontium 89 (Sr 89)	1	10
Strontium 90—Yttrium 90 (SrY 90)	0.1	1
Sulfur 35 (S 35)	50	50
Tantalum 182 (Ta 182)	10	10
Technetium 96 (Tc 96)	1	10
Technetium 99 (Tc 99)	1	10
Tellurium 127 (Te 127)	10	10
Tellurium 129 (Te 129)	1	10
Thallium 204 (Tl 204)	50	50
Tin 113 (Sn 113)	10	10
Tungsten 185 (W185)	10	10
Vanadium 48 (V 48)	1	10
Yttrium 90 (Y 90)	1	10
Yttrium 91 (Y 91)	1	10
Zinc 65 (Zn 65)	10	10
Beta and/or Gamma emitting byproduct material not listed above	1	10

[Schedule B, (codified as WAC 248-116-901), filed 7/24/64.]

**WAC 248-116-902 Schedule C—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.**

**SCHEDULE C**

of the

**RULES AND REGULATIONS OF THE STATE  
RADIATION  
CONTROL AGENCY (DEPARTMENT OF  
HEALTH) PERTAINING TO  
THE REGISTRATION OF REPORTABLE  
RADIATION SOURCES**

Persons possessing radioactive materials in concentrations not exceeding the following are exempt from the registration requirements, provided that the introduction of such radioactive materials into gas, liquid, or solid media shall not be exempt.

Registration of Reportable Radiation Sources

248-116-902

Element (atomic number)	Isotope	Column I Gas concentration uc/ml <sup>1</sup>	Column II Liquid and solid concentration uc/ml <sup>2</sup>	Element (atomic number)	Isotope	Column I Gas concentration uc/ml <sup>1</sup>	Column II Liquid and solid concentration uc/ml <sup>2</sup>	
Antimony (51).....	Sb 122	—	3X10 <sup>-4</sup>	Manganese (25) ....	Mn 52	—	3X10 <sup>-4</sup>	
	Sb 124	—	2X10 <sup>-4</sup>		Mn 54	—	1X10 <sup>-3</sup>	
	Sb 125	—	1X10 <sup>-3</sup>		Mn 56	—	1X10 <sup>-3</sup>	
Argon (18).....	A 37	1X10 <sup>-3</sup>	—	Mercury (80).....	Hg 197m	—	2X10 <sup>-3</sup>	
	A 41	4X10 <sup>-7</sup>	—		Hg 197	—	3X10 <sup>-3</sup>	
Arsenic (33).....	As 73	—	5X10 <sup>-3</sup>		Hg 203	—	2X10 <sup>-4</sup>	
	As 74	—	5X10 <sup>-4</sup>	Molybdenum (42) ...	Mo 99	—	2X10 <sup>-3</sup>	
	As 76	—	2X10 <sup>-4</sup>		Neodymium (60)....	Nd 147	—	6X10 <sup>-4</sup>
	As 77	—	8X10 <sup>-4</sup>	Nd 149		—	3X10 <sup>-3</sup>	
Barium (56).....	Ba 131	—	2X10 <sup>-3</sup>	Nickel (28) .....	Ni 65	—	1X10 <sup>-3</sup>	
	Ba 140	—	3X10 <sup>-4</sup>	Niobium (Columbium)				
Beryllium (4).....	Be 7	—	2X10 <sup>-2</sup>		(41) .....	Nb 95	—	1X10 <sup>-3</sup>
Bismuth (83).....	Bi 206	—	4X10 <sup>-4</sup>	Nb 97	—	9X10 <sup>-3</sup>		
Bromine (35).....	Br 82	4X10 <sup>-7</sup>	3X10 <sup>-3</sup>	Osmium (76).....	Os 185	—	7X10 <sup>-4</sup>	
Cadmium (48).....	Cd 109	—	2X10 <sup>-3</sup>		Os 191m	—	3X10 <sup>-2</sup>	
	Cd 115m	—	3X10 <sup>-4</sup>		Os 191	—	2X10 <sup>-3</sup>	
	Cd 115	—	3X10 <sup>-4</sup>		Os 193	—	6X10 <sup>-4</sup>	
Calcium (20).....	Ca 45	—	9X10 <sup>-5</sup>	Palladium (46) .....	Pd 103	—	3X10 <sup>-2</sup>	
	Ca 47	—	5X10 <sup>-4</sup>		Pd 109	—	9X10 <sup>-4</sup>	
Carbon (6).....	C 14	1X10 <sup>-5</sup>	8X10 <sup>-3</sup>	Phosphorus (15) ....	P 32	—	2X10 <sup>-4</sup>	
Cerium (58).....	Ce 141	—	9X10 <sup>-4</sup>		Platinum (78) .....	Pt 191	—	1X10 <sup>-3</sup>
	Ce 143	—	4X10 <sup>-4</sup>	Pt 193m		—	1X10 <sup>-2</sup>	
	Cd 144	—	1X10 <sup>-4</sup>	Pt 197m		—	1X10 <sup>-2</sup>	
Cesium (55).....	Cs 131	—	2X10 <sup>-2</sup>	Pt 197	—	1X10 <sup>-3</sup>		
	Cs 134m	—	6X10 <sup>-2</sup>	Potassium (19) .....	K 42	—	3X10 <sup>-3</sup>	
	Cs 134	—	9X10 <sup>-5</sup>		Pr 142	—	3X10 <sup>-4</sup>	
	Chlorine (17).....	Cl 38	9X10 <sup>-7</sup>	4X10 <sup>-3</sup>	Pr 143	—	5X10 <sup>-4</sup>	
Cr 51		—	2X10 <sup>-2</sup>	Promethium (61)....	Pm 147	—	2X10 <sup>-3</sup>	
Chromium (24).....	Co 57	—	5X10 <sup>-3</sup>		Pm 149	—	4X10 <sup>-4</sup>	
	Cobalt (27) .....	Co 58	—	1X10 <sup>-3</sup>	Rhenium (75) .....	Re 183	—	6X10 <sup>-3</sup>
Co 60		—	5X10 <sup>-4</sup>	Re 186		—	9X10 <sup>-4</sup>	
Cu 64		—	3X10 <sup>-3</sup>	Re 188		—	6X10 <sup>-4</sup>	
Copper (29).....	Cu 64	—	3X10 <sup>-3</sup>	Rhodium (45).....	Rh 103m	—	1X10 <sup>-1</sup>	
Dysprosium (66) ....	Dy 165	—	4X10 <sup>-3</sup>		Rh 105	—	1X10 <sup>-3</sup>	
	Dy 166	—	4X10 <sup>-4</sup>	Rubidium (37).....	Rb 86	—	7X10 <sup>-4</sup>	
Erbium (68).....	Er 169	—	9X10 <sup>-4</sup>		Ruthenium (44).....	Ru 97	—	4X10 <sup>-3</sup>
	Er 171	—	1X10 <sup>-3</sup>			Ru 103	—	8X10 <sup>-4</sup>
Europium (63).....	Eu 152	—	6X10 <sup>-4</sup>			Ru 105	—	1X10 <sup>-3</sup>
	(T/2= 9.2 Hrs)	—	—	Ru 106		—	1X10 <sup>-4</sup>	
	Eu 155	—	2X10 <sup>-3</sup>	Samarium (62) .....	Sm 153	—	8X10 <sup>-4</sup>	
Fluorine (9) .....	F18	2X10 <sup>-4</sup>	8X10 <sup>-3</sup>		Scandium (21).....	Sc 46	—	4X10 <sup>-4</sup>
	Gadolinium (64) ....	Gd 153	—	2X10 <sup>-3</sup>		Sc 47	—	9X10 <sup>-4</sup>
Gd 159		—	8X10 <sup>-4</sup>	Sc 48		—	3X10 <sup>-4</sup>	
Gallium (31).....	Ga 72	—	4X10 <sup>-4</sup>	Selenium (34) .....	Se 75	—	3X10 <sup>-3</sup>	
Germanium (32) ....	Ge 71	—	2X10 <sup>-3</sup>		Silicon (14) .....	Si 31	—	9X10 <sup>-3</sup>
	Gold (79).....	Au 196	—	2X10 <sup>-3</sup>	Silver (47) .....	Ag 105	—	1X10 <sup>-3</sup>
Au 198		—	5X10 <sup>-4</sup>	Ag 110m		—	3X10 <sup>-4</sup>	
Au 199		—	2X10 <sup>-3</sup>	Ag 111		—	4X10 <sup>-4</sup>	
Hafnium (72).....	Hf 181	—	7X10 <sup>-4</sup>	Sodium (11).....	Na 24	—	2X10 <sup>-3</sup>	
Hydrogen (1).....	H 3	5X10 <sup>-6</sup>	3X10 <sup>-2</sup>		Strontium (38) .....	Sr 89	—	1X10 <sup>-4</sup>
	Indium (49).....	In 113m	—	1X10 <sup>-3</sup>		Sr 91	—	7X10 <sup>-4</sup>
In 114m		—	2X10 <sup>-4</sup>	Sr 92		—	7X10 <sup>-4</sup>	
Iodine (53).....	I 125	3X10 <sup>-9</sup>	2X10 <sup>-5</sup>	Sulfur (16).....	S 35	9X10 <sup>-8</sup>	6X10 <sup>-3</sup>	
	I 131	3X10 <sup>-9</sup>	2X10 <sup>-5</sup>		Tantalum (73).....	Ta 182	—	4X10 <sup>-4</sup>
	I 132	8X10 <sup>-8</sup>	6X10 <sup>-4</sup>		Technetium (43) ....	Tc 96m	—	1X10 <sup>-1</sup>
	I 133	1X10 <sup>-8</sup>	7X10 <sup>-5</sup>	Tc 96		—	1X10 <sup>-3</sup>	
	I 134	2X10 <sup>-7</sup>	1X10 <sup>-3</sup>	Tellurium (52).....	Te 125m	—	2X10 <sup>-3</sup>	
Iridium (77).....	Ir 190	—	2X10 <sup>-3</sup>		Te 127m	—	6X10 <sup>-4</sup>	
	Ir 192	—	4X10 <sup>-4</sup>		Te 127	—	3X10 <sup>-3</sup>	
	Ir 194	—	3X10 <sup>-4</sup>		Te 129m	—	3X10 <sup>-4</sup>	
Iron (26) .....	Fe 55	—	8X10 <sup>-3</sup>		Te 131m	—	6X10 <sup>-4</sup>	
	Fe 59	—	6X10 <sup>-4</sup>		Te 132	—	3X10 <sup>-4</sup>	
Krypton (36).....	Kr 85m	1X10 <sup>-6</sup>	—	Terbium (65).....	Tb 160	—	4X10 <sup>-4</sup>	
	Kr 85	3X10 <sup>-6</sup>	—		Thallium (81) .....	Tl 200	—	4X10 <sup>-3</sup>
Lanthanum (57) ....	La 140	—	2X10 <sup>-4</sup>	Tl 201		—	3X10 <sup>-3</sup>	
	Lead (82).....	Pb 203	—	4X10 <sup>-3</sup>		Tl 202	—	1X10 <sup>-3</sup>
Lutetium (71) .....		Lu 177	—	1X10 <sup>-3</sup>		Tl 204	—	1X10 <sup>-3</sup>

Element (atomic number)	Isotope	Column I Gas concentration uc/ml <sup>1</sup>	Column II Liquid and solid concentration uc/ml <sup>2</sup>
Thulium (69) . . . . .	Tm 170	—	5X10 <sup>-4</sup>
	Tm 171	—	5X10 <sup>-3</sup>
Tin (50) . . . . .	Sn 113	—	9X10 <sup>-4</sup>
	Sn 125	—	2X10 <sup>-4</sup>
Tungsten (Wolfram) (74) . . . . .	W 181	—	4X10 <sup>-3</sup>
	W 187	—	7X10 <sup>-4</sup>
Vanadium (23) . . . . .	V 48	—	3X10 <sup>-4</sup>
Xenon (54) . . . . .	Xe 131m	4X10 <sup>-6</sup>	—
	Xe 133	3X10 <sup>-6</sup>	—
	Xe 135	1X10 <sup>-6</sup>	—
Ytterbium (70) . . . . .	Yb 175	—	1X10 <sup>-3</sup>
Yttrium (39) . . . . .	Y 90	—	2X10 <sup>-4</sup>
	Y 91m	—	3X10 <sup>-2</sup>
	Y 91	—	3X10 <sup>-4</sup>
	Y 92	—	6X10 <sup>-4</sup>
	Y 93	—	3X10 <sup>-4</sup>
Zinc (30) . . . . .	Zn 65	—	1X10 <sup>-3</sup>
	Zn 69m	—	7X10 <sup>-4</sup>
	Zn 69	—	2X10 <sup>-2</sup>
Zirconium (40) . . . . .	Zr 95	—	6X10 <sup>-4</sup>
	Zr 97	—	2X10 <sup>-4</sup>
Beta and/or gamma emitting byprod- uct	material not listed above with half-life less than 3 years.	1X10 <sup>-10</sup>	1X10 <sup>-6</sup>

NOTE 1: Many radioisotopes disintegrate into isotopes which are also radioactive. In expressing the concentrations in Schedule C, the activity stated is that of the parent isotope and takes into account the daughters.

NOTE 2: Where there is involved a combination of isotopes, the limit for the combination should be derived as follows:

Determine for each isotope in the product the ratio between the concentration present in the product and the exempt concentration established in Schedule C for the specific isotope when not in combination. The sum of such ratios may not exceed "1" (i.e., unity).

Example:

$$\frac{\text{Concentration of Isotope A in Product}}{\text{Exempt concentration of Isotope A}} + \frac{\text{Concentration of Isotope B in Product}}{\text{Exempt concentration of Isotope B}} \leq 1$$

<sup>1</sup> Values are given only for those materials normally used as gases.  
<sup>2</sup> uc/gm for solids.

[Schedule C (codified as WAC 248-116-902), filed 7/24/64.]

**WAC 248-116-903 Schedule N—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources.**

**SCHEDULE N**

of the

**RULES AND REGULATIONS OF THE STATE  
RADIATION CONTROL  
AGENCY (DEPARTMENT OF HEALTH)  
PERTAINING TO THE  
REGISTRATION OF REPORTABLE RADIATION  
SOURCES.**

For the purposes of this Schedule N, "Source Material" means (1) uranium or thorium, or any combination thereof, in any physical or chemical form, or (2) ores which contain by weight one-twentieth of one percent (0.05 percent) or more of uranium, thorium or any combination thereof. Source material does not include special nuclear material.

Persons in the following categories who use or transfer source material in the amount of fifteen (15) pounds or less at any one time are exempt from the registration requirements provided such person receives not more than 150 pounds in any one calendar year:

- (a) Pharmacists using the source material solely for the compounding of medicinals;
- (b) Physicians using the source material for medicinal purposes;
- (c) Persons receiving possession of source material from pharmacists and physicians in the form of medicinals or drugs;
- (d) Commercial and industrial firms, and research, educational, and medical institutions for research, development, educational or commercial purposes.

Any person is exempt from the registration requirements to the extent that such person receives, possesses, uses, or transfers source material:

- (a) In any chemical mixture, compound, solution or alloy in which the source material is by weight less than 1/20 of 1 percent (0.05 percent) of the mixture, compound solution or alloy;
- (b) In unrefined and unprocessed ore, provided that persons refining or processing such ore are not exempt;
- (c) In the following products:

- (1) Any quantities of thorium contained in: (i) incandescent gas mantles; (ii) vacuum tubes; (iii) welding rods; or (iv) rare earth metals and compounds, mixtures, and products containing not more than 0.25 percent by weight thorium, uranium, or any combination of these;
- (2) Source material contained in the following products: (i) glazed ceramic tableware, provided that the glaze contains not more than 20 percent source material; (ii) glassware containing not more than 10 percent source material; but not including glass brick, pane glass, ceramic tile, or other glass or ceramic used in construction;
- (3) Photographic film, negatives, and prints containing uranium or thorium;

(4) Any finished product or part fabricated of, or containing, thorium-metal alloys; provided that the thorium content of the alloy does not exceed 4 percent by weight; provided that persons engaged in the chemical, physical, or metallurgical treatment or processing of any such product or part are not exempt from registration;

(5) Uranium contained in counterweights installed in aircraft and stored or handled in connection with installation or removal of such counterweights in or from aircraft; provided that such counterweights are manufactured in accordance with a valid specific license or equivalent licensing document issued by the U.S. Atomic Energy Commission, or any agreement state and that each such counterweight has been impressed with a statement, clearly legible after plating, which states "CAUTION - RADIOACTIVE MATERIAL - URANIUM" and that there is no removal or penetration of the plating on such counterweights;

(6) Uranium used as shielding constituting part of any shipping container which is conspicuously and legibly impressed with the legend "CAUTION - RADIOACTIVE SHIELDING - URANIUM" and which meets the specifications for containers for radioactive materials prescribed by section 78.250, specification 55, part 78, of the regulations of the Interstate Commerce Commission (49 CFR 78.250).

(7) Uranium contained in detector heads for use in fire protection units, provided that each detector head contains not more than 0.005 microcurie of uranium.

(8) Thorium contained in finished optical lenses provided that each lense does not contain more than thirty percent by weight of thorium and provided that the shaping, grinding, or polishing of such lenses is not exempt.

(9) Persons manufacturing any of the products described in this paragraph are not exempt from registration. [Schedule N (codified as WAC 248-116-903), filed 7/24/64.]

**WAC 248-116-904 Schedule O—Rules and regulations of the state Radiation Control Agency (Department of Health) pertaining to the registration of reportable radiation sources**

#### SCHEDULE O

of the

#### RULES AND REGULATIONS OF THE STATE RADIATION CONTROL AGENCY (DEPARTMENT OF HEALTH) PERTAINING TO THE REGISTRATION OF REPORTABLE RADIATION SOURCES

Persons possessing the following scheduled devices and equipment incorporating radioactive material(s) in luminous compounds are exempt from the registration requirements. The application or removal of such radioactive material(s) in the process of manufacture, repair or salvage is not exempt.

(a) The following devices or equipment when manufactured pursuant to a valid specific license or equivalent

licensing document issued by the U.S. Atomic Energy Commission or any agreement state:

(1) Luminous timepieces or hands or dials containing tritium; and promethium 147 not exceeding 0.1 millicurie in watches or 0.5 millicurie in clocks.

(2) Lock illuminators each containing not more than fifteen millicuries of tritium or two millicuries of promethium 147 installed in automobile locks. The manufacture or installation into automobile locks is not exempt.

(3) Luminous safety devices each containing not more than four curies of tritium or one hundred millicuries of promethium 147 for use in aircraft provided that the loss of control by theft, loss, or accident of such devices shall be reported in accordance with the requirements of these regulations for reporting loss of control of reportable radiation sources.

(b) Luminous timepieces or hands or dials containing radium. [Schedule O (codified as WAC 248-116-904), filed 7/24/64.]

#### Chapter 248-118 WAC

#### FINANCIAL RESPONSIBILITY OF TUBERCULOSIS PATIENTS

#### WAC

248-118-010	Definitions.
248-118-020	Statement of financial resources.
248-118-021	Statement of financial resources—Cooperation in obtaining information.
248-118-022	Statement of financial resources—Emergencies.
248-118-030	Financial ability—Determination.
248-118-040	Financial ability—Forms.
248-118-050	Financial ability—Review of financial ability.
248-118-060	Financial ability—Standards generally.
248-118-061	Financial ability—Inability to pay.
248-118-070	Financial ability—Specific minimum standards.
248-118-080	Payment by patient.
248-118-090	Liability of estate.
248-118-100	Statement of costs.
248-118-110	Payment by county.

**WAC 248-118-010 Definitions.** (1) "Tuberculosis facility" shall mean any hospital, sanatorium or other facility maintained by a county for the in-patient care of persons suffering from infection or suspected infection with *Mycobacterium tuberculosis*.

(2) "Local health department" shall mean the health department which provides public health services for tuberculosis control to persons within the jurisdictional area.

(3) "Local health officer" shall mean the legally qualified physician who has been appointed as the health officer for the city, town, county or district health department or his appointed tuberculosis control officer.

(4) "Department" shall mean the Washington state department of health.

(5) "Medical director" shall mean the director of the tuberculosis facility.

(6) "Responsible person" shall mean those responsible for the support of a patient in the following order:

(a) The spouse of the patient.

(b) The parents of a minor patient.

(c) The children of the patient where they have assumed the responsibility for the support of the patient.

(d) The guardian or legal representative of the patient.

(7) "Cost of care" of a hospitalized tuberculosis patient is all reasonable cost of services as computed by procedures and methods for determining reasonable cost necessary under provisions of the Health Insurance for the Aged Act of 1965 as amended.

(8) "Current income" shall be that monthly cash which the patient or his family earns during the time of hospitalization through wages, profits from business, dividends, interest, sick pay and benefits derived from health and accident insurance collectible as a result of illness and confinement in the tuberculosis facility. Funds derived from the liquidation of capital assets or withdrawal from savings may be used to supplement current income to the extent that such assets and savings exceed the exempt amount as specified in these regulations.

(9) "Admission" shall mean the entry of a patient into a tuberculosis facility and the completion of all necessary admission records to include financial data. [Order 31, § 248-118-010, filed 8/18/69.]

**WAC 248-118-020 Statement of financial resources.** Prior to admission as a patient to a tuberculosis facility, every patient, or the person responsible under the laws of the state of Washington for his support, shall provide the local health officer of the county of his residence a statement of his financial resources, holdings and obligations upon forms provided by the department. Said forms shall be in duplicate, one copy to be furnished to the tuberculosis facility, and one copy to be furnished to the local health officer: *Provided*, That no individual need provide any health official or tuberculosis facility a statement of his financial resources, holdings or obligations if he agrees to pay, and subsequently does pay that portion of the cost of hospitalization remaining after deducting all costs legitimately due from medical or hospital or health insurance, medicare, or other similar legitimate applicable prepaid health care or insurance type resources: *Provided further*, That such individual is free to leave said tuberculosis facility at any time at his own discretion, with or without a medical discharge, but in no such instance will the hospital or sanatorium, nor physician nor nurse, be liable for any damages accruing from his ill health due to tuberculosis or complications thereof: *Provided further*, That an individual whose sputum, gastric contents or other bodily discharges are demonstrated to contain pathogenic *Mycobacterium* organisms, and who because of this is quarantined to protect others from the disease, shall not be liable for the cost of such hospitalization beyond that received from medical or health or hospital insurance, medicare or similar legitimate, applicable prepaid health care or insurance resources. [Order 31, § 248-118-020, filed 8/18/69.]

**WAC 248-118-021 Statement of financial resources—Cooperation in obtaining information.** Local health officers may have the assistance of the director of

the tuberculosis facility, when necessary, in obtaining a statement of the patient's financial resources, holdings and obligations. [Order 31, § 248-118-021, filed 8/18/69.]

**WAC 248-118-022 Statement of financial resources—Emergencies.** If a patient must be admitted to the tuberculosis facility at night or on a holiday or weekend or as an emergency the statement shall be obtained as soon as practicable following admission. [Order 31, § 248-118-022, filed 8/18/69.]

**WAC 248-118-030 Financial ability—Determination.** Upon the filing of a financial statement as provided for under WAC 248-118-020 through 248-118-022, it shall be the duty of the local health officer to determine the financial ability of such patient, or the person responsible therefor, to contribute in whole or in part to the cost of care in such facility. [Order 31, § 248-118-030, filed 8/18/69.]

**WAC 248-118-040 Financial ability—Forms.** In determining the financial responsibility of a patient, or the responsible person, it shall be the duty of the local health officer to complete the forms provided by the department. Said forms shall be made in triplicate, one copy to be furnished to the tuberculosis facility, one copy to be furnished to the department, and one to be retained by the local health officer. [Order 31, § 248-118-040, filed 8/18/69.]

**WAC 248-118-050 Financial ability—Review of financial ability.** The determination of financial ability to pay shall be reviewed at the patient's request or in the event that information of a substantial change in the patient's or responsible person's ability to pay should come to the attention of the health officer. [Order 31, § 248-118-050, filed 8/18/69.]

**WAC 248-118-060 Financial ability—Standards generally.** The patient or responsible person shall be charged that portion of the cost of care which he can pay from any and all sources of current income and capital available to him which is deemed to be in excess of his requirements to maintain the family standard of living at a level equal to that which existed prior to the patient's entry into the tuberculosis facility. In all cases, health insurance benefits accruing to the patient as a result of his hospitalization for tuberculosis shall be considered to be income in excess of that needed to maintain the family standard of living. [Order 31, § 248-118-060, filed 8/18/69.]

**WAC 248-118-061 Financial ability—Inability to pay.** If a patient or the responsible person is, in whole or in part, provided support by the Washington State Department of Public Assistance, he shall be considered unable to pay any part of the cost of care. [Order 31, § 248-118-061, filed 8/18/69.]

**WAC 248-118-070 Financial ability—Specific minimum standards.** A patient, or the person responsible therefor, shall not be required to contribute to the cost

of his hospital care to the extent that such contribution would require any of the following steps:

(1) Lowering of normal living expenditures from their level prior to hospitalization.

(2) Endangering the title to a home, furnishings, or automobile.

(3) Employment of any dependent not employed prior to the beginning of the patient's hospitalization.

(4) Depletion of hospitalization insurance benefits available to dependents.

(5) Depletion of real property holdings; or depletion of cash savings or securities below the value at which such assets would yield, at five percent per annum, a prescribed percentage of the current total annual living expense. The total annual living expense shall be figured at twelve times the monthly total family needs as determined on the forms provided by the department. The percentage shall be prescribed as follows: One hundred percent if either the patient or the responsible person is sixty years of age or older; sixty percent if the patient or responsible person is at least fifty but not more than fifty-nine years; thirty percent if he is at least forty but not more than forty-nine years; and ten percent if he is less than forty years of age.

(6) Reducing the patient's assets below the amount that would be allowed as an award in lieu of homestead pursuant to RCW 11.52.010.

(7) Shortening of hospital stay to less than that necessary for adequate treatment. [Order 31, § 248-118-070, filed 8/18/69.]

**WAC 248-118-080 Payment by patient.** The patient, or the responsible person shall, upon a determination by the local health officer that he is capable of contributing to the cost of his hospitalization, pay to the sanatorium the amount determined by the local health officer who shall be informed of the payment on a monthly basis. [Order 31, § 248-118-080, filed 8/18/69.]

**WAC 248-118-090 Liability of estate.** The unpaid portion of any patient's share of charges for hospitalization shall be a liability of the estate which, while there is a surviving spouse, shall be considered as capital assets of the responsible person and subject to depletion according to WAC 248-118-070(5). [Order 31, § 248-118-090, filed 8/18/69.]

**WAC 248-118-100 Statement of costs.** A statement of the cost of care shall be prepared by the director of the tuberculosis facility monthly and at the time of discharge. Each statement shall show the amount charged to the patient, or responsible person, to a responsible insurance carrier or fiscal intermediary and to the county in which the patient resided prior to his hospitalization. [Order 31, § 248-118-100, filed 8/18/69.]

**WAC 248-118-110 Payment by county.** The local health officer shall be responsible for payment of tuberculosis hospital expenses from county funds monthly in amounts sufficient to pay that portion of the cost of care which has not been paid by the patient or responsible

person, his medical insurance carrier or fiscal intermediary. Payments received from the patient, responsible person or insurance carrier after costs have been paid from county funds shall be credited to the county's account. [Order 31, § 248-118-110, filed 8/18/69.]

### Chapter 248-120 WAC

#### REGULATIONS FOR RADIATION CONTROL

**Reviser's note:** (1) On October 26, 1966, rules and regulations of the department of health pertaining to radiation control were filed with the code reviser. These regulations, in pamphlet form, include numerous rules under the following subheadings:

- "Part I - General
- Part II - Registration of Radiation Sources
- Part III - Licensing of Radiation Sources
- Part IV - Standards for Protection Against Radiation
- Part V - Use of X-ray in the Healing Arts
- Part VI - Use of Sealed Radioactive Sources in the Healing Arts
- Part VII - Special Requirements for Industrial Radiographic Operations"

The above rules were omitted from WAC pursuant to the authority of RCW 34.04.050.

(2) For the codification of a similar promulgation which apparently supersedes the rules described above, see Title 402 WAC - RADIATION CONTROL AGENCY. The Department of Social and Health Services is designated as the State Radiation Control Agency by the provisions of RCW 70.98.050.

### Chapter 248-124 WAC

#### VITAL STATISTICS—CERTIFICATES

##### WAC

- 248-124-010 Adoption of U.S. standard certificates—  
Modifications.
- 248-124-990 Form—Certificate of live birth.
- 248-124-99001 Form—Certificate of death.
- 248-124-99002 Form—Certificate of marriage.
- 248-124-99003 Form—Certificate of absolute divorce or  
annulment.
- 248-124-99004 Form—Certificate of fetal death.

**WAC 248-124-010 Adoption of U.S. standard certificates—Modifications.** Pursuant to the authority in it vested by the laws of the state of Washington, particularly RCW 70.58.200, the state board of health does hereby adopt and approve for use in the state of Washington effective January 1, 1968 the 1968 revisions of the United States Standard Certificate of Live Birth, Fetal Death, Death (combined physician—coroner form), Marriage, and Absolute Divorce or Annulment as promulgated by the United States Department of Health, Education, and Welfare - Public Health Service as annexed hereto including the following modifications:

- Certificate of Live Birth** - item 10c delete "midwife"
- Certificate of Fetal Death** - item 12c delete "midwife"
- Certificate of Death** - (combine physician—coroner form) - item 22a delete "medical examiner or"
- Certificate of Marriage** - delete item 15c "State", add new item "Officiant - Address"; item 17a delete "Local Official making return to"

State Health Department", substitute "County Auditor making return to State"; item 17b delete "Local Official", substitute "County Auditor"

Certificate of Absolute Divorce or Annulment - item 14c delete "other", substitute "both"; delete items 14g "Court Official - signature", 14h "Title of Court Official", 14i "Court - Name", substitute one item "Signature of Clerk of Superior Court"

Provided that when a decree of separate maintenance is granted the Certificate of Absolute Divorce or Annulment form as herein above provided shall be used with the following modification:

Title - "Certificate of Separate Maintenance" Item 14a - "I certify that the following decree was granted on:"

Item 14b -insert "separate maintenance"

[Order, § 248-124-010, filed 9/1/67.]

WAC 248-124-990 Form--Certificate of live birth.

WASHINGTON STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

Form with fields for CHILD NAME, SEX, DATE OF BIRTH, COUNTY OF BIRTH, MOTHER, FATHER, CERTIFIER, and CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY.

[Order, Form (codified as WAC 248-124-990), filed 9/1/67.]

WAC 248-124-99001 Form—Certificate of death.

WASHINGTON STATE DEPARTMENT OF HEALTH —  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER										STATE FILE NUMBER																			
1. DECEASED—NAME FIRST MIDDLE LAST															2. SEX					3. DATE OF DEATH (MONTH, DAY, YEAR)									
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)					5a. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS					5b. UNDER 1 YEAR					5c. UNDER 1 DAY HOURS MIN.					6. DATE OF BIRTH (MONTH, DAY, YEAR)					7a. COUNTY OF DEATH				
7b. CITY, TOWN, OR LOCATION OF DEATH										7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)					7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)														
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)										9. CITIZEN OF WHAT COUNTRY					10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)					11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)									
12. SOCIAL SECURITY NUMBER										13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)										13b. KIND OF BUSINESS OR INDUSTRY									
14a. RESIDENCE—STATE					14b. COUNTY					14c. CITY, TOWN, OR LOCATION					14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)					14e. STREET AND NUMBER									
15. FATHER—NAME FIRST MIDDLE LAST										16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST																			
17a. INFORMANT—NAME										17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)																			
18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]															APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
18a. IMMEDIATE CAUSE																													
18b. (a) DUE TO, OR AS A CONSEQUENCE OF:																													
18c. (b) DUE TO, OR AS A CONSEQUENCE OF:																													
18d. (c) DUE TO, OR AS A CONSEQUENCE OF:																													
19. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)															19a. AUTOPSY (YES OR NO)					19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH									
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)					20b. DATE OF INJURY (MONTH, DAY, YEAR)					20c. HOUR					20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)														
20e. INJURY AT WORK (SPECIFY YES OR NO)					20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)					20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)																			
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM					21b. MONTH DAY YEAR TO MONTH DAY YEAR					21c. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR					21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.					21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.									
22. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.																													
23a. CERTIFIER—NAME (TYPE OR PRINT)										23b. SIGNATURE					23c. DEGREE OR TITLE					23d. DATE SIGNED (MONTH, DAY, YEAR)									
23e. MAILING ADDRESS—CERTIFIER										23f. STREET OR R.F.D. NO.					23g. CITY OR TOWN					23h. STATE					23i. ZIP				
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)					24b. CEMETERY OR CREMATORY—NAME					24c. LOCATION					24d. CITY OR TOWN					24e. STATE									
24f. DATE (MONTH, DAY, YEAR)					24g. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)																								
25a. FUNERAL DIRECTOR—SIGNATURE										25b. REGISTRAR—SIGNATURE					25c. DATE RECEIVED BY LOCAL REGISTRAR														
25d. 25b.										25e. 25b.					25f. 25b.														

[Order, Form (codified as WAC 248-124-99001), filed 9/1/67.]

WAC 248-124-99002 Form--Certificate of marriage.

WASHINGTON STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS CERTIFICATE OF MARRIAGE

LICENSE NO. COUNTY DATE STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK

**GROOM**

1. GROOM--NAME FIRST MIDDLE LAST

2. RESIDENCE--STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMIT (SPECIFY YES OR NO)

2a. STREET AND NUMBER 2b. 2c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 2d. DATE OF BIRTH (MONTH, DAY, YEAR)

2e. FATHER--NAME 3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 4. MOTHER--MAIDEN NAME 5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

5a. BRIDE--NAME FIRST MIDDLE EAST MAIDEN NAME (IF DIFFERENT)

6. RESIDENCE--STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMIT (SPECIFY YES OR NO)

6a. STREET AND NUMBER 6b. 6c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6d. DATE OF BIRTH (MONTH, DAY, YEAR)

6e. FATHER--NAME 7. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. MOTHER--MAIDEN NAME 9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

10a. APPLICANT--SIGNATURE 10b. DATE SIGNED (MONTH, DAY, YEAR)

11a. APPLICANT--SIGNATURE 11b. DATE SIGNED (MONTH, DAY, YEAR)

12. I CERTIFY THAT THE ABOVE (MONTH, DAY, YEAR) NAMED PERSONS WERE MARRIED ON: 12a. PLACE OF MARRIAGE--COUNTY 12b. OFFICIANT--RELIGIOUS OR CIVIL (SPECIFY) 12c. DATE SIGNED (MONTH, DAY, YEAR)

13. OFFICIANT--SIGNATURE 13a. OFFICIANT--ADDRESS 13b. 13c. 13d.

14. WITNESS--SIGNATURE 14a. WITNESS--SIGNATURE 14b.

15. COUNTY AUDITOR MAKING RETURN TO STATE 15a. DATE RECEIVED BY COUNTY AUDITOR (MONTH, DAY, YEAR)

16. SIGNATURE 16b.

**CONFIDENTIAL INFORMATION**

RACE--GROOM	NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC. (SPECIFY))	IF PREVIOUSLY MARRIED		EDUCATION--SPECIFY HIGHEST GRADE COMPLETED		
		LAST MARRIAGE ENDED BY (DEATH, DIVORCE, OR ANNULMENT (SPECIFY))	DATE (MONTH YEAR)	ELEMENTARY (0, 1, 2, 3, 4, . . . OR 8)	HIGH SCHOOL (1, 2, 3, OR 4)	COLLEGE (1, 2, 3, 4, OR 5+)
WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	18.	19.	20a.	20b.	21.	
RACE--BRIDE	22.	23.	24a.	24b.	25.	

TO BE COMPLETED BY THE PARTY OFFICIATING AT THE MARRIAGE

[Order, Form (codified as WAC 248-124-99002), filed 9/1/67.]

WAC 248-124-99003 Form—Certificate of absolute divorce or annulment.

WASHINGTON STATE DEPARTMENT OF HEALTH –  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF  
ABSOLUTE DIVORCE OR ANNULMENT

TYPE, OR PRINT IN PERMANENT INK		LOCAL FILE NUMBER		STATE FILE NUMBER	
HUSBAND—NAME		FIRST	MIDDLE	LAST	
1 RESIDENCE—STATE		2b COUNTY	3 CITY, TOWN, OR LOCATION		7d INSIDE CITY LIMITS (SPECIFY YES OR NO)
2a STREET AND NUMBER		3 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		4 DATE OF BIRTH (MONTH, DAY, YEAR)	
WIFE—NAME		FIRST	MIDDLE	LAST	
5a RESIDENCE—STATE		6b COUNTY	7c CITY, TOWN, OR LOCATION		8d INSIDE CITY LIMITS (SPECIFY YES OR NO)
6a STREET AND NUMBER		7 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		8 DATE OF BIRTH (MONTH, DAY, YEAR)	
9a PLACE OF THIS MARRIAGE—COUNTY		9b STATE (IF NOT IN U.S.A., NAME COUNTRY)	9c DATE OF THIS MARRIAGE (MONTH, DAY, YEAR)		10 APPROXIMATE DATE COUPLE SEPARATED (MONTH, YEAR)
11a LIVING CHILDREN—TOTAL NUMBER		11b UNDER 18 YEARS OF AGE	12 PLAINTIFF		HUSBAND, WIFE, OTHER (SPECIFY)
13a ATTORNEY FOR PLAINTIFF—NAME		13b ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
14a I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON:		MONTH	DAY	YEAR	
14b DECREE GRANTED TO HUSBAND, WIFE, BOTH (SPECIFY)		14c LEGAL GROUNDS FOR DECREE (SPECIFY)			14d COUNTY OF DECREE
14e DATE OF RECORDING (MONTH, DAY, YEAR)		14f SIGNATURE OF CLERK OF SUPERIOR COURT			
CONFIDENTIAL INFORMATION					
15 RACE—HUSBAND		16 NUMBER OF THIS MARRIAGE	17 IF PREVIOUSLY MARRIED HOW MANY ENDED BY		18 EDUCATION—SPECIFY HIGHEST GRADE COMPLETED
WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		FIRST, SECOND, ETC. (SPECIFY)	DEATH	DIVORCE OR ANNULMENT (SPECIFY IF NONE)	ELEMENTARY (1, 2, 3, 4, . . . OR 8)
19 RACE—WIFE		20 NUMBER OF THIS MARRIAGE	21 IF PREVIOUSLY MARRIED HOW MANY ENDED BY		22 EDUCATION—SPECIFY HIGHEST GRADE COMPLETED
WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		FIRST, SECOND, ETC. (SPECIFY)	DEATH	DIVORCE OR ANNULMENT (SPECIFY IF NONE)	ELEMENTARY (1, 2, 3, 4, . . . OR 8)
					HIGH SCHOOL (1, 2, 3, OR 4)
					COLLEGE (1, 2, 3, 4, OR 5+)

[Order, Form (codified as WAC 248-124-99003), filed 9/1/67.]

WAC 248-124-99004 Form--Certificate of fetal death.

WASHINGTON STATE DEPARTMENT OF HEALTH --  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF FETAL DEATH

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER		STATE FILE NUMBER	
FETUS -- NAME FIRST MIDDLE LAST			DATE OF DELIVERY (MONTH, DAY, YEAR) HOUR
1. SEX		THIS DELIVERY -- SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)	IF NOT SINGLE DELIVERY BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)
3. CITY, TOWN, OR LOCATION OF DELIVERY		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL -- NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)
MOTHER -- MAIDEN NAME FIRST MIDDLE LAST		AGE (AT TIME OF THIS DELIVERY)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
7a. RESIDENCE -- STATE		7b. COUNTY	7c. CITY, TOWN, OR LOCATION
FATHER -- NAME FIRST MIDDLE LAST		AGE (AT TIME OF THIS DELIVERY)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
9. PART I. FETAL DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			SPECIFY FETAL OR MATERNAL
FETAL OR MATERNAL CONDITION DIRECTLY CAUSING FETAL DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: FETAL AND/OR MATERNAL CONDITIONS, IF ANY, GIVING RISE TO THE IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF: (c)			
PART II. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER: CONDITIONS CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)		FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (SPECIFY)	AUTOPSY (SPECIFY YES OR NO)
12a. SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	ATTENDANT -- M.D., D.O., OTHER (SPECIFY)
CERTIFIER -- MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		AUTHORIZED OFFICIAL (IF DELIVERY NOT ATTENDED BY PHYSICIAN)	
14a. BURIAL, CREMATION, OR REMOVAL (SPECIFY)		14b. CEMETERY OR CREMATORY -- NAME	
14c. DATE (MONTH, DAY, YEAR)		14d. FUNERAL HOME -- NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
15a. FUNERAL DIRECTOR -- SIGNATURE		15b. REGISTRAR -- SIGNATURE	15c. DATE RECEIVED BY LOCAL REGISTRAR (MONTH DAY YEAR)
CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY			
RACE -- FATHER (SPECIFY)		EDUCATION -- SPECIFY HIGHEST GRADE COMPLETED	
17. WHITE, NEGRO, AMERICAN INDIAN, ETC.		18. ELEMENTARY (0, 1, 2, 3, 4, ... OR 8) HIGH SCHOOL (1, 2, 3, OR 4) COLLEGE (1, 2, 3, 4, OR 5 +)	
RACE -- MOTHER (SPECIFY)		EDUCATION -- SPECIFY HIGHEST GRADE COMPLETED	
20. WHITE, NEGRO, AMERICAN INDIAN, ETC.		21. ELEMENTARY (0, 1, 2, 3, 4, ... OR 8) HIGH SCHOOL (1, 2, 3, OR 4) COLLEGE (1, 2, 3, 4, OR 5 +)	
DATE LAST NORMAL MENSTRUATION BEGAN (MONTH, DAY, YEAR)		MONTH OF PREGNANCY	PRENATAL CARE BEGAN
23. 24a.		24b.	24c.
27. COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")		28. BIRTH INJURIES TO FETUS (DESCRIBE OR WRITE "NONE")	
29. COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")		30. CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS (DESCRIBE OR WRITE "NONE")	
31. COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE")			

[Order, Form (codified as WAC 248-124-99004), filed 9/1/67.]

**Chapter 248-128 WAC**  
**FAMILY PLANNING PROGRAMS**

**WAC**

248-128-001 Policy statement.

**WAC 248-128-001 Policy statement.** Family planning encompasses more than programs of family limitation. Family planning programs should, as far as possible, include programs to enrich the quality of family living and encompass programs of family life education, family counseling, health, and other programs for preparation for responsible adulthood and parenthood.

(1) Family planning and responsible parenthood are essential and integral parts of a comprehensive health program. As such, they are essential and integral parts of the long range comprehensive health program of the Washington state department of health.

(2) Local health departments shall be encouraged to and assisted in taking a leading role in developing local family planning programs. The areas in which this encouragement and assistance may be offered are:

- (a) Study of need.
- (b) Development of community resources.
- (c) Coordination with existing or planned related programs.
- (d) Development and implementation of policies and procedures.
- (e) Funding of program.
- (f) Recruitment and training of professional personnel.
- (g) Development and implementation of a system of evaluation.

(3) Family planning should be available to all people. However, efficient use of available resources of personnel and funds for maximum benefit requires that priority be given to those most in need of such services. For this reason, primary emphasis will be on service to women who have the following:

(a) Conditions which increase the risk of an abnormal outcome of pregnancy. This may include obstetrical, medical, social, or genetic conditions.

(b) Conditions in the mother which would be adversely affected by pregnancy.

(c) Conditions leading to a poor family situation for child rearing. These conditions may include the absence of one parent from the household (unmarried, separated, divorced, or widowed), an emotionally ill or mentally retarded parent, a physically handicapped parent, or the presence of some other condition adversely affecting the family.

(d) Conditions leading to a reduced level of fertility in a family desiring children.

(4) Case finding is an essential part of a family planning program where there is emphasis on a "high risk" population. However, it is equally necessary that no form or suggestion of coercion be applied or implied to the patient.

(5) In order to allow patients to participate appropriately and without restraint in family planning, it is necessary that a complete variety of methods, applicable to

both promotion of fertility and contraception, be made available.

(6) Family planning is best achieved where there is a thorough understanding of the needs and methods, and a proper orientation to the use of the service. It will be the responsibility of appropriate local health department personnel to initiate discussions to this end with patients in whom the need is indicated. Local health department personnel will require training to best achieve the desired results. Since family life must involve both husband and wife, every effort should be made to involve husbands in discussions of family planning.

(7) Local health department personnel will not be required to participate in a family planning program when it conflicts with their religious or moral precepts. Their responsibility to the patient and to the program will be discharged by their referring of the patient to other personnel who are trained and willing to fill the need.

(8) Arrangements for payment for family planning services and devices or supplies will be such that no patient will be denied these benefits because of inability to pay for them.

(9) The decision as to the appropriate method for an individual patient is that of the patient and the physician. This decision, the prescription of devices or supplies where indicated, and the emplacing of devices where indicated shall be accomplished only by a physician licensed to practice medicine in the state of Washington.

(10) Advisory committees broadly representative of the interests and attitudes of the community should be involved in the development of community family planning programs. [Filed 8/4/67.]

**Chapter 248-132 WAC**  
**WATER SAFETY TEACHING STATIONS**

**WAC**

248-132-010	Definitions.
248-132-020	Scope of chapter—Size and depth.
248-132-030	Approval for construction.
248-132-040	Drinking fountain.
248-132-050	Plans and specifications—Approval—Notice to local health officer.
248-132-060	Toilet facilities.
248-132-070	Location.
248-132-080	Enclosure and cover.
248-132-090	Rinsing shower.
248-132-100	Foot rinse.
248-132-110	Number of bathers permitted.
248-132-120	Water quality.
248-132-130	Chlorine content.
248-132-140	Water recirculation.
248-132-150	Operation and sanitary control.
248-132-160	Bath house.
248-132-170	First aid.
248-132-180	Emergency telephone list.
248-132-190	Telephone required.
248-132-200	Health menace prohibited.

**WAC 248-132-010 Definitions.** The term "water safety teaching station" shall mean an artificial pool of water having a depth of twenty-four to thirty-six inches, owned or operated by a public school, a municipality or

one of its political subdivisions, together with the appurtenances in connection therewith, which is used to teach water safety and which may be portable. [Order 34, § 248-132-010, filed 6/26/70.]

**WAC 248-132-020 Scope of chapter—Size and depth.** Water safety teaching stations not more than thirty-six inches in depth and having a surface area not greater than eight hundred square feet shall comply with the requirements of this chapter. Water safety teaching stations deeper than thirty-six inches or larger than eight hundred square feet shall comply with the requirements for public pools. [Order 34, § 248-132-020, filed 6/26/70.]

**WAC 248-132-030 Approval for construction.** The design, construction, and equipment of a water safety teaching station must be approved by the division of health of the department of social and health services, and shall meet the requirements of WAC 248-98-050(1); (2); (11), (c), (d), (g), (h), (i), (j2), (k), (l), (13 as applied to semi-public pools), (17), and (24). [Order 34, § 248-132-030, filed 6/26/70.]

**WAC 248-132-040 Drinking fountain.** A drinking fountain shall be provided in the vicinity of the pool. [Order 34, § 248-132-040, filed 6/26/70.]

**WAC 248-132-050 Plans and specifications—Approval—Notice to local health officer.** Plans and specifications for sites and appurtenances for water safety teaching stations shall be submitted to and receive the approval of the assistant secretary, division of health. Subsequently, the local health officer shall be notified thirty days prior to moving the pool to a new location so that a site inspection can be made by the local health officer: *Provided*, That one day's notice is sufficient when the pool is moved to a site previously and currently approved by the local health department. [Order 34, § 248-132-050, filed 6/26/70.]

**WAC 248-132-060 Toilet facilities.** Toilet facilities shall be provided and be readily accessible to the bathers. A minimum of one toilet for each sex shall be provided. [Order 34, § 248-132-060, filed 6/26/70.]

**WAC 248-132-070 Location.** Water safety teaching stations shall be so located that an impervious or washable and nonslip surface is immediately adjacent to and circumscribes the pool. [Order 34, § 248-132-070, filed 6/26/70.]

**WAC 248-132-080 Enclosure and cover.** Unless housed in a building or other protective structure, the water safety teaching station shall be enclosed by a suitable fence or barrier to restrict entrance of unauthorized persons, and shall be covered when not in use. [Order 34, § 248-132-080, filed 6/26/70.]

**WAC 248-132-090 Rinsing shower.** From September through May, a rinsing shower with hot and cold water shall be provided and required for all bathers. [Order 34, § 248-132-090, filed 6/26/70.]

**WAC 248-132-100 Foot rinse.** A foot rinse or spray shall be used at the entrance to the pool at outdoor locations. [Order 34, § 248-132-100, filed 6/26/70.]

**WAC 248-132-110 Number of bathers permitted.** The maximum number of bathers permitted within the pool enclosure of water safety teaching stations at any time shall not exceed one bather for each twenty square feet of water surface area. [Order 34, § 248-132-110, filed 6/26/70.]

**WAC 248-132-120 Water quality.** The water in water safety teaching stations at all times while in use shall meet the requirements pertaining to water quality as outlined in WAC 248-98-030; except, that the turbidity shall not exceed 0.5 JTU (Jackson Turbidity Unit). [Order 34, § 248-132-120, filed 6/26/70.]

**WAC 248-132-130 Chlorine content.** A free chlorine residual of not less than 1.0 parts per million shall be maintained throughout the pool during periods of use. [Order 34, § 248-132-130, filed 6/26/70.]

**WAC 248-132-140 Water recirculation.** Water safety teaching stations shall be so operated that the entire volume of the pool shall be recirculated in not more than four hours. Recirculation facilities shall comply with WAC 248-98-050(10)(b) for either public or semi-public pools. [Order 34, § 248-132-140, filed 6/26/70.]

**WAC 248-132-150 Operation and sanitary control.** In the operation of water safety teaching stations, the requirement pertaining to operation and sanitary control of swimming pools as outlined in WAC 248-98-060(1), (2), (3), (5), (6), (7), (8), (10) and (12) shall apply. [Order 34, § 248-132-150, filed 6/26/70.]

**WAC 248-132-160 Bath house.** Bath house floors and appurtenances as well as walkways shall be scrubbed and kept visibly clean at all times. They shall be disinfected with chlorine solution or other germicides at least daily. [Order 34, § 248-132-160, filed 6/26/70.]

**WAC 248-132-170 First aid.** Water safety teaching stations shall be equipped with a standard twenty-four-unit first aid kit, which shall be kept filled and readily accessible for emergency use; and two or more blankets reserved for emergency use. [Order 34, § 248-132-170, filed 6/26/70.]

**WAC 248-132-180 Emergency telephone list.** A telephone number list to include the nearest available doctor, ambulance service, hospital, and police or fire department rescue unit shall be prominently displayed immediately adjacent to the telephone. [Order 34, § 248-132-180, filed 6/26/70.]

**WAC 248-132-190 Telephone required.** A noncoin operated telephone shall be readily accessible at all pool locations. [Order 34, § 248-132-190, filed 6/26/70.]

**WAC 248-132-200 Health menace prohibited.** No water safety teaching station shall be maintained or operated when such pool is determined by the local health officer, subject to the review of the assistant secretary, division of health, to constitute a menace to health. [Order 34, § 248-132-200, filed 6/26/70.]

**Chapter 248-136 WAC  
METHADONE PROGRAMS FOR OPIATE  
ADDICTION**

**WAC**

248-136-110	Purposes.
248-136-120	State authority.
248-136-130	Adjunctive services.
248-136-140	Incarcerated clients.
248-136-150	Clients' take-home medication.
248-136-160	Client caseload.
248-136-170	Employment and training.
248-136-180	Medical treatment.
248-136-990	Authority.
248-136-99001	Appendix A—Table 1—Abstinence signs in sequential appearance after last dose of narcotic in patients with well established parenteral habits.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS  
CHAPTER**

248-136-010	Purposes. [Order 42, § 248-136-010, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
248-136-020	Definitions. [Order 42, § 248-136-020, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
248-136-030	Requirements for admission. [Order 42, § 248-136-030, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
248-136-040	Program requirements. [Order 51, § 248-136-040, filed 2/8/71; Order 42, § 248-136-040, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
248-136-041	Confidentiality of program information. [Order 52, § 248-136-041, filed 2/8/71.] Repealed by Order 90, filed 10/3/73.
248-136-050	Time for review. [Order 42, § 248-136-050, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.

**WAC 248-136-110 Purposes.** All methadone treatment programs, definitions, requirements for admission, program confidentiality, and program requirements shall be conducted in accordance with applicable federal rules and regulations appearing in Title 21 of the Code of Federal Regulations, sections 130.44 through 130.48, now or as hereafter amended. [Order 864, § 248-136-110, filed 10/11/73.]

**WAC 248-136-120 State authority.** All matters pertaining to the storage, administration, and use of methadone in approved hospitals and pharmacies as they relate to methadone treatment shall be subject to the approval of the drug abuse section, office of mental health, in consultation with and on the advice of the state board of pharmacy and the licensing and certification section, health services division, department of social and health services. Such approval shall be in accordance with standards and regulations enforced by the state board of pharmacy and the licensing and certification section of the department of social and health services. [Order 864, § 248-136-120, filed 10/11/73.]

**WAC 248-136-130 Adjunctive services.** Adjunctive services shall be provided all clients of all methadone treatment programs in accordance with federal regulations, appearing in Title 21 of the Code of Federal Regulations sections 130.44 through 130.48, now or as hereafter amended. Records shall be maintained for each patient served by a methadone treatment program and shall provide information with respect to medications administered and information regarding adjunctive service provided and the rehabilitation program for each patient. Mandatory adjunctive services shall be counseling, employment placement, educational and vocational guidance and, when necessary, psychiatric services and therapy. Additional services may be provided as desired or necessary. [Order 864, § 248-136-130, filed 10/11/73.]

**WAC 248-136-140 Incarcerated clients.** (1) In those instances where a person, previously accepted as a client in a methadone program, is incarcerated, it shall be permissible for a properly authorized, qualified representative of such methadone program to enter the facility in which the person is incarcerated and to dispense methadone for either detoxification or maintenance purposes during the period of incarceration or until a medically acceptable detoxification has been accomplished; provided that such entry into an incarcerating facility and dispensing of methadone shall be subject to the permission of the authority operating the facility and shall be made in accordance with regulations of the facility.

(2) Any jail, correctional institution, or other facility where individuals are held may apply for approval to provide such methadone services. Such applicant programs must have adequate staff as required by federal and state regulations to provide acceptable program services.

(3) In all instances, services will be provided in an appropriate location within the holding facility as agreed upon between responsible representatives of the treatment program and the holding facility. Proper precautions will be taken to prevent diversion or inappropriate methods of dispensing.

(4) When it is necessary to transport medication from the central program site to an alternative dispensing site, the program director shall select and authorize a program representative to transport the medication.

(5) Such transporting personnel shall only be authorized to transport the medication following investigation and approval to do so by an authority of the local law enforcement agency or by a compliance coordinator of the local office of the drug enforcement agency.

(6) Authorized transporters of medication shall transport such medication properly labeled to include the name and address of the methadone treatment program, the date the medication was dispensed, the name of the person for whom the medication is intended, instructions for the use of the medication, the name of the prescribing physician, as well as the name of the drug. [Order 896, § 248-136-140, filed 1/11/74; Order 864, § 248-136-140, filed 10/11/73.]

**WAC 248-136-150 Clients' take-home medication.** Methadone treatment clients carrying take-home methadone between the program site and the individual client's residence shall carry such medication properly labeled to include the name and address of the methadone treatment program, the date the medication was prescribed, the name of the person for whom the medication is intended, instructions for use of the medication, the name of the prescribing physician, as well as the name of the drug. [Order 864, § 248-136-150, filed 10/11/73.]

**WAC 248-136-160 Client caseload.** (1) The maximum clientele of any methadone treatment facility shall not exceed 250 persons except in emergency situations which require immediate treatment. In all such instances a report, stipulating the number of clients and reasons why the 250 client limitation has been exceeded, will be submitted to the state authority which may then disapprove or approve such arrangement on a temporary basis. Normally, in those instances when a program exceeds the 250 client maximum, plans shall be developed to provide services in additional distinct facilities, separately located and separately staffed.

(2) Client-counselor ratios in methadone treatment programs may be less than but shall not exceed a maximum of 35 clients for each program counselor. [Order 864, § 248-136-160, filed 10/11/73.]

**WAC 248-136-170 Employment and training.** No addict or ex-addict shall be employed as a counselor in a methadone treatment program from which he is receiving treatment. Treatment shall include receiving medications and/or adjunctive services. [Order 864, § 248-136-170, filed 10/11/73.]

**WAC 248-136-180 Medical treatment.** The medical treatment provided by a methadone treatment program shall be under the supervision of a properly licensed and qualified doctor of medicine or doctor of osteopathy. [Order 864, § 248-136-180, filed 10/11/73.]

**WAC 248-136-990 Authority.** These rules and regulations are adopted pursuant to the authority granted the department of social and health services in RCW 69.54.040. [Order 864, § 248-136-990, filed 10/11/73.]

**WAC 248-136-99001 Appendix A—Table 1—Abstinence signs in sequential appearance after last dose of narcotic in patients with well established parenteral habits.**

APPENDIX A  
TABLE 1

Abstinence Signs\* in Sequential Appearance after Last Dose of Narcotic in Patients with Well Established Parenteral Habits

Grades of Abstinence	SIGNS (Observed in cool room, patient uncovered or under only a sheet)	HOURS AFTER LAST DOSE					
		Morphine	Heroin	Meperidine	Dihydro-Morphine	Codeine	Methadone
Grade 0	Craving for drug Anxiety	6	4	2-3	2-3	8	12
Grade 1	Yawning Perspiration Lacrimation Rhinorrhoea "Yen" sleep	14	8	4-6	4-5	24	34-48
Grade 2	Increase in above signs plus Mdyriasis Gooseflesh (Piloerection) Tremors (muscle twitches) Hot and cold flashes Aching bones and muscles Anorexia	16	12	8-12	7	48	48-72
Grade 3	Increased intensity of above plus: Insomnia Increased blood pressure Increased temperature (1-2) Increased respiratory rate and depth Increased pulse rate Restlessness Nausea	24-36	18-24	16	12	—	—
Grade 4	Increased intensity of above plus: Febrile facies Position—curled up on hard surface Vomiting Diarrhea Weight loss (5	36-48	24-36	—	16	—	—

SIGNS (Observed in cool room, patient of uncovered or Abstinence under only a sheet)		HOURS AFTER LAST DOSE					
Grades of	under only a sheet)	Morphine	Heroin	Me-peridine	Dihydro-Morphine	Codeine	Methadone
lb. daily)							
Spontaneous ejaculation or orgasm							
Hemoconcentration leucocytosis, essinopenia, increased blood sugar							

NOTE: Dacemorphan (Dromoran) and levorphanol (Levodremoran), although 3 times, and 6 times as strong as morphine sulphate, show same time curve as morphine sulfate. Similarly do paregoric, laudanum and hydrochlorides of opium alkaloids (Pantopon), depending on their relative content of morphine.

\*Not all signs are necessary to diagnose any particular grade.

[Order 42, Appendix A (codified as WAC 248-136-99001), filed 10/14/70.]

**Chapter 248-140 WAC  
ABORTION REGULATIONS**

**WAC**

- 248-140-010 Purpose.
- 248-140-140 Definitions.
- 248-140-150 Hospital facilities approved for terminating pregnancy.
- 248-140-160 Certificate of approval required.
- 248-140-170 Application for certificate of approval.
- 248-140-180 Issuance, duration and assignment of certificate of approval.
- 248-140-190 Form of application for certificate of approval and inspection.
- 248-140-200 Procedure upon denial of application for certificate.
- 248-140-210 Nonhospital facilities approved for induction of termination of pregnancy during the second trimester.
- 248-140-220 Reporting of pregnancy terminations.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

- 248-140-020 Definitions. [Order 53, § 248-140-020, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-030 Applicability of these rules and regulations. [Order 53, § 248-140-030, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-040 Certificate of approval required. [Order 53, § 248-140-040, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-050 Application for certificate of approval. [Order 53, § 248-140-050, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-060 Issuance, duration and assignment of certificate of approval. [Order 53, § 248-140-060, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

- 248-140-070 Form of application for certificate of approval and inspection. [Order 53, § 248-140-070, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-080 Procedure upon denial of application for certificate. [Order 53, § 248-140-080, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-090 Hospital facilities approved for terminating pregnancy. [Order 53, § 248-140-090, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-100 Nonhospital facilities approved for terminating pregnancy. [Order 57, § 248-140-100, filed 6/8/71; Order 53, § 248-140-100, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-110 Disclosure of information. [Order 53, § 248-140-110, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-120 Reporting of pregnancy terminations. [Order 53, § 248-140-120, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.
- 248-140-130 Review of regulations. [Order 53, § 248-140-130, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

**WAC 248-140-010 Purpose.** It is the purpose of the Washington state board of health to establish guidelines to assure the safe and adequate care of patients undergoing termination of pregnancy, by means of rules and regulations setting standards for medical facilities at which pregnancies are terminated, in accordance with chapter 3, Laws of 1970 ex. sess. [Order 53, § 248-140-010, filed 2/8/71.]

**WAC 248-140-140 Definitions.** Unless the context clearly indicates otherwise, the following terms, whenever used in this chapter, shall be deemed to have the following meanings:

- (1) "Board" means the Washington state board of health.
- (2) "Department" means the Washington state department of social and health services, which shall serve as agent of the board.
- (3) "Secretary" means the secretary of the department of social and health services or his designee or authorized representative.
- (4) "Certificate of Approval" means a certificate issued in behalf of the board by the department to a non-hospital facility approved for the performance of induction procedures for the termination of pregnancy during the second trimester.
- (5) "Clean" when used in reference to a room or area means space and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition.
- (6) "Facility" means any nonhospital institution, place, building or agency or portion thereof in which an induction procedure is performed for termination of pregnancy during the second trimester.
- (7) "Physician" means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.
- (8) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.
- (9) "Observation unit" means a room or rooms for the segregation and close or continuous observation and care of patients immediately following an abortion procedure.
- (10) "Soiled" when used in reference to a room or area, means space and equipment for collection and/or

cleaning of used or contaminated supplies and equipment and/or collection and/or disposal of wastes.

(11) "Induction" means the procedure used by the licensed physician to initiate premature labor leading to delayed termination of pregnancy during the second trimester.

(12) "Second trimester" means the second three-month period of pregnancy. [Order 87, § 248-140-140, filed 6/12/73.]

**WAC 248-140-150 Hospital facilities approved for terminating pregnancy.** For the purpose of preserving and protecting maternal health, all abortions performed during the second trimester of pregnancy shall be performed only in hospitals licensed pursuant to chapter 70.41 RCW: *Provided*, That a termination of pregnancy during the second trimester may be induced in a facility other than a licensed hospital so long as final termination takes place in a licensed hospital: *Provided further*, That abortions during the second trimester may be performed outside licensed hospitals when the physician has determined that termination of the pregnancy was immediately necessary to meet a medical emergency. [Order 87, § 248-140-150, filed 6/12/73.]

**WAC 248-140-160 Certificate of approval required.** No person shall establish, maintain, or operate a facility in which any means are employed or actions taken for the purpose of induction of termination of the pregnancy of a woman in the second trimester without a certificate of approval from the department: *Provided*, That this provision shall not apply to licensed hospitals. [Order 87, § 248-140-160, filed 6/12/73.]

**WAC 248-140-170 Application for certificate of approval.** An application for a certificate of approval may be made to the department by facilities upon forms provided by the department and shall contain such information as the department reasonably requires and which may include affirmative evidence of ability to comply with these standards, rules and regulations. An application for renewal of license shall be made to the department upon forms provided by it and submitted thirty days prior to the date of expiration of the certificate of approval. [Order 87, § 248-140-170, filed 6/12/73.]

**WAC 248-140-180 Issuance, duration and assignment of certificate of approval.** (1) Upon receipt of an application for a certificate of approval, the department shall issue a certificate of approval if the applicant and the facility meet the requirements, standards, rules and regulations established herein. Each certificate of approval shall be issued for the premises and persons named in the application and no certificate of approval shall be transferable or assignable.

(2) If there be failure to comply with the standards, rules and regulations, the secretary may, when, in his judgment, the well-being and safety of patients would not be jeopardized, issue to an applicant for an initial or renewed certificate of approval, a provisional certificate

of approval which will permit the operation of the facility for a specific, determined period of time. A provisional certificate of approval may be issued only when, after thorough investigation, it has been determined that time can be allowed for the facility to correct existing deficiencies without placing in jeopardy the safety or health of women who receive services for the induction of termination of pregnancy in second trimester. In no case shall provisional approval exceed six months without review and sanction by the secretary. [Order 87, § 248-140-180, filed 6/12/73.]

**WAC 248-140-190 Form of application for certificate of approval and inspection.** The secretary shall prescribe the form upon which applications for approval shall be made, shall prior to the approval, within a reasonable time after application, evaluate the findings of inspections and issue a certificate of approval if the findings demonstrate conformity to the law and to these rules and regulations. A certificate of approval shall be valid immediately and for twelve months following the first day of the month following issuance, unless revoked for cause, and may be renewable. The secretary shall have access at any reasonable time, to the premises for which approval has been requested or has been issued, for purposes of ascertaining conformance to the law or to these rules and regulations. [Order 87, § 248-140-190, filed 6/12/73.]

**WAC 248-140-200 Procedure upon denial of application for certificate.** Applicants denied approval or persons whose certificates have been revoked shall have recourse to review of the decision of the secretary in conformance with the Administrative Procedure Act. [Order 87, § 248-140-200, filed 6/12/73.]

**WAC 248-140-210 Nonhospital facilities approved for induction of termination of pregnancy during the second trimester.** Any facility not an integral organizational part of a licensed hospital and not located within its premises, must meet the following requirements to be approved for the induction of termination of pregnancy during the second trimester.

(1) Has an agreement with a licensed hospital for transfer of patients at the time of the final stage of the termination of pregnancy during the second trimester or because of medical emergencies, such as hemorrhage, shock, perforation of the uterine wall, or infection. This hospital shall be located within a total transport time of ten minutes from the facility.

(2) Has an induction room which meets the following requirements:

(a) A usable floor area with minimum dimensions of at least eight feet and a minimum area of eighty square feet, provided the room arrangement allows for required equipment being readily accessible during the procedure and allows for free movement of personnel performing the procedure.

(b) The room must be well-lighted.

(c) Have the following equipment, supplies and storage space.

(i) Suction outlet or suction machine.

- (ii) Oxygen outlet or oxygen tank.
- (iii) Intravenous stand.
- (iv) A resuscitator.
- (d) Storage place for sterile surgical supplies, equipment, and emergency drugs needed during the procedure.
- (e) Equipment for collection of soiled linens and waste.
- (f) An examination or surgical table or their equivalent.
- (3) The facility must have storage space for sterile surgical supplies, drugs, linens, anesthesia, solutions, instruments, utensils and equipment.
- (4) Has a utility room or clean-up area which includes a work counter, a double-compartment sink, storage cabinet and space for linen hampers and waste containers. Soiled areas shall be separated from clean areas by a physical barrier.
- (5) Has an autoclave of sufficient size to accommodate medical supplies and equipment to be sterilized. If the practice of sterilizing unwrapped trays of instruments and other equipment is followed, the autoclave must be located to provide direct access to the induction room from the autoclave. The autoclave may be in either a clean or soiled room wherein the arrangement and workflow is such that separation of contaminated items from sterile items is maintained. Standard procedures for sterilization of various types of supplies, equipment, utensils and solutions shall be established and carried out. These procedures shall be written and readily available to all personnel responsible for sterilization procedures. The facility shall adopt a recognized method of checking the sterilizer's performance. If sterile supplies are obtained from another source, this source and method of transport must meet the approval of the department.
- (6) The facility shall have an area designated as an observation unit where the patient may be observed until the physician determines that she may be released to await the final stage of termination, or be transferred to a licensed hospital for the final stage of termination.
- (7) Other requirements in the performance of the induction procedure:
  - (a) The procedure shall be performed by a licensed physician.
  - (b) No termination of pregnancy in the third trimester may be induced in an approved facility defined in these rules and regulations.
  - (c) Administration of anesthesia to the patient shall be by a licensed physician or a certified nurse anesthetist.
  - (d) Flammable anesthesia shall not be used during the procedure.
  - (e) A termination of pregnancy in the second trimester may be induced in a certified medical facility other than a licensed hospital only if the final termination takes place in a licensed hospital.
  - (8) The secretary may modify or exempt an applicant from one or more of the requirements of this section where, in his judgment the well-being and safety of the patients would not be jeopardized thereby: *Provided,*

That such action is taken only after thorough inspection and evaluation of all relevant circumstances and conditions. [Order 87, § 248-140-210, filed 6/12/73.]

**WAC 248-140-220 Reporting of pregnancy terminations.** In order for the board and the department to evaluate the effect of the board's rules and regulations in assuring safe and adequate care and treatment of patients, each hospital and facility where lawful abortions are performed in whole or in part during either the first or second trimester of pregnancy in accordance with chapter 9.02 RCW and these rules and regulations shall, on forms prescribed and supplied by the secretary, report to the department during the following month the number and dates of abortions performed in whole or in part during the previous month, giving for each abortion the age and marital status of the patient, the duration of the pregnancy, the method of abortion and portion of abortion procedure performed, any complications such as perforations, infections, and incomplete evacuations, the name of the physician(s) performing or participating in the abortion and such other relevant information as may be required by the secretary. All physicians performing abortions in nonapproved facilities, when the physician has determined that termination of the pregnancy was immediately necessary to meet a medical emergency, shall also report in the same manner, and shall additionally provide a clear and detailed statement of the facts upon which he based his judgment of medical emergency. [Order 87, § 248-140-220, filed 6/12/73.]

**Chapter 248-144 WAC  
TRANSIENT ACCOMMODATIONS**

<b>WAC</b>	
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248-144-220	Laundry.
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248-144-240	Chemical and physical hazards.
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**WAC 248-144-010 Purpose.** These regulations are adopted pursuant to chapter 239, Laws of 1971, 1st sess., now codified as RCW 70.62.200, *et seq.* They are

intended to provide uniform, statewide standards for assuring adequate light, heat, ventilation, cleanliness, sanitation and maintenance in transient accommodations so as to protect and promote the health and welfare of patrons of such facilities and the general public. [Order 71, § 248-144-010, filed 4/11/72.]

**WAC 248-144-020 Definitions.** (1) "Act" shall mean chapter 239, Laws of 1971, 1st ex. sess.

(2) "Department" shall mean the Washington state department of social and health services.

(3) "Dormitory" shall mean a room containing beds, cots or other sleeping places and occupied by unrelated or separate groups and/or individuals. Every 100 sq. ft. of usable floor space in a dormitory shall constitute a lodging unit.

(4) "Guest" shall mean any person occupying a room for sleeping or lodging purposes.

(5) "Health officer" shall mean the legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(6) "Lodging unit kitchen" shall mean any kitchen in a lodging unit which is made available for guests to use in preparing their own food.

(7) "Lodging unit" shall mean one or more self-contained rooms for transient occupancy including those for sleeping, sitting or cooking purposes, and designated by a number, letter or other means of identification.

(8) "New construction" shall mean any new transient accommodation, addition or major structural alteration of a transient accommodation constructed after the effective date of these rules and regulations.

(9) "Person" shall mean any individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof owning and/or managing or operating a transient accommodation.

(10) "Secretary" shall mean the secretary of the state department of social and health services or his designee.

(11) "Transient accommodation" shall mean any facility such as a hotel, motel, condominium, resort, rooming house or other place offering three or more lodging units to travelers and transient guests for periods of less than one month.

(12) "Travel trailer" or "mobile home" shall mean a vehicular portable unit located at a transient accommodation and offered by a person for occupancy as a lodging unit.

(13) "Uniform plumbing code" shall mean the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials, 1970 Edition.

(14) "Usable floor space" shall mean all floor space in a dormitory not occupied by closets, built-ins, toilet rooms, bath rooms, or shower rooms. [Order 71, § 248-144-020, filed 4/11/72.]

**WAC 248-144-030 Licensing and inspection of transient accommodations.** (1) As provided under the act any person operating a transient accommodation shall secure, each year, an annual operating license as issued

by the department. All licenses issued under the act shall expire on the first day of January next succeeding the date of issue. Each license shall be issued only for the premises and person named in the application. All applications for renewal of licenses shall be made not later than 30 days prior to the date of expiration of the license.

(2) Where, in the opinion of the secretary, certain conditions of a transient accommodation in violation of these rules and regulations do not cause an undue hazard to guests, the secretary may authorize the person operating the transient accommodation a period not to exceed one year from the time in which the violations are noted in which to correct the violations, providing the person operating the transient accommodation submits a written and duly signed plan to correct these deficiencies within the prescribed time.

(3) As prescribed by the act the department shall inspect, at any reasonable time, any transient accommodation and make investigations as are reasonably necessary to determine compliance with these rules and regulations. No lodging unit shall be entered for inspection if said lodging unit is occupied by any guest of the transient accommodation at the time of inspection.

(4) The department may deny, revoke or suspend the license of any person operating a transient accommodation which fails to comply with the provisions of the transient accommodations law, chapter 70.62 RCW, and of these rules and regulations. [Order 112, § 248-144-030, filed 3/14/75; Order 71, § 248-144-030, filed 4/11/72.]

**WAC 248-144-035 Compliance with fire protection requirements.** All transient accommodations shall comply with the fire protection requirements promulgated and enforced by the state fire marshal. Where the state fire marshal determines that a transient accommodation has failed to comply with these fire protection requirements, the department may deny, revoke, or suspend the license of the person operating the transient accommodation. [Order 112, § 248-144-035, filed 3/14/75.]

**WAC 248-144-040 Responsibility of management.** The person to whom a license to operate a transient accommodation is issued shall comply with the requirements herein and shall provide adequate supervision to maintain the transient accommodation, its facilities and equipment in good repair and in a clean, safe and sanitary condition. [Order 71, § 248-144-040, filed 4/11/72.]

**WAC 248-144-050 Building construction and maintenance.** (1) All buildings, other facilities and the premises of a transient accommodation shall be so maintained as to protect the health, safety and well being of guests or patrons having access to or use thereof.

(2) All floor, wall and ceiling surfaces shall be kept clean and in good repair.

(3) All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets within lodging units, corridors, stairways or other areas occupied or used by guests shall be kept clean and

maintained in good repair. [Order 71, § 248-144-050, filed 4/11/72.]

**WAC 248-144-060 Dormitory space.** (1) Every room used as a dormitory shall have a clear average height between floor and ceiling of not less than 7'6". A minimum of fifty square feet of usable floor area and 375 cubic feet of air volume shall be provided for each occupant.

(2) Floor area where the ceiling height is less than 5 feet shall not be considered usable floor area.

(3) A minimum space of three feet shall be maintained between beds of dormitories except where a solid partition is placed between two beds and extends from the bed frame to a height of 30 inches above the top of the mattress for the full bed length.

(4) No dormitory shall contain more than two tiers of beds. When two tiers are used there shall be at least:

(a) Three feet of clear vertical space between tiers of beds and between the top tier and the ceiling.

(b) Four feet of horizontal space between beds.

(c) One foot of clear space between the floor of the dormitory and the underside of the first tier of beds. [Order 71, § 248-144-060, filed 4/11/72.]

**WAC 248-144-070 Water supply.** The water supply of a transient accommodation used for human consumption and other domestic purposes shall comply with WAC 248-54, Rules and Regulations of the State Board of Health Regarding Public Water Supplies. [Order 71, § 248-144-070, filed 4/11/72.]

**WAC 248-144-080 Toilet and bath facilities.** (1) At least one toilet and lavatory, separate for each sex, shall be provided on each floor in conveniently located rooms for every 15 guests or fraction of this number not provided with toilet facilities in their lodging units.

(2) Pit or chemical type toilet facilities shall not be used in lieu of a water flush type system except where specifically approved by the secretary and where this practice is not in conflict with local regulations or ordinances.

(3) At least one shower or tub, separate for each sex, shall be provided on each floor in conveniently located rooms, for every 15 guests or fraction of this number not provided with bathing facilities in their lodging units.

(4) Both hot and cold water shall be provided at all lavatories, bath tubs and showers except where specifically approved by the secretary. Hot water shall be at least 120°F. Tempering devices or valves shall be provided to prevent the hazard of burns.

(5) Partitions of water closet compartments shall terminate at least 12 inches from the floor.

(6) All floor surfaces, wall surfaces, water closets, lavatories, tubs, showers and other fixtures of toilet, bath and shower facilities shall be kept clean and in good repair. All floor surfaces of public or central toilet, bath and shower facilities shall be impervious to moisture. [Order 71, § 248-144-080, filed 4/11/72.]

**WAC 248-144-090 Ventilation.** (1) All lodging units shall have natural and/or mechanical ventilation capable of preventing objectionable odors and excessive condensation.

(a) Natural ventilation shall be provided in lodging units by windows and/or vents opening directly to a street, public alley, court or yard. The openable window area and/or the cross-sectional area of vents or ducts to provide natural ventilation shall be equivalent to not less than 1/20 of the combined floor area of the one or more rooms of a lodging unit; provided, however, there shall be a minimum of six square feet total openable window and/or vent area. Where adequate natural ventilation is not attained by openable windows and/or vents, louvered openings may be required in the doors between a lodging unit and the corridor but only as approved by the state fire marshal.

(b) A mechanical ventilation system provided in lieu of natural ventilation shall be capable of supplying two air changes per hour in all lodging units and corridors.

(2) All bathrooms, toilet rooms, laundry rooms, and janitor closets containing wet mops and brushes shall be provided with natural or mechanical ventilation capable of preventing objectionable odors and excessive condensation.

(a) Natural ventilation shall be provided in bathrooms, toilet rooms, laundry rooms and janitor closets by windows, skylights or ceiling vents opening directly to a street, public alley, court or yard and having an openable area of not less than 1/10 the floor area; except that toilet and bathrooms within lodging units and janitor closets may be ventilated by ceiling vents having a cross-sectional area of not less than one square foot.

(b) A mechanical ventilation system in lieu of natural ventilation in bathrooms, toilet rooms, laundry rooms, and janitor closets shall be capable of five air changes per hour and shall be connected to the outside. [Order 71, § 248-144-090, filed 4/11/72.]

**WAC 248-144-100 Heating.** (1) Every lodging unit used during periods requiring artificial heat shall be provided with a safe and adequate source of heat capable of maintaining room temperature of not less than 72°F. during the time of occupancy.

(2) Toilet, bath and other rooms used or occupied by guests shall be maintained at temperatures suitable for the intended purpose. [Order 71, § 248-144-100, filed 4/11/72.]

**WAC 248-144-110 Lighting.** (1) To promote cleanliness and safety natural and/or artificial light shall be available for providing minimum light intensities, measured in foot candles at three feet from the floor surface, as specified for the following areas:

- (a) Toilet rooms ———Average 10 foot candles
- (b) Food preparation area in lodging unit kitchens ———Average 20 foot candles
- (c) Laundry room work areas — 50 foot candles
- (d) Corridors, entryway, stairways, elevators and walkways — 5 foot candles

- (e) Swimming pool water surface and enclosure \_\_\_\_\_ 15 foot candles

(2) Each lodging unit shall contain at least one lighting fixture suitable for reading which provides a minimum of 20 foot candles on the reading task.

(3) All parking lots and exterior passage ways shall be well lighted. [Order 71, § 248-144-110, filed 4/11/72.]

**WAC 248-144-120 Food and beverage service.** (1) All food catered to guests shall be prepared and served in conformance with WAC 248-84, State Board of Health Rules and Regulations for Food Service Sanitation; WAC 248-86, Rules and Regulations of the State Board of Health Governing Requirements for Food and Beverage Service Workers Permits; and WAC 248-87, Rules and Regulations of the State Board of Health Governing Food Workers.

(2) All multi-use drinking glasses and cups, after being used by a guest, shall be washed, sanitized and stored in conformance with WAC 248-84, State Board of Health Rules and Regulations for Food Service Sanitation.

(3) If single service eating or drinking utensils are supplied in lodging units, they shall be stored and handled in a sanitary manner and shall be used only once.

(4) All reusable ice buckets provided for use by guests shall be of impervious, cleanable construction, washed with hot water and detergent after being used by a guest and stored so as to be protected from contamination. Single use or uncleanable ice buckets shall not be reused.

(5) Ice provided for guests shall be produced, stored and dispensed in a sanitary manner. [Order 74, § 248-144-120, filed 7/11/72; Order 71, § 248-144-120, filed 4/11/72.]

**WAC 248-144-130 Lodging unit kitchens.** (1) Where lodging units contain kitchens they shall be provided with the following facilities:

(a) A sink suitable for dishwashing with cold water and hot water at not less than 140°F.

(b) An electric or gas refrigerator capable of maintaining a temperature of 45°F. or lower.

(c) A stove with cooking space equivalent to a two burner gas or electric hot plate.

(d) Impervious, cleanable counter space.

(e) Table and chairs.

(f) A washable waste food container.

(2) All eating and cooking utensils supplied in lodging unit kitchens for use by guests shall be free of cracks and of smooth, cleanable construction.

(3) To assure that eating and cooking utensils supplied in lodging unit kitchens are clean for each occupancy, the person operating a transient accommodation shall examine and, if necessary, wash and sanitize them between occupancies. [Order 71, § 248-144-130, filed 4/11/72.]

**WAC 248-144-140 Insect and rodent control.** Appropriate measures shall be taken to control insects and rodents in transient accommodations. [Order 71, § 248-144-140, filed 4/11/72.]

**WAC 248-144-150 Plumbing.** (1) All sinks, water closets, showers, floor drains, and other liquid waste receptacles shall be trapped and vented. All liquid drain lines shall be maintained in good repair.

(2) All drinking fountains shall comply with specification number Z4.2-1942 of the American National Standards Institute.

(3) All hot water heating systems shall be equipped with a pressure relief device as approved by the Uniform Plumbing Code.

(4) The plumbing installed in new construction shall comply with the Uniform Plumbing Code; however, local plumbing code requirements shall prevail, when these requirements are equal to or of a higher standard than the Uniform Plumbing Code. [Order 71, § 248-144-150, filed 4/11/72.]

**WAC 248-144-160 Solid waste.** (1) At least one washable refuse container shall be provided in each lodging unit.

(2) All solid waste material shall be collected daily from rooms and areas used by guests and stored in washable, covered containers until removed to a disposal facility. Removal of solid wastes to a disposal facility shall be at intervals sufficient to control odors and prevent unhealthful conditions. [Order 71, § 248-144-160, filed 4/11/72.]

**WAC 248-144-170 Sewage disposal.** (1) All liquid waste shall be discharged to a municipal sewage disposal system. When connection to a municipal sewage disposal system is not feasible an approved individual disposal system shall be provided.

(2) The individual disposal system shall be so maintained as to not create a nuisance or health hazard.

(3) Every new installation, alteration, repair, or replacement of a major component of an individual disposal system shall be in compliance with the requirements of the local health officer. [Order 71, § 248-144-170, filed 4/11/72.]

**WAC 248-144-180 Travel trailers and mobile homes.** (1) All travel trailers and mobile homes used as lodging units shall comply with WAC 296-48, Rules and Regulations of the Department of Labor and Industries for Mobile Homes, Commercial Coaches and Recreational Vehicles.

(2) All travel trailers and mobile homes used as lodging units shall be connected to water, sewer and electrical utilities and spaced on the parking area in accordance with chapter 248-76 WAC, State Board of Health Rules and Regulations for Mobile Homes and Mobile Home Parks. [Order 71, § 248-144-180, filed 4/11/72.]

**WAC 248-144-190 Swimming pools.** All swimming pools, bathing beaches and wading pools of transient accommodations shall comply with chapter 248-98 WAC, Rules and Regulations of the Director of Health Governing the Sanitation of Swimming Pools, Bathing Beaches and Wading Pools. [Order 71, § 248-144-190, filed 4/11/72.]

**WAC 248-144-200 Pets.** The person operating a transient accommodation may establish and enforce rules designed to prohibit or control pets within a transient accommodation. No guest shall allow his pet to run at large or commit a nuisance. [Order 71, § 248-144-200, filed 4/11/72.]

**WAC 248-144-210 Bedding and linen.** (1) All bedding, including mattresses, mattress covers, mattress pads, quilts, blankets, pillows, sheets, pillow slips or spreads for guest use shall be kept clean and not used after becoming stained or worn so as to be unfit for further use.

(2) Where bed linens are provided for guests, each bed, bunk, cot and other sleeping place shall be supplied with suitable pillow slip [slips], and top and under sheets. After being used by a guest, pillow slips, sheets, wash cloths and towels shall be laundered before being used by another guest.

(3) Wash cloths, hand towels, bath towels, pillow slips and sheets supplied by the transient accommodation and used by the same guest for more than one day shall be changed at least twice a week or more often, if needed. [Order 71, § 248-144-210, filed 4/11/72.]

**WAC 248-144-220 Laundry.** (1) All clean bed sheets, pillow slips, towels and other linens for use by guests shall be handled and stored in a sanitary manner.

(2) Laundry facilities operated by a transient accommodation shall comply with the following:

(a) All floor and wall surfaces subject to splash and spray shall be of impervious, cleanable construction.

(b) All pillow slips, sheets, wash cloths and towels shall be washed at a temperature of not less than 145°F. or other means of cleaning and sanitizing that may be approved by the secretary.

(c) All soiled laundry shall be handled and stored so as to prevent contamination of clean laundry.

(d) All containers for transporting or storing of soiled and clean laundry shall be of impervious, cleanable construction or otherwise protected so as to be maintained in a sanitary condition. [Order 71, § 248-144-220, filed 4/11/72.]

**WAC 248-144-230 Housekeeping equipment and procedures.** (1) All employees performing duties of cleaning and servicing lodging units and other rooms used by guests shall exercise good personal hygiene and apply cleaning products and methods which provide the maximum attainable health and safety protection.

(2) Janitors' closets, supply carts, mops, pails, brushes and other cleaning equipment shall be kept clean and repaired or replaced as needed to maintain all facilities in a sanitary and safe condition.

(3) All containers of chemical cleaning agents used shall bear the instructions and precautions for usage as prescribed by the manufacturer. [Order 71, § 248-144-230, filed 4/11/72.]

**WAC 248-144-240 Chemical and physical hazards.** (1) All chemical agents such as cleaners, solvents, disinfectants and insecticides shall be kept isolated from

guests and stored so as to prevent contamination of clothing, toweling and bedding materials. All applications of chemicals such as cleaners, disinfectants and pesticides shall be in accordance with the manufacturer's recommendations for preventing a hazard to guests and employees.

(2) Adequate and safe handrailing shall be provided for all stairways, porches and balconies.

(3) Every gas-fired or oil-fired space heater and water heater shall be vented to the outside air. [Order 71, § 248-144-240, filed 4/11/72.]

**WAC 248-144-250 Separability.** If any provision of these regulations or their application to any person is held invalid, the remainder of the regulations or the application of the provision to other persons or circumstances is not affected. [Order 71, § 248-144-250, filed 4/11/72.]

**Chapter 248-148 WAC**

**SCHOOL DISTRICTS—AUDITORY AND VISUAL STANDARDS**

**WAC**

248-148-010 Purpose.

**AUDITORY ACUITY STANDARDS**

- 248-148-020 Criteria for selection of children for screening.
- 248-148-030 Equipment for screening.
- 248-148-040 Screening method.
- 248-148-050 Screening frequencies.
- 248-148-060 Screening levels.
- 248-148-070 Screening environment.
- 248-148-080 Calibration.
- 248-148-090 Screening failure.
- 248-148-100 Qualification of personnel.

**VISUAL ACUITY STANDARDS**

- 248-148-110 Frequency of screening.
- 248-148-120 Screening procedures.
- 248-148-130 Students with screening failure.
- 248-148-140 Screening failure—Referral procedures.
- 248-148-150 Qualifications of personnel.

**WAC 248-148-010 Purpose.** The following regulations are adopted pursuant to chapter 32, Laws of 1971, wherein is contained the legislative mandate that each board of school directors in the state shall provide for and require screening of the auditory and visual acuity of children attending schools in their districts to ascertain if any of such children "have defects sufficient to retard them in their studies." It is the purpose of such screening procedures to identify those children who are likely to have visual or auditory defects. In addition to the requirements of these regulations, the need for appropriate educational services as provided in chapter 28A.13 RCW must be recognized and arranged for those children whose visual or auditory handicaps warrant special facilities or educational methods. [Order 63, § 248-144-010 (codified as WAC 248-148-010), filed 11/1/71.]

### AUDITORY ACUITY STANDARDS

**WAC 248-148-020 Criteria for selection of children for screening.** Children are to be selected for auditory screening according to the following minimal criteria:

(1) All children in kindergarten through the first three elementary grades shall be screened at least once annually.

(2) No longer than three years may elapse between screenings for children in grades four through twelve.

(3) All new students in a district, regardless of grade level, shall be screened as soon as possible after admission.

(4) All children referred to the district by parents or guardians, or by teachers, nurses or other school personnel as having a possible loss in auditory acuity shall be screened as soon as possible. [Order 63, § 248-144-020 (codified as WAC 248-148-020), filed 11/1/71.]

**WAC 248-148-030 Equipment for screening.** Instruments should be utilized for auditory screening which provide calibrated pure tone stimuli at each of the following frequencies: 1,000, 2,000 and 4,000 Hz. An attenuator providing hearing levels of 20 and 25 decibels (dB) in reference to the ISO 1964 or the ANSI 1969 standards, as measured at the earphones, shall be utilized for each of the frequencies provided. Nothing in these regulations shall prevent additional screening at a frequency of 500 Hz. [Order 63, § 248-144-030 (codified as WAC 248-148-030), filed 11/1/71.]

**WAC 248-148-040 Screening method.** Screening shall be done on an individual basis, rather than by any group method. [Order 63, § 248-144-040 (codified as WAC 248-148-040), filed 11/1/71.]

**WAC 248-148-050 Screening frequencies.** Each child shall be screened at least at 1,000, 2,000, and 4,000 Hz. The 500 Hz stimulus, if used, should be used in an unusually quiet environment in which it can be heard at the appropriate screening level by a subject with hearing sensitivity which is known to be normal. [Order 63, § 248-144-050 (codified as WAC 248-148-050), filed 11/1/71.]

**WAC 248-148-060 Screening levels.** Each of the tonal stimuli shall be presented at a hearing level of 25 dB, based on the ISO 1964 or ANSI 1969 standards. If an unusually quiet environment is utilized, the screening level shall be at 20 dB. [Order 63, § 248-144-060 (codified as WAC 248-148-060), filed 11/1/71.]

**WAC 248-148-070 Screening environment.** Auditory screening shall be conducted in an environment which is normally free of extraneous noise, and school personnel shall cooperate to maintain this quiet environment on days that screening takes place. [Order 63, § 248-144-070 (codified as WAC 248-148-070), filed 11/1/71.]

**WAC 248-148-080 Calibration.** Inasmuch as the validity of the auditory screening program depends significantly on the calibration accuracy of the equipment

being utilized, each district shall insure that the calibration of the frequencies and intensity utilized for screening are checked at the earphones at least every twelve months, and that equipment not in calibration be adjusted for accuracy before being utilized in screening programs. Calibration checks and audiometer calibration services shall be performed by qualified persons using equipment designed for audiometer calibration. Equipment found to be out of calibration shall be corrected immediately. [Order 63, § 248-144-080 (codified as WAC 248-148-080), filed 11/1/71.]

**WAC 248-148-090 Screening failure.** If a child fails to respond to one or more screening frequencies in either ear he shall be rescreened within two weeks of the original screening procedure. If he fails to respond at one or more frequencies in either ear at the second screening, he shall be considered in need of attention as specified in RCW 28A.31.040, as amended. In all such cases a record of the screening results shall be prepared on forms provided by the Superintendent of Public Instruction and sent to the child's parent or guardian, and to the appropriate school official. The form shall recommend that the child be evaluated by a physician and shall request the physician's report back to the school indicating the action being taken, recommendations regarding significance of auditory handicap in regard to the learning process, and the need for special educational facilities. Records shall also be sent to the appropriate officials of the Department of Social and Health Services and the Superintendent of Public Instruction, as requested by such officials. [Order 63, § 248-144-090 (codified as WAC 248-148-090), filed 11/1/71.]

**WAC 248-148-100 Qualification of personnel.** (1) Supervisor of Auditory Screening: Each school district shall designate one individual of the district's staff who will be responsible for the administration of the auditory screening program in conformity with these regulations. His training and experience shall be appropriate to perform the following tasks:

(a) To develop an administrative plan for conducting auditory screening in the district in cooperation with the appropriate school personnel in order to insure that the program can be carried out efficiently with a minimum of disruption in normal classroom activity. This shall include determination of specific quiet environments for screening, and arrangement of appropriate scheduling for the utilization of these environments.

(b) To obtain the necessary instrumentation for carrying out the screening program, and insuring that the equipment is in proper working order and calibration.

(c) To secure appropriate personnel to carry out the screening program, if such assistance is necessary, and to assure that such personnel are sufficiently trained to do so accurately.

(d) To insure that records are made and delivered as prescribed by these regulations, and to make recommendations appropriate to the needs of each child who fails screening tests.

(e) To disseminate information to other school personnel explaining the purposes of the program, and to

acquaint them with criteria of a child's behavior which might denote the need for referral for auditory screening.

(2) Supportive personnel utilized in the screening program: If it is necessary to provide additional personnel to carry out the screening program, the supervisor shall be given the responsibility to secure such personnel who will perform the auditory screening tests under the general supervision of the auditory screening supervisor. Such individuals shall be trained by the supervisor to:

(a) Understand the purposes and regulations involved in the auditory screening programs.

(b) Utilize the screening equipment in an appropriate manner so that maximum accuracy is insured.

(c) Extract cooperation, understanding, and accurate responses from the child during the screening.

(d) Make appropriate records of screening data. [Order 63, § 248-144-100 (codified as WAC 248-148-100), filed 11/1/71.]

### VISUAL ACUITY STANDARDS

**WAC 248-148-110 Frequency of screening.** (1) Visual acuity screening shall be administered to each child at least in kindergarten, first, third, fifth, seventh, and tenth grades: *Provided*, That annual screening is recommended where manpower resources are adequate.

(2) All new students in a district, regardless of grade level, shall be screened as soon as possible after admission.

(3) All children referred to the district by parents or guardians, or by teachers, nurses or other school personnel as having a possible loss in visual acuity shall be screened as soon as possible. [Order 63, § 248-144-110 (codified as WAC 248-148-110), filed 11/1/71.]

**WAC 248-148-120 Screening procedures.** (1) The basic procedure shall be the screening for distance central visual acuity with a Snellen test chart. The chart shall be properly illuminated at 10-30 footcandles and shall be glare free.

(2) Children shall be screened with either the Snellen E chart or the standard Snellen distance acuity chart, as deemed most appropriate to the child's age and abilities. Observation of the school child shall not be overlooked as a screening method.

(3) Children with glasses shall be screened with their glasses on.

(4) Other screening procedures equivalent to the Snellen test may be used if approved by the State Board of Health. [Order 63, § 248-144-120 (codified as WAC 248-148-120), filed 11/1/71.]

**WAC 248-148-130 Students with screening failure.** The reports of children shall be referred to their parents or guardians for professional care upon two successive failures of screening based on the following criteria:

(1) Kindergarten through third grade: Those who, with the Snellen test or its approved equivalent, have visual acuity of 20/40 or less in either eye. The designation of 20/40 or less indicates the inability to identify

the majority of letters or symbols on the thirty foot line of the test chart at a distance of twenty feet.

(2) Fourth grade and above: Those who, with the Snellen test or its approved equivalent, have visual acuity of 20/30 or less in either eye. Designation of 20/30 or less indicates the inability to identify the majority of letters or symbols on the twenty foot line of the test chart at a distance of twenty feet.

Nothing in these regulations shall be deemed to prevent referral of children to the parents or guardians for professional care when the child is observed by school personnel to demonstrate other signs or symptoms which may be related to eye problems to the extent that such signs or symptoms negatively influence the child in his studies. [Order 63, § 248-144-130 (codified as WAC 248-148-130), filed 11/1/71.]

**WAC 248-148-140 Screening failure—Referral procedures.** (1) If a child fails the screening according to the criteria established by these regulations, he shall be rescreened within two weeks of the original screening.

(2) When a child has failed the screening procedures twice in a row, the person or persons completing the screening shall prepare a record of such failure on forms provided by the Superintendent of Public Instruction. Copies of such records shall be sent to the parents or guardian of the child in question and shall indicate the results of the test and the need and importance of the child receiving professional care and shall request a report back to the school of the action being taken, recommendations regarding significance of the visual handicap in regard to the learning process, and the need for special educational facilities.

(3) The originals of such records and recommendations shall be delivered to the appropriate school official who shall preserve such documents and forward to the Superintendent of Public Instruction and the Secretary of the Department of Social and Health Services such visual data as may be requested by such officials. [Order 63, § 248-144-140 (codified as WAC 248-148-140), filed 11/1/71.]

**WAC 248-148-150 Qualifications of personnel.** (1) Screening shall be performed by persons competent to administer such screening procedures as a function of their professional training and background and/or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers shall have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically designated by the school administration. He may be a school nurse or public health nurse, a special educator, teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

(4) Screening will not be performed by ophthalmologists, optometrists, or opticians or any individuals where a conflict of interest might occur. [Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

**Chapter 248-152 WAC**  
**PROHIBITION OF SMOKING TOBACCO IN**  
**CERTAIN PLACES**

**WAC**

248-152-010	Statement of purpose.
248-152-020	Definitions.
248-152-030	Prohibition in certain public places.
248-152-040	No smoking signs.
248-152-050	Enforcement.
248-152-060	Severability.

**WAC 248-152-010 Statement of purpose.** Because there is increasing evidence that tobacco smoke creates a danger to the health of persons who are present in closely confined places, and in order to protect the public health, safety, and welfare, the declared purpose of this regulation is to prohibit the smoking of tobacco in certain places which are used by and open to the general public. [Order 109, § 248-152-010, filed 3/14/75.]

**WAC 248-152-020 Definitions.** (1) "Smoke" or "smoking" as used in this chapter shall mean and include the smoking or carrying of any kind of lighted pipe, cigar, or cigarette.

(2) The adjective "public" as used in this chapter shall mean any place used by and open to the general public, regardless of whether such place is owned by private persons, the state of Washington, or counties and municipalities of the state of Washington. [Order 109, § 248-152-020, filed 3/14/75.]

**WAC 248-152-030 Prohibition in certain public places.** Smoking shall be prohibited in the following places within the state of Washington: *Provided*, That such places are open to and used by the general public:

(1) Elevators.

(2) All public means of mass transportation which are not engaged in interstate or international commerce including, but not limited to, buses and ferries: *Provided*, That smoking may be allowed in the buses, ferries, and other public means of transportation in designated smoking areas which shall be of such size and location as will insure the provision of a substantially smoke-free atmosphere in the public place.

(3) Indoor facilities serving as libraries, museums, concert halls, or theaters, including indoor facilities for exhibiting motion pictures, stage drama, musical recitals, dance, lectures, or other similar performances: *Provided*, That smoking by performers as part of a theatrical production shall be allowed: *Provided, further*, That smoking may be allowed in concert halls and theaters in areas commonly referred to as lobbies if physically separated from the spectator area: *Provided, further*, That smoking may be allowed in libraries in designated smoking areas which shall be of such size and

location as will insure the provision of a substantially smoke-free atmosphere in the library.

(4) Indoor sport arenas: *Provided*, That smoking may be allowed in areas commonly referred to as lobbies if physically separated from the spectator area.

(5) Hallways and waiting rooms of every health care facility, including, but not limited to, hospitals, nursing homes, clinics and health departments: *Provided*, That smoking may be allowed in health care facilities in one or more separate waiting rooms.

(6) Office reception areas and waiting rooms of any building owned or leased by the state of Washington or by any county or municipality of the state of Washington: *Provided*, That this prohibition shall not apply to rooms used for office space or working quarters by the Washington state legislature.

(7) Public areas of retail stores and financial institutions including, but not limited to, retail food establishments, department stores, and banks.

(8) Classrooms and lecture halls of schools, colleges, and universities.

(9) Rooms in which meetings open to the public are held: *Provided*, That this prohibition shall not apply to rooms used for office space or working quarters by the federal government or the Washington state legislature. [Order 109, § 248-152-030, filed 3/14/75.]

**WAC 248-152-040 No smoking signs.** Signs prohibiting smoking shall be conspicuously posted in every room, building, or other place where smoking is prohibited by this chapter, by the owner, operator, manager or other person having control of such room, building, or place. [Order 109, § 248-152-040, filed 3/14/75.]

**WAC 248-152-050 Enforcement.** Due to the limitations inherent in the means provided by state law for enforcing any health regulation of the state board of health, the enforcement and effectiveness of this regulation must also depend on the willingness of the general public to abide by its provisions and to request others to do so.

(1) Complaints of violations of this chapter shall be made to the owner, operator, manager or other person having control over any room, building or other place where smoking is prohibited by this chapter. This person shall then notify the violator of the applicability of this regulation.

(2) Complaints of violations of this chapter shall also be made by the complainant to the state board of health, P.O. Box 1788, Mail Stop 1-2, Olympia, Washington 98504. [Order 109, § 248-152-050, filed 3/14/75.]

**WAC 248-152-060 Severability.** If any provision of this chapter or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this chapter which can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable. [Order 109, § 248-152-060, filed 3/14/75.]

Chapter 248-990 WAC  
APPENDIX—GUIDELINES

WAC  
248-990-990 Appendix—County, city or town in a health district—Preamble.

WAC 248-990-990 Appendix—County, city or town in a health district—Preamble.

APPENDIX  
Guidelines<sup>1</sup>

for  
County, City or Town in a Health District  
in  
Estimating Its Equitable Share of the Expense  
of  
Maintaining and Operating the Health District  
Preamble

What health services should local government provide? Health needs and health services vary from community to community. While some are still trying to solve elementary health problems,<sup>2</sup> others, having met these basic needs, are concerned also with newer health problems, as well as with promptness and enhancement of the quality of services, making sure that these are well integrated and available to all citizens.

The types<sup>3</sup> of basic health services which every county, city and town should provide are as follows:

A. Basic Health Services of Local Health Departments

1. Disease Prevention and Control

Tuberculosis  
Venereal Disease  
All other Communicable Diseases  
Immunizations  
Epidemiologic Services  
Hearing Conservation  
Vision Conservation  
Health Services to Handicapped Persons  
Alcoholism, at least an Information and Referral Service

2. Environmental Control

The health aspects of:

Food  
Water  
Air  
Waste Disposal  
Housing (shelter)  
Safety (in other areas than those covered by the Department of Labor & Industries)  
Nuisances  
Vector Control

3. Vital Records

(Is already a mandatory function of each county and city of the First Class)

4. Family Planning

5. Laboratory services necessary to perform the functions in items 1 and 2 above.

6. Health Information and Educational Services

7. Community Health Planning

8. Administration

Business Management  
Records  
Budgeting  
Purchasing  
Conferences  
Programming  
Evaluating  
Legal Services

B. Total Cost of Providing the Basic Health Services.

1. Salaries (Ratio of staff to 100,000 population)

One Health Officer  
Nine Clerical Personnel  
Fifteen Public Health Nurses  
Seven Senior Sanitarians  
Two Laboratory Technicians  
One Health Educator  
One Social Worker

2. Maintenance and Operation Cost

Usually about twenty-five to thirty-three percent of the total budget

3. Capital Outlay

Routine: Usually one to eight percent

C. Financing

Expenditures

1. Basic Health Services	"X" dollars
2. Additional Services (District-wide)	"Y" dollars
	<hr/>
	Total "X+Y" dollars

Any city might, in addition, request and fund a specific service, not needed or desired by the other cities or by the district as a whole. It would, in such instances, pay an additional sum equal to the actual cost of such services.

D. Potential Sources of Funds

1. Property millage levies

a. Statutory public health levy multiplied by 2.2

b. Statutory tuberculosis control fund or levy

2. City contribution<sup>4</sup>

3. County contribution<sup>4</sup>

4. Fees for permits and licenses
5. Charges for services
6. Contracts with schools and other agencies
7. State and Federal funds
8. Sales of publications
9. Gifts
10. Miscellaneous (sale of property, witness fees, jury duty of personnel, etc.)

E. Determination of equitable share for each municipality (county or city) of its fiscal support of *basic* health services:

1. In any case, for the next two years at least, there should be no reduction in the amount currently being paid to its health district by a county or city.

2. Formula to be used:

$$C = \frac{1/2B(A_C)}{A_T} + \frac{1/2B(P_C)}{P_T}$$

Where:

C = Contribution of city or county needed to balance the budget ("X + Y" dollars)

B = Dollars needed to balance the "X + Y" portion of the health district annual budget<sup>5</sup>

A<sub>C</sub> = The assessed valuation of the component governmental unit, i.e., the city, town or unincorporated area of the county

A<sub>T</sub> = The total assessed valuation of the governmental jurisdictions encompassed by the health district

P<sub>C</sub> = Population of the component governmental unit, i.e., the city, town or unincorporated area of the county

P<sub>T</sub> = Total population of the governmental jurisdictions encompassed by the health district

<sup>3</sup>The extent of health services provided, will vary from area to area and has to be a local determination. Each local health department should prepare its own list of basic health services it provides (or would provide) each municipality contributing equitably to its financial support.

<sup>4</sup>Based on the formula in Item E. Determination of Equitable Share of Official Local Fiscal Support.

<sup>5</sup>Is the balance to be raised by contributions of all the cities and counties in the health district? This is the total budget less the amount raised from the revenue sources listed under D (above) as items 1, 4, 5, 6, 7, 8, 9 and 10

[Order 104, Appendix—Guidelines (codified as WAC 248-990-990), filed 9/25/74; Appendix, filed 8/4/67.]

<sup>1</sup>Pertains also to a county, city or town which has withdrawn from a health district to operate its own health department or decides to contract with another municipality for such health services.

<sup>2</sup>Washington State Board of Health Rules & Regulations which pertain to local health departments include: (1) Control of certain diseases (.100); (2) Sanitation (gen. .50; places of work .62; schools .64; taverns, resorts .68; camp and parks .72; mobile homes .76; facilities for camping vehicles .77; hotels .80; food service .84; food & beverage worker's permits .86; swimming pools, bathing beaches .98).