

(3) Determinations regarding the reasonable expectations that the project can be funded on terms satisfactory to the authority. [Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution 79-3), § 247-16-060, filed 9/26/79.]

WAC 247-16-070 Authority action on applications.

(1) The authority shall meet to review and consider the staff analysis and recommendations and the application.

(2) The authority may approve an application and its proposed plan or system and adopt a resolution authorizing the issuance of bonds for the requested financing where it determines:

(a) It is necessary or advisable for the benefit of the public health for the authority to provide financing for the proposed project;

(b) The applicant can reasonably be expected to achieve successful completion of the health care facilities to be financed by the authority;

(c) The proposed project and the issuance of bonds by the authority for such project are economically feasible and can be undertaken on terms economically satisfactory to the authority;

(d) The proposed health care facility, if completed as described in the application, will carry out the purposes and policies of the act;

(e) The applicant has satisfied the authority that substantially all of the savings realized by the applicant from the availability of financing through tax-exempt bonds, as contrasted to financing through taxable debt, will be passed on by the applicant to its patients;

(f) The applicant has reasonably satisfied the requirements of the act and these regulations; and

(g) Other criteria that the authority has determined are appropriate factors in its decision-making process have been met.

(3) The authority may approve an application and its proposed plan or system and a bond resolution on a conditional basis where the criteria of WAC 247-16-070(2) have been met and pending satisfaction of such other conditions or requirements as the authority shall determine to be reasonable and necessary in order to carry out the purposes, policies and requirements of the act and these regulations. The applicant shall be notified in writing of such conditions or requirements, which may include, but need not be limited to, the amendment of an application, plan, or system or proposed bond resolution in order to meet the availability of funds; changes in costs, or other purposes or circumstances which may enhance the ability of the authority or the applicant to complete the project or better serve the purposes and policies of the act. Upon the satisfaction of such additional conditions or requirements, the application shall be deemed approved pursuant to WAC 247-16-070(2).

(4) The authority may also deny an application; in such event, it shall notify the applicant of such action, specifying in writing the reasons for its denial. [Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution 79-3), § 247-16-070, filed 9/26/79.]

WAC 247-16-080 Adoption of plan and system. If the authority approves an application for the financing of a health care facility pursuant to WAC 247-16-070(2), it shall:

(1) Work out and finalize, in cooperation with the participant, a project plan or system and the agreements and contracts to be entered into in order to carry out the purposes and policies of the act, including contracts with respect to construction, financing, maintenance, operation and management;

(2) Adopt a system and plan therefor and declare the estimated cost thereof, as near as may be, including as part of such cost funds necessary for the expenses incurred in the financing, as well as in the construction or purchase or other acquisition, or in connection with the rental or other payment for the use thereof, interest during construction, reserve funds and any funds necessary for initial start-up costs; and

(3) Sell and issue its bonds for the purposes of the proposed plan or system pursuant to the resolution authorizing such bonds. [Statutory Authority: RCW 70.37.050. 79-10-101 (Order 2, Resolution 79-3), § 247-16-080, filed 9/26/79.]

Title 248 WAC

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

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- 248-08 Practice and procedure.
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Chapter 248-06 WAC

GUIDELINES FOR IMPLEMENTATION OF THE STATE ENVIRONMENTAL POLICY ACT

WAC	
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248-06-831	SEPA public information.
248-06-833	Substantive effect of SEPA.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-06-830	SEPA public information center. [Order 1148, § 248-06-830, filed 8/26/76.] Repealed by 78-08-012 (Order 1315), filed 7/11/78. Statutory Authority: RCW 43.21C.120.
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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 means an agency with jurisdiction which has received an application for a license, or which is proposing an action.

(2) Action means an activity potentially subject to the environmental impact statement requirements of RCW 43.21C.030(2)(c) and (2)(d). (See 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.) All actions fall within one of the following subcategories:

(a) Governmental licensing of activities involving modification of the physical environment.

(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 the environment is directly modified.

(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) Agency with expertise means an agency listed in WAC 197-10-465, unless it is also an agency with jurisdiction.

(4) Agency with jurisdiction means an agency from which a nonexempt license is required for a proposal or any part thereof, which will act upon an application for a grant or loan for a proposal, or which proposes or initiates any governmental action of a project or nonproject nature. The term does not include an agency authorized to adopt rules or standards of general applicability which govern the proposal in question, when no license or approval is required for a specific proposal. The term also does not include an agency, involved in approving a grant or loan, which serves only as a conduit between the primary administering agency and the recipient of the grant or loan. Federal agencies with jurisdiction are agencies 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 means 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 the successor agency.

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

(7) CEP means the council on environmental policy. As directed by the legislature, the council on environmental policy ceased to exist on July 1, 1976, and its duties were transferred to the department of ecology

(DOE). All references to CEP in these guidelines should now be read to mean department of ecology.

(8) Consulted agency means any agency with jurisdiction or with expertise which is requested by the lead agency to provide information during a threshold determination or predraft consultation or which receives a draft environmental impact statement. An agency shall not be considered a consulted agency merely because it receives a proposed declaration of nonsignificance.

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

(10) 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 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 means an environmental impact statement prepared prior to the final detailed statement.

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

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

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

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

(18) Environmentally sensitive area means an area designated and mapped by a county/city pursuant to WAC 197-10-177. Certain categorical exemptions do not apply within environmentally sensitive areas.

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

(20) Lands covered by water means lands underlying the water areas of the state below the ordinary high water mark, 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 means the agency designated by WAC 197-10-200 through 197-10-270 or 197-10-345. The lead agency is responsible for making the threshold determination and preparing or supervising preparation of the draft and final environmental impact statements.

(22) 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 includes all or part of any agency permit, certificate, approval, registration, charter, or plat approvals or rezones to facilitate a particular project. The term does not include a license required solely for revenue purposes.

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

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

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

(29) 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 means any proposal primarily initiated or sponsored by an individual or entity other than an "agency" as defined in this section.

(31) Proposal means a specific request to undertake any activity submitted to, and 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. The scope of a proposal for the purposes of lead agency determination, the threshold determination, and impact statement preparation is further defined in WAC 197-10-060.

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

(35) SEPA committee means the departmental committee which oversees the department's SEPA activities. The committee's composition and responsibilities are outlined in WAC 248-06-815.

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

(37) 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.

(38) Threshold determination means the decision by a lead agency whether or not an environmental impact statement is required for a proposal. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-040, filed 7/11/78; Order 1148, § 248-06-040, filed 8/26/76.]

WAC 248-06-055 Timing. Reference should be made to WAC 248-06-174, which sets out the procedures and timing governing the EIS process for specified major actions of the department. At a minimum, the threshold determination shall be completed prior to undertaking any major action and a final EIS shall be issued seven days prior to undertaking any major action. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-055, filed 7/11/78; 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 248-06-174, 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. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-100, filed 7/11/78; Order 1148, § 248-06-100, filed 8/26/76.]

WAC 248-06-174 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 197-10-174. 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 197-10-174 (refer to WAC 248-06-176 and 248-06-815). It should also be noted that the department is not necessarily the lead agency for all of the major actions listed in WAC 197-10-174. Furthermore, aspects of the major actions listed in WAC 197-10-174 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 197-10-174:

(1) Regulations and licenses relating to radioactive material.

(a) Scope of major action.

(i) Regulations relating to radioactive material shall include the adoption or amendment by the department of any regulations incorporating general standards for

issuance of licenses authorizing the possession, use and transfer of radioactive material pursuant to RCW 70.98.080.

(ii) The issuance, revocation or suspension of individual licenses under RCW 70.98.080 shall be exempt. However, the following licenses shall not be exempt: Licenses to operate low level waste burial facilities or licenses to operate or expand beyond design capacity mineral processing facilities, or their tailings areas, whose products, or by-products, have concentrations of naturally occurring radioactive materials in excess of exempt concentrations as specified in WAC 402-20-250.

(b) Lead agency. The department shall be lead agency for proposals to construct, operate, or expand any uranium or thorium mills, any tailings areas generated by uranium or thorium milling or any low level waste burial facility. Lead agency determination for other mineral processing proposals should be made in accordance with WAC 197-10-203 through 197-10-270. The department shall also be lead agency for adoption of the regulations described in WAC 248-06-174(1)(a)(i).

(c) Responsible official. The responsible official for administering SEPA guidelines as they apply to WAC 248-06-174(1)(a) shall be the occupational health section, office of environmental health programs, health services division.

(d) Timing of SEPA requirements for regulations for radioactive material.

(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 material prior to the hearing preceding final adoption of such regulations.

(ii) The responsible official shall mail to the department of ecology headquarters office in Olympia for listing in the "SEPA Register" (see WAC 248-06-831) a copy of any final declaration of nonsignificance for which a proposed declaration of significance has been circulated per WAC 197-10-340(7), a copy of the draft EIS, and a copy of the final EIS. Copies of the draft EIS shall also be mailed to those agencies identified in WAC 197-10-460, and of the final EIS to those agencies identified in WAC 197-10-600. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the final declaration of nonsignificance or final EIS.

(e) Timing of SEPA requirements for licenses for uranium or thorium mills or radioactive waste burial facilities.

(i) The 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 as early as possible but in no case later than the submission to the department of an application for a radioactive materials license made in accordance with chapter 402-20 WAC. The following material presents a more detailed description of the responsibilities of the private applicant as well as of the responsible official.

(ii) The applicant shall be responsible for contacting the responsible official during the early stages of the applicants 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 fifteen days of the responsible official's receipt of the checklist, shall prepare either (A) a written proposed declaration of nonsignificance when there are other agencies with jurisdiction over the proposal or the other circumstances identified in WAC 197-10-340(3) are present and the responsible official determines that the proposed license will not have a significant adverse environmental impact, or (B) a written final declaration of nonsignificance when there are no other agencies with jurisdiction over the proposal and where the other circumstances identified in WAC 197-10-340(3) are not present and the responsible official determines that the proposed license will not have a significant adverse environmental impact, or (C) a written declaration of significance when the responsible official determines that the proposed license will have a significant adverse environmental impact, or (D) a written request for further information.

(iv) When the responsible official has issued a proposed declaration of nonsignificance, he shall send the proposed declaration and environmental checklist to the applicant and to all agencies with jurisdiction for review and comment. When fifteen days have elapsed the responsible official shall either issue a final declaration of nonsignificance or a declaration of significance.

(v) When the responsible official has issued a final declaration of nonsignificance, he shall send it to the applicant and to the department of ecology for listing in the "SEPA Register" (see WAC 248-06-831) and shall give public notice thereof in the form and manner specified in RCW 43.21C.080. When the responsible official has issued a declaration of significance, he shall send it to the applicant.

(vi) When the responsible official makes a declaration of significance, the preparation of a draft and final EIS shall be in compliance with WAC 197-10-410 through 197-10-695 and 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. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be completed within seventy-five days of the issuance of the draft EIS. (See WAC 248-06-550).

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

(viii) The responsible official shall mail a copy of the draft EIS to the department of ecology headquarters in Olympia for listing in the "SEPA Register" (see WAC 248-06-831) and also to those agencies listed in WAC 197-10-460.

(ix) When the responsible official determines that substantial changes are needed or that new information has become available, the preparation of an amended or

new draft EIS is the responsibility of the private applicant.

(x) The responsible official shall mail a copy of the final EIS to the department of ecology headquarters office in Olympia for listing in the "SEPA Register" (see WAC 248-06-831). The responsible official shall also mail copies of the final EIS to those agencies specified in WAC 197-10-600 and shall give public notice of the completion of the final EIS in the form and manner specified in RCW 43.21C.080.

(2) Water system plans for public water systems.

(a) Scope of major action. Water systems plans for water system supplies are plans developed and submitted to the department for review and approval pursuant to WAC 248-54-580.

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

(c) Responsible official. When the department is the lead agency for a water system 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 water system plans prepared by private applicants.

(i) In general, when a private applicant has prepared a water system 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 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 the 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 fifteen days of the responsible official's receipt of the checklist shall prepare either (A) a written proposed declaration of nonsignificance when there are other agencies with jurisdiction over the proposal or when the circumstances set forth in WAC 197-10-340(3) are present and the responsible official determines that the proposed water system plan will not have a significant adverse environmental impact, or (B) a written final declaration of nonsignificance when there are no other agencies with jurisdiction over the proposal and where the other circumstances set forth in WAC 197-10-340(3) are not present and the responsible official determines that the proposed water system plan will not have a significant adverse environmental impact, or (C) a written declaration of significance when the responsible official determines that the proposed water

system plan will have a significant adverse environmental impact, or (D) a written request for further information.

(iv) When the responsible official has issued a proposed declaration of nonsignificance he shall send the proposed declaration and the environmental checklist to the applicant and to all agencies with jurisdiction for review and comment. When fifteen days have elapsed the responsible official shall either issue a final declaration of nonsignificance or a declaration of significance.

(v) When the responsible official has issued a final declaration of nonsignificance, he shall send the declaration to the applicant and to the department of ecology for listing in the "SEPA Register" (see WAC 248-06-831) and shall give public notice thereof in the form and manner specified in RCW 43.21C.080. When the responsible official has issued a declaration of significance, he shall send it to the applicant.

(vi) When the responsible official makes a declaration of significance, the preparation of a draft and final EIS shall be in compliance with WAC 197-10-410 through 197-10-695 and 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. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be completed within seventy-five days of the issuance of the draft EIS (see WAC 248-06-550).

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

(viii) The responsible official shall mail copies of the draft EIS to the department of ecology for listing in the "SEPA Register" (see WAC 248-06-831) and to such other agencies as are specified in WAC 197-10-460.

(ix) When the responsible official determines that substantial changes are needed or that new information has become available, the preparation of an amended or a new draft EIS is the responsibility of the private applicant.

(x) The responsible official shall mail the final EIS to the department of ecology for listing in the "SEPA Register" (see WAC 248-06-831) and to such other agencies as are listed in WAC 197-10-600. The responsible official shall also give public notice of the final EIS in the form and manner specified in RCW 43.21C.080.

(xi) Every water system 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.

(e) Timing and procedure for water system plans prepared by agencies. Every water system 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.

(3) New public water supply systems and major extensions of existing public water supply systems.

(a) Scope of major action. The approval of engineering reports or plans and specifications pursuant to WAC 248-54-590 and 248-54-600 for all surface water source development, all water system storage facilities

greater than one-half million gallons, new transmission lines longer than one thousand feet located in new rights of way and major extensions to existing water distribution systems.

(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 fifteen days of the responsible official's receipt of the checklist shall prepare either (A) a written proposed declaration of nonsignificance when there are other agencies with jurisdiction over the proposal or when the other circumstances indicated in WAC 197-10-340(3) are present and the responsible official determines that the proposal will not have a significant adverse environmental impact, or (B) a written final declaration of nonsignificance when there are no other agencies with jurisdiction over the proposal and when the other circumstances indicated in WAC 197-10-340(3) are not present and the responsible official determines that the proposal will not have a significant adverse environmental impact, or (C) a written declaration of significance when the responsible official determines that the proposal will have a significant adverse environmental impact, or (D) a written request for further information.

(iv) When the responsible official has issued a proposed declaration of nonsignificance he shall send the proposed declaration and environmental checklist to the applicant and to all agencies with jurisdiction for review

and comment. When fifteen days have elapsed the responsible official shall either issue a final declaration of nonsignificance or a declaration of significance.

(v) When the responsible official has issued a final declaration of nonsignificance, he shall send the declaration to the applicant and to the department of ecology for listing in the "SEPA Register" (see WAC 248-06-831) and shall give public notice thereof in the form and manner specified in RCW 43.21C.080. When the responsible official has issued a declaration of significance, he shall send it to the applicant.

(vi) When the responsible official makes a declaration of significance, the preparation of the draft and final EIS shall be in compliance with WAC 197-10-410 through 197-10-695 and 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. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be completed within seventy-five days of the issuance of the draft EIS (see WAC 248-06-550).

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

(viii) The responsible official shall mail a copy of the draft EIS to the department of ecology for listing in the "SEPA Register" (see WAC 248-06-831) and to those other agencies indicated in WAC 197-10-460.

(ix) When the responsible official determines that substantial changes are needed or that new information has become available, the preparation of an amended or new draft EIS is the responsibility of the private applicant.

(x) The responsible official shall mail a copy of the final EIS to the department of ecology for listing in the "SEPA Register" (see WAC 248-06-831) and to those other agencies indicated in WAC 197-10-600. The responsible official shall also give public notice of the final EIS in the form and manner specified in RCW 43.21C.080.

(xi) Whenever preliminary engineering reports, or plans and specifications for a new public water supply system or a major extension to an existing public water supply system are submitted by a private applicant to the secretary for his review and approval pursuant to WAC 248-54-590 and 248-54-600, these reports, plans and specifications shall be accompanied by a final declaration of nonsignificance or a final EIS.

(e) Timing and procedures for projects proposed by an agency. Whenever preliminary engineering reports, plans and specifications for a new public water supply system or a major extension to an existing public water supply system are submitted by an agency to the secretary for his review and approval pursuant to WAC 248-54-590 and 248-54-600, these reports, plans and specifications shall be accompanied by a final declaration of nonsignificance or a final 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 four thousand 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.

(i) Where construction of a hospital is undertaken by a private applicant, the lead agency for that construction shall be determined in accordance with WAC 197-10-220, i.e., the lead agency shall be the city or county within which the hospital is located.

(ii) Where construction of a hospital is undertaken by a state agency or local agency other than the department, that state or local agency shall be the lead agency in accordance with WAC 197-10-205.

(iii) Where construction of a hospital is undertaken by the department, the department shall be the lead agency. See WAC 248-06-174(7).

(c) Timing and procedures for hospital certificates of need. Where a state or local agency other than the department is lead agency for hospital construction, the department shall not issue a certificate of need approving this hospital construction until the applicant has supplied it with a final declaration of nonsignificance or a final EIS, and until seven days after the issuance by the lead agency of any final EIS. Nothing in this subsection shall preclude the department from making a commitment to issue a certificate of need to an applicant subject to the timely receipt of an appropriate environmental impact statement or declaration of insignificance.

(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.

(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 other 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 four thousand 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 248-06-174(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 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 248-06-174(7)(a).

(ii) Within fifteen 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.

(iii) 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 through WAC 197-10-446. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be completed within seventy-five days of the draft EIS (see WAC 248-06-550).

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

(v) The responsible official shall mail to the department of ecology headquarters office in Olympia for listing in the "SEPA Register" (see WAC 248-06-831) a copy of any final declaration of nonsignificance for which a proposed declaration of significance has been

circulated per WAC 197-10-340(7), a copy of the draft EIS, and a copy of the final EIS. Copies of the draft EIS shall also be mailed to those agencies identified in WAC 197-10-460, and of the final EIS to those agencies identified in WAC 197-10-600. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the final declaration of nonsignificance or final EIS.

(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 four thousand square feet of floor area and with associated parking facilities designed for twenty automobiles or less.

(b) Lead agency.

(i) Where construction of the type described in WAC 248-06-174(8)(a) is undertaken by a private applicant, the lead agency for that project shall be determined in accordance with WAC 197-10-220, that is, the lead agency shall be the city or county within which the hospital is located.

(ii) Where construction of the type described in WAC 248-06-174(8)(a) is undertaken by a state agency or local agency other than the department, that state or local agency shall be the lead agency in accordance with WAC 197-10-205.

(iii) Where construction of the type described in WAC 248-06-174(8)(a) is undertaken by the department, the department shall be the lead agency. See WAC 248-06-174(7).

(c) Timing and procedures for construction of the type described. Where a state or local agency other than the department is lead agency for construction of the type described in WAC 248-06-174(8)(a), the department shall not approve final plans for construction of a nursing home, private psychiatric hospital, or alcoholism treatment center until the applicant for such approval has supplied the department with a final declaration of nonsignificance or a final EIS for the construction in question, and until seven days after the issuance by the lead agency of any final EIS. [Statutory Authority: RCW 43.21C.120, 78-08-012 (Order 1315), § 248-06-174, filed 7/11/78.]

WAC 248-06-175 Exemptions and nonexemptions applicable to DSHS. See WAC 248-06-174 which sets out timing and procedures for specified major actions. [Statutory Authority: RCW 43.21C.120, 78-08-012 (Order 1315), § 248-06-175, filed 7/11/78; 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 and 248-06-174 programs entered into by the department after December 12, 1975 may constitute major actions. The material which follows in this section lists new department programs constituting major actions and sets out timing and procedures for those actions.

Coordinated Water System Plans.

(1) **Scope of Major Action.** Coordinated water system plans shall mean and include those described in RCW 70.116.050.

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

(3) Timing and Procedures for Coordinated Water System Plans.

(a) Every coordinated water system plan submitted to the department for review and approval shall be accompanied by either a final declaration of significance or a final EIS.

(b) The responsible official shall mail to the department of ecology headquarters office in Olympia for listing in the "SEPA Register" (see WAC 248-06-831) a copy of any final declaration of nonsignificance for which a proposed declaration of significance has been circulated per WAC 197-10-340(7), a copy of the draft EIS, and a copy of the final EIS. Copies of the draft EIS shall also be mailed to those agencies identified in WAC 197-10-460, and of the final EIS to those agencies identified in WAC 197-10-600. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the final declaration of nonsignificance or final EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-176, filed 7/11/78; 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. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-180, filed 7/11/78; 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 radioactive source materials; proposals to construct, operate, or expand any uranium or thorium mill, or any tailings areas generated by uranium or thorium milling, or any low level radioactive waste burial facilities.

(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) 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;

(e) 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 248-06-815(3)(c), 248-06-176, and 197-10-203 through 197-10-270. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-203, filed 7/11/78; 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 fifteen 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 fifteen days when an intra-agency review of the threshold determination has been requested. When a private applicant requests notification of the date when a threshold determination will be made, the lead agency shall so notify the private applicant in writing. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-305, filed 7/11/78; Order 1148, § 248-06-305, filed 8/26/76.]

WAC 248-06-340 Negative threshold determinations. (1) When the department as lead agency determines that a proposal will not have a significant adverse environmental impact, the department shall prepare a proposed or final declaration of nonsignificance, as appropriate, substantially in the form provided in WAC 197-10-355.

(2) The department shall prepare a final declaration of nonsignificance for all proposals except for those listed in subsection (3) of this section.

(3) When the department has made a threshold determination of nonsignificance for any of the following proposals, it shall prepare a proposed declaration of

nonsignificance and comply with the requirements of subsection (4) of this section prior to taking any further action on the proposal:

(a) Proposals which have another agency with jurisdiction.

(b) Proposals involving demolition of any structure or facility not exempted by WAC 197-10-170(1)(n) or 197-10-180.

(c) Proposals involving issuance of clearing or grading permits not exempted by WAC 197-10-170, 197-10-175 or 197-10-180.

(4) The department shall issue all proposed declarations of nonsignificance by sending the proposed declaration and the environmental checklist to other agencies with jurisdiction. Any person or agency may submit written comments on the proposed declaration of nonsignificance to the department within fifteen days from the date of issuance of the proposed declaration. The department shall take no further action on the proposal for fifteen days from the date of issuance of the proposed declaration. After the fifteen days have elapsed and after considering any comments, the department shall adopt the proposed declaration as a "final declaration of nonsignificance", or determine that the proposal is significant, or utilize additional information gathering mechanisms. When a final declaration of nonsignificance results from a proposed declaration of nonsignificance, that final declaration of nonsignificance shall be sent to the department of ecology headquarters office in Olympia for listing on the "SEPA Register". [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-340, filed 7/11/78.]

WAC 248-06-350 Affirmative threshold determination. In the event the department determines that the proposal will have a significant adverse effect upon the quality of the environment, it shall prepare a declaration of significance using the form in WAC 197-10-355. This form shall be retained in the files of the department with a copy sent to the applicant. Thereafter the department shall begin the EIS preparation procedures of WAC 197-10-400 through 197-10-695. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-350, filed 7/11/78.]

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 appropriate responsible official.

(2) The responsible official 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 responsible official 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 in writing the persons or agencies requesting review and the responsible official of his decision. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-380, filed 7/11/78; Order 1148, § 248-06-380, filed 8/26/76.]

WAC 248-06-410 Predraft consultation. When the department is consulted by a lead agency during predraft consultation, the department shall respond in writing to the lead agency within forty-five days of the department's receipt of the consultation request and packet. Refer to WAC 248-06-510. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-410, filed 7/11/78.]

WAC 248-06-420 Preparation of EIS by persons outside the lead agency. Reference should be made to WAC 248-06-174, which sets out the occasions when the department will require a private applicant to prepare a draft or final EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-420, filed 7/11/78; Order 1148, § 248-06-420, filed 8/26/76.]

WAC 248-06-455 Draft EIS consultation. When the department is consulted by a lead agency concerning a draft EIS, the department shall review the draft and forward its written comments and information to the lead agency within thirty-five days of the issuance of the draft EIS. Refer to WAC 248-06-510. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-455, filed 7/11/78.]

WAC 248-06-460 Issuance of draft EIS. When the department is lead agency, it shall issue the draft EIS by sending copies to:

- (1) The department of ecology.
- (2) Each federal agency having jurisdiction by law over a proposed action.
- (3) Each agency having jurisdiction by law over, or environmental expertise pertaining to a proposed action, as defined by WAC 197-10-040 and 197-10-465.

(4) Each city/county in which adverse environmental effects identified in the draft EIS may occur if the proposed action is implemented. (This subsection does not apply to draft EISs for nonproject actions.)

(5) Each local agency or political subdivision which will be required to furnish additional public services as a result of implementation of the proposed action.

(6) The applicable regional planning commission, regional clearing house, state-wide clearing house, or

area-wide council of government which has been designated to review and coordinate local governmental planning under the A-95 review process and other federal regulations and programs. (See RCW 36.64.080, 35.63.070 and 36.70.070.) [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-460, filed 7/11/78.]

WAC 248-06-480 Public hearings. (1) A public hearing on the environmental impact of a proposal shall be held whenever one or more of the following situations occur:

(a) The lead agency determines, in its sole discretion, that a public hearing would assist it in meeting its responsibility to implement SEPA, the state SEPA guidelines, and these agency guidelines; or,

(b) When fifty or more persons who reside within the state of Washington or who would be adversely affected by the environmental impact of the proposal make written request to the department for such a hearing within thirty-five days of issuance of the draft EIS; or,

(c) When two or more agencies with jurisdiction over a proposal make written request to the lead agency for hearing within thirty-five days of the issuance of the draft EIS.

(2) Whenever a public hearing is held under this section, it shall occur no later than fifty-one days and no earlier than fifteen days from the date of issuance of the draft EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-480, filed 7/11/78.]

WAC 248-06-510 Responsibilities of the department as a consulted agency. Other lead agencies may request the department for consultation during a threshold determination, predraft consultation, or review of a draft EIS. 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 to the lead agency either with written comments or with a written "no comment" within the time frames set out in WAC 248-06-410 and 248-06-455. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-510, filed 7/11/78; Order 1148, § 248-06-510, filed 8/26/76.]

WAC 248-06-550 Deadline for final EIS. The department shall prepare a final EIS within seventy-five days of the issuance of the draft EIS. The department may extend the time period whenever the proposal is unusually large in scope, or the environmental impact of the proposal is unusually complex. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-550, filed 7/11/78.]

WAC 248-06-600 Issuance of the final EIS. The final EIS shall be issued by circulating it to the department of ecology, the office of the governor or the governor's designee, the ecological commission, agencies with jurisdiction, and federal agencies with jurisdiction

which received the draft EIS. It shall be made available to the public in the same manner and at the same cost as the draft EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-600, filed 7/11/78.]

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 issuance of the final EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-700, filed 7/11/78; Order 1148, § 248-06-700, filed 8/26/76.]

WAC 248-06-810 Future amendments to SEPA guidelines. Refer to WAC 248-06-815. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-810, filed 7/11/78; Order 1148, § 248-06-810, filed 8/26/76.]

WAC 248-06-815 SEPA committee. (1) There is hereby created a SEPA committee to oversee the department's SEPA activities.

(2) The SEPA committee shall be composed of:

(a) One representative from the office of environmental health programs, health services division;

(b) One representative from the health facility development section, office of state health planning and development, health services division;

(c) One representative from the capital programs section, office of staff services, administrative services division; and

(d) One representative from the office of the attorney general.

(3) The SEPA committee shall:

(a) Oversee the department's SEPA activities to ensure compliance with these agency guidelines, the state SEPA guidelines, and the policies and goals set forth in the state environmental policy act;

(b) Oversee the future revision of these agency guidelines so as to reflect:

(i) Future amendment of SEPA or the state SEPA guidelines;

(ii) The creation of new department programs not covered by WAC 197-10-175(7) and by WAC 248-06-174. (When such new programs constitute major actions, the committee shall oversee the appropriate revision of WAC 248-06-176 and 248-06-203).

(c) Designate the responsible official for any major action for which the department is lead agency when such designation has not occurred elsewhere in these agency guidelines. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-815, filed 7/11/78.]

WAC 248-06-820 Designation of responsible official. Refer to WAC 248-06-174 and 248-06-815(3)(c). [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-820, filed 7/11/78; Order 1148, § 248-06-820, filed 8/26/76.]

WAC 248-06-830 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-831 SEPA public information. (1) When the department is lead agency, the responsible official shall retain SEPA documents required by this chapter and shall make them available to the public in accordance with chapter 42.17 RCW.

(2) When the department is lead agency, the responsible official shall transmit copies of the following documents to the department of ecology headquarters office in Olympia:

(a) All draft and final EISs. (See WAC 197-10-460 and 197-10-600).

(b) All final declarations of nonsignificance for which a proposed declaration of nonsignificance has been circulated. (See WAC 197-10-340(7)). [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-831, filed 7/11/78.]

WAC 248-06-833 Substantive effect of SEPA. The policies and goals set forth in the state environmental policy act are supplementary to those set forth in existing authorization of all branches of government of the state, including state agencies, municipal and public corporations, and counties. Any government action, not requiring a legislative decision, may be conditioned or denied pursuant to the state environmental policy act only on the basis of specific adverse environmental impacts which are both identified in the environmental impact statement prepared pursuant to the state environmental policy act and also stated in writing by the responsible official. (See RCW 43.21C.060). [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-833, filed 7/11/78.]

Chapter 248-08 WAC PRACTICE AND PROCEDURE

WAC
248-08-595 Exemptions, waivers, and variances.

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, subject to the provisions contained herein. If an application for an exemption is recommended for denial by the director of the health services division, the recommendation shall be reviewed by the board of health at its next meeting. If an application is recommended to be granted by the director, it shall be reviewed in accordance with subsection (3) of this section.

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(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 and shall include written forms upon which the members may indicate approval or disapproval of the exemption request. 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 any member of the board of health shall fail to respond, or shall disagree with the proposed exemption request, within the above thirty day period, the exemption shall not take effect until reviewed and approved by the entire board at its next regular 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. [Statutory Authority: RCW 43.20.050. 79-02-055 (Order 172), § 248-08-595, filed 1/31/79; Order 151, § 248-08-595, filed 12/5/77; Order 93, § 248-08-595, filed 1/4/74.]

Chapter 248-14 WAC NURSING HOMES

WAC
248-14-001 Definitions.
248-14-010 Fire standards.
248-14-020 Fire approval.
248-14-030 Electrical standards.
248-14-040 Other standards.
248-14-050 Advertising.
248-14-055 Compliance with equivalent federal rules and regulations.
248-14-060 Exemptions.
248-14-065 License expiration dates.
248-14-070 Licensure—Application, information required.
248-14-080 Licensure—Disqualification.
248-14-090 Change of ownership.
248-14-100 Physical plant—Approval of plans.
248-14-110 Physical plant—Site and communication.
248-14-120 Required rooms and areas.
248-14-130 Required rooms and areas—Floors, walls, and ceilings.
248-14-140 Required rooms and areas—Ventilation.
248-14-150 Required rooms and areas—Temperature.
248-14-160 Required rooms and areas—Lighting.
248-14-170 Required rooms and areas—Water supply.

248-14-180	Required rooms and areas—Plumbing, toilet, and lavatory facilities.
248-14-190	Plant operation—Maintenance.
248-14-200	Plant operation—Sewage, garbage, and refuse.
248-14-210	Plant operation—Laundry.
248-14-220	Furniture, equipment, and supplies.
248-14-230	Food and food service.
248-14-235	Administrator.
248-14-240	Personnel.
248-14-245	Staff development.
248-14-250	Physician services.
248-14-260	Nursing services.
248-14-270	Health record service.
248-14-285	Pharmaceutical services.
248-14-290	Care of tuberculosis patients.
248-14-295	Outpatient services (OPS).
248-14-296	Facilities.
248-14-300	Dialysis services.
248-14-401	Assessments.

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 the 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 inch overall horizontal length designed and installed to be operated by the wrists.

(b) "Elbow control" – means water supply controls at least 6 inch 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 including buildings which have been licensed previously as nursing homes and 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 care" – 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.

(29) "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.

(30) "Nursing services" – an organized department under the direction of a professional nurse, the members of which provide nursing care.

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

(32) "Patient" – means a resident who is receiving preventive, diagnostic, therapeutic, habilitative, rehabilitative, maintenance or palliative health related services under professional direction.

(a) "In-patient" – means a patient who is receiving 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 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.

(d) "Patients requiring skilled nursing care" – means those residents whose conditions, needs, and/or services are of such complexity and sophistication so as to require the continuous or frequent observation and intervention of a licensed physician and/or a registered nurse. These patients require ongoing assessments of physiological and/or psychological needs, and the development and implementation of a comprehensive total plan of care involving multidisciplinary input and coordination. Patient needs include ongoing evaluations, care plan revisions and the teaching necessary to provide for those whose condition is unstable and/or complex.

(e) "Patients requiring intermediate nursing care" – means those residents whose physiological and psychological conditions and needs are relatively stable, but who require individually planned health programs under the direction of a registered nurse for supervision, assistance, protection and restoration. The primary needs of these residents are for interdisciplinary programs/attention, designed to foster optimum independent function and prevent deterioration and disability and which may be provided by nonprofessional persons.

(f) "Patients requiring care for mental retardation or related conditions" – means residents who are found eligible by the division of developmental disabilities and who require health care services in accord with subparagraph (d) or (e) of this subsection, and who are in need of a comprehensive habilitative/developmental program which is incorporated into a 24-hour overall program plan.

(33) "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.

(34) "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.

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

(36) "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.

(37) "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.

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

(39) "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.

(40) "Shall" – means compliance is mandatory.

(41) "Should" – means a suggestion or recommendation.

(42) "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.

(43) "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.

(44) "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.

(45) "Toilet" – means a room containing at least one water closet.

(46) "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.

(47) "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.

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

(49) "Water closet" – means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-001, filed 1/23/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. -----" [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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). [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; § .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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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
Total	310

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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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

[Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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) 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 services sanitation.

(2) Food served shall be consistent with the physiological and socio-cultural needs of residents. Menus shall be planned that consider likes and dislikes, are well-balanced, palatable, properly prepared, and are sufficient in quality and quantity to meet the dietary allowances of the food and nutrition board of the national research council.

(a) Required dietary allowances must be adjusted for age, sex, and activity level.

(b) Food shall be prepared by methods that conserve nutritive value, consistency, appearance and palatability. The food shall be served in such a manner that it may be attractive and at temperatures that are safe and acceptable to residents.

(c) Diets, including nutrient concentrates, shall be provided as ordered by the physician; except, that nutrient concentrates and diet modifications may be used as an interim measure when ordered by a registered nurse.

(d) Tube feedings must be of uniform consistency and quality. Facility prepared tube feedings must be made from a written recipe. The diets must be prepared, stored, distributed, and served in such a manner so as to maintain uniformity and to prevent contamination.

(e) A minimum of three meals in each twenty-four hour period shall be provided. The time interval between the evening meal and breakfast shall not be more than fourteen hours. The time interval between meals shall not be less than four hours. Nourishments or snacks shall be served as required to meet the recommended dietary allowances or the physician's prescription. Evening nourishments shall be offered when not medically contraindicated.

(f) Table service, outside of the patient's room, shall be available to all those who can eat at a table. Table service shall be provided in a manner that will best serve the social and nutritive needs of the residents.

(3) Dated menus for general and modified diets shall be planned at least two weeks in advance. The current dated general menu, including substitutions, must be posted in the food service area and in a place easily visible to residents and visitors. Dated menu records, dated records of foods purchased and received, a record of the number of meals served, records of protein foods purchased, and recipes adjusted to an appropriate yield shall be retained and available for at least one year for review by the department.

(4) There shall be a food service supervisor who shall have overall responsibility for the dietary service. This person must have completed or be enrolled in a food service supervisory course approved by the department. A food service supervisor who is enrolled in a food service supervisory course must have a set date for course completion and be under the guidance of the consulting dietitian.

(5) Consultation by a qualified dietitian, such as a member of, or a person eligible for membership in the American Dietetic Association, as approved by the department, shall be provided under contract. The consultant's visits are at times and durations which allow for, but are not limited to: A continuing liaison with medical and nursing staff and administrator, patient counseling, inservice, guidance to the food service supervisor and dietetic staff, development of effective policies and procedures, planning, and/or review and approval of regular and therapeutic menus. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-230, filed 1/23/79; Order 77, § 248-14-230, filed 1/9/73; § 248-14-230, filed 12/6/67; Regulation 14.230, effective 3/11/60.]

WAC 248-14-235 Administrator. (1) There shall be a licensed administrator available either full or part time, who plans, organizes, directs and is responsible for the overall management of the nursing home.

(2) The administrator shall ensure:

(a) That health related services are delivered as necessary, by appropriately qualified staff and consultants, and in accord with accepted standards of practice.

(b) The enforcement of rules and regulations relative to safety and accident prevention and to the protection of personal and property rights.

(c) Public awareness of facility policies and services provided.

(3) The administrator or his designee shall report every case or suspected case of a reportable disease, as defined in chapter 248-100 WAC, to the local health officer. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-235, filed 1/23/79.]

WAC 248-14-240 Personnel. Sufficient personnel shall be available to meet the requirements of this chapter.

(1) Relief duty and vacation replacements for each service area of the nursing home shall be available as necessary.

(2) A current personnel record shall be maintained for each employee. These records shall be kept on file in the facility and contain as a minimum:

(a) Completed application, including education, experience, and references.

(b) Evidence of current licensure or certification for all personnel who require such to practice.

(c) Records of the results of Mantoux tests or chest X-ray examinations and reports of conditions that will limit job performance.

(d) At least annual written evaluations of work performance which have been reviewed with the employee.

(3) Any employee who gives direct patient care or treatment shall be at least eighteen years of age unless the employee is enrolled in or has successfully completed a bonafide nurse or nurse aide training program.

(4) No employee currently working shall evidence signs or symptoms of infectious diseases, such as running sores or fever. 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.

(5) In all matters relating to employment, the employer shall comply with the provisions of chapter 49.60 RCW, Law Against Discrimination, as presently enacted or hereafter amended. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-240, filed 1/23/79; 78-10-074 (Order 166), § 248-14-240, filed 9/27/78; 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 248-14-245 Staff development. The staff development program shall be under the direction of a designee who is a member of the professional staff and shall assure that:

(1) Each employee receives a formal orientation to the facility; its policies; the employee's duties and responsibilities, as outlined in the job description.

(2) Inservice education, including emergency care, is provided to all personnel for development and improvement of skills on an ongoing basis.

(3) Records are kept of the content, dates and attendance for all staff development activities. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-245, filed 1/23/79.]

WAC 248-14-250 Physician services. Patients in need of nursing home care shall be under the care of an attending physician. The alternate physician who has agreed to be responsible in the attending physician's absence, shall be identified upon admission and his/her name recorded in the personal health record.

(1) Medical care shall be promptly provided when necessary to meet identified patient needs.

(a) The patient shall be seen by the attending physician on or immediately prior to admission and within thirty days.

(b) Thereafter, an alternate schedule not to exceed ninety days for skilled level patients and one hundred twenty days for intermediate care level patients may be justified and documented.

(2) Medical information prior to or upon admission shall include:

(a) A history and physical which reflects the patient's current health status with attention to special physical and psycho-social limitations and needs.

(b) Orders, as necessary, for medications, treatments, diagnostic studies, specialized rehabilitative services, diet and precautions and limitations related to activities.

(c) A statement of rehabilitation potential and plans for continuing care and discharge.

(3) Overall patient's progress and plans of care shall be reviewed and/or revised during a visit by the attending physician in consultation with professional personnel. Patient needs shall be documented. Each need or problem (or symptom) shall have a current plan of treatment. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-250, filed 1/23/79; Regulation 14.250, effective 3/11/60.]

WAC 248-14-260 Nursing services. (1) There shall be organized nursing services with adequate administrative space and a sufficient number of qualified nursing personnel to meet the total nursing needs of all patients.

(a) Nursing Services shall be under the direction of a full-time registered nurse.

(b) When any patient requires skilled nursing care, there shall be a registered nurse on duty on each shift, to be effective on August 15, 1979.

(c) When all residents in the facility require intermediate nursing care, there shall be at least one registered nurse on duty for the day shift and additional licensed staff on other shifts if indicated.

(d) Sufficient trained support staff shall be available and assigned only to duties consistent with their education, their experience and the current standards of nursing practice.

(2) Nursing input into the health record shall include:

(a) Patient history and continuing assessments.

(b) Current comprehensive written patient care plans.

(c) Nursing orders.

(d) Ongoing documentation of delivery of appropriate services.

(e) Progress notes identifying and evaluating problems, approaches and measurable goals.

(3) No form of restraint may be applied or utilized for the primary purpose of preventing or limiting independent mobility or activity, see chapter 309, Laws of 1977 (chapter 11.92 RCW), except that a restraint may be used in a bona fide emergency situation when necessary to prevent an individual from inflicting injury upon self or others. A physician's order for proper treatment which would resolve the emergency situation and eliminate the cause for the restraint must be obtained as soon as possible. If the problem cannot be resolved in seventy-two hours, timely transfer to a certified evaluation and treatment facility must be initiated.

(a) In other situations, protective restraints or support may be necessary for individuals with acute or chronic impairments. This intervention must be related to a specific problem identified in the treatment plan. The plan shall be designed to diminish or eliminate the use of restraints.

(b) Any patient who is physically restricted shall be released at intervals not to exceed two hours to provide for ambulation, exercise, elimination, food and fluid intake and socialization as independently as possible.

(c) Appropriate individualized safety measures shall be identified in the treatment plan and implemented. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-260, filed 1/23/79; 78-10-074 (Order 166), § 248-14-260, filed 9/27/78; Regulation 14.260, effective 3/11/60.]

WAC 248-14-270 Health record service. There shall be a defined health record service in which records are kept in accordance with recognized principles of health record management. All records, policies and procedures shall be available to authorized representatives of the department for review.

(1) The health record system shall:

(a) Have a designated individual exercising responsibility for the system who shall have appropriate training and experience in health record management. This person may require consultation from a qualified health record practitioner such as a registered record administrator or accredited record technician.

(b) Include a system of record identification and filing which assures access to records.

(c) Include mechanisms to safeguard records from alteration, loss or destruction and preserve the confidentiality of each record.

(2) The health record shall:

(a) Be documented by persons making the observation or providing the service, to include the date and authentication of each entry. All entries shall be written legibly in ink, typewritten, or on a computer terminal. Dictated reports shall be promptly transcribed and included in the record.

(b) Be developed and maintained for each resident who receives care or treatment in the facility.

(c) Contain information obtained upon admission which shall include identifying and sociological data, an inventory of personal belongings, a medical history, a report of a physical examination and diagnoses by a physician.

(d) Contain information about the resident's daily care which shall include all plans, treatments, medications, observations, teaching, examinations, physician's orders, allergic responses, consents, authorizations, releases, diagnostic reports and revisions of assessments.

(e) Contain a summary upon discharge which includes diagnoses, treatments, and prognosis, by the person responsible for the total plan of care; instructions given to the person, a record of any referrals directed toward continuity of care.

(f) Contain appropriate information if the patient has died which shall include the time and date of death, apparent cause of death, appropriate notification of the physician and relevant others, and the disposition of the body and personal effects.

(3) At the time of discharge, the facility provides those responsible for the patient's postdischarge care with an appropriate summary of information about the discharged patient to ensure the optimal continuity of care.

(4) Health records shall be retained in the nursing home for the time period required by RCW 18.51.300.

(a) If a nursing home ceases operation, it shall make arrangements prior to cessation, as approved by the department, for preservation of the health records.

(b) In event of transfer of ownership of the nursing home, health records, registers, indexes, and reports shall remain with the nursing home and shall be retained and preserved by the new owner in accordance with state statutes and regulations.

(5) A chronological census register shall be maintained, which includes all admissions, discharges, deaths and transfers, noting the receiving facility. A daily census shall be kept of those residents who are not on leave. A record of cumulative patient days shall be kept on a monthly basis.

(a) A new health record shall be opened when a resident returns to the nursing home from any treatment facility after a stay in excess of seventy-two hours. Current information from the treatment facility shall accompany the resident on return to the nursing home.

(b) Social leaves in excess of twenty-four hours must be noted in the census, but a new health record need not be opened when the resident returns to the nursing home. See WAC 388-88-115.

(6) A master patient index shall be maintained which has a reference for each resident including the health record number, if applicable, full name, date of birth,

admission date(s) and discharge date(s). Nursing homes which provide outpatient services pursuant to WAC 248-14-295 shall maintain and file records of such services pursuant to that section. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-270, filed 1/23/79; 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. [Statutory Authority: 1979 ex.s. c 211, 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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). [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; 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. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Order 94, § 248-14-300, filed 1/9/74.]

WAC 248-14-401 Assessments. The department shall evaluate the health care status of residents admitted to a nursing home. Permission will be obtained if non-Medicaid patients are to be assessed.

(1) Evaluation shall be performed through the use of a uniform evaluation process.

(2) Evaluation shall be performed through a review of the resident's health record and an assessment.

(3) Evaluations shall be entered into the computer storage, so that changes in status may be retrieved and compared.

(4) Evaluations shall remain confidential and shall not be disclosed in any format which could potentially lead to the identification of any individual. An evaluation may be disclosed to the director of nursing services of the facility who has rendered direct care to a patient and provided information about that resident's health status as part of the evaluation process. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-401, filed 1/23/79.]

Chapter 248-15 WAC

ADVANCED LIFE SUPPORT TECHNICIAN-- RULES AND REGULATIONS

WAC

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248-15-040	Physician's trained mobile IV therapy technician—Training and knowledge standards.
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WAC 248-15-010 Declaration of purpose. The purpose of these rules and regulations is to set forth standards governing the selection, training, certification and decertification of physician's trained mobile intravenous therapy technicians, physician's trained mobile airway management technicians and physician's trained mobile intensive care paramedics. Unless otherwise stated, such words as "approved," "certified," or "designated," when used in this chapter, shall mean that such approval, certification or designation is by authority of the department of social and health services or by the University of Washington's School of Medicine.

The National Training Course, Emergency Medical Technician Paramedic, United States Department of Transportation, National Highway Traffic Safety Administration may be used as an acceptable reference for course presentation. Modules enumerated in that course generally conform to standards stated in these rules and

regulations. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-010, filed 8/22/78.]

WAC 248-15-020 Definitions. For the purpose of these rules and regulations, the following words, phrases, and abbreviations shall have the following meanings unless the context clearly indicates otherwise (also see WAC 248-17-020 for additional abbreviations and definitions applicable to this chapter).

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

(2) "Approved licensed physician" shall mean a licensed physician who:

(a) Is knowledgeable in emergency medical services; and

(b) Has been accepted by the department or by the University of Washington's School of Medicine as being qualified to the equivalent certification in advanced cardiac life support training by the American Heart Association; and

(c) Is designated as a physician program director, responsible for coordinating matters pertaining to an advanced life support system; or

(d) Is designated as a training physician, responsible for the training of physician's trained mobile intravenous therapy technicians, physician's trained mobile airway management technicians, or physician's trained mobile intensive care paramedics; or

(e) is designated as a supervising physician, responsible for the control and direction of certified advanced life support personnel in the performance of their duties and who directs such advanced life support personnel by verbal communication or by standing orders; and

(f) Is approved by the department or by the University of Washington's School of Medicine to perform such designated functions in emergency medical services.

(3) "Emergency medical and ambulance review committee" shall mean that committee appointed by the governor under RCW 18.73.040 which is responsible for advising and assisting the secretary on the identification of the requirements for prehospital emergency medical and ambulance services and practices and the formulation of implementation planning.

(4) "Emergency medical technician" (abbr. EMT) shall mean an individual who is certified according to chapter 18.73 RCW.

(5) "Physician's trained mobile intravenous therapy technician" (abbr. IV Therapy Technician) shall mean an individual who has successfully completed an emergency medical technician training course; has been trained under the supervision of an approved training physician to administer intravenous solutions under written or oral authorization of an approved supervising physician and has been examined and certified as a physician's trained mobile intravenous therapy technician by the department or the University of Washington's School of Medicine.

(6) "Physician's trained mobile airway management technician" (abbr. Airway Management Technician) shall mean an individual who has successfully completed an emergency medical technician training course; has

been trained under the supervision of an approved training physician to perform endotracheal airway management and other authorized aids to ventilation under written or oral authorization of an approved supervising physician and has been examined and certified as a physician's trained mobile airway management technician by the department or the University of Washington's School of Medicine.

(7) "Physician's trained mobile intensive care paramedic" (abbr. Paramedic) shall mean an individual who has successfully completed an emergency medical technician training course; has been trained under the supervision of an approved training physician to carry out all phases of prehospital advanced life support under written or oral authorization of an approved supervising physician and has been examined and certified as a physician's trained mobile intensive care paramedic by the department or the University of Washington's School of Medicine.

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

(9) "Emergency medical services council" shall mean an organized council of emergency medical services providers recognized by the department of social and health services. The council may represent county or multi-county area.

(10) "Advanced life support technician" shall mean any level of technician certified under RCW 18.71.200. [Statutory Authority: RCW 18.71.205, 78-09-055 (Order 1329), § 248-15-020, filed 8/22/78.]

WAC 248-15-030 Physician's trained mobile intravenous therapy technician--Airway management technician--Mobile intensive care paramedic, selection, general training, and knowledge standards. (1) Applicants for training as physician's trained mobile intravenous therapy technicians shall meet the following prerequisites:

(a) Successful completion of an emergency medical technician course as described in chapter 18.73 RCW;

(b) A minimum of one year's current experience as an active emergency medical technician;

(c) Be selected for training by the physician program director and the academic facility used for such training;

(d) Successfully pass such pretraining written, practical and/or oral examinations required by the department.

(2) Academic facilities used for training of physician's trained mobile intravenous therapy technicians shall possess the following minimum criteria:

(a) The academic facility shall have written agreements with the department to perform the training;

(b) The academic facility shall have written agreements with the clinical facility if the clinical training is accomplished in a separate facility.

(3) Academic instructional personnel shall consist of the following categories:

(a) An approved licensed physician program director who will be responsible for systems coordination.

(b) An approved licensed training physician who will be responsible for the academic and clinical content of

the course—the physician program director and training physician may be combined into one responsibility.

(c) A course coordinator appointed by the academic facility who shall be responsible for processing applications and assist in the selection of students; maintain an inventory of all training equipment available; assist in the selection of instructors, schedule classes and assign instructors; conduct instructor and clinical preceptor orientation; schedule students for the in-hospital clinical experience; assist in the coordination of the examination sessions, including the preparation of evaluation materials; counsel trainees on an individual basis and other related duties under the training physician. The course coordinator need not be a physician.

(d) Instructional personnel consisting of such physicians, nurses, and allied health professionals knowledgeable in specific subject matter of a given lesson.

(4) Clinical facilities used for training of physician's trained mobile intravenous therapy technicians shall have as minimum qualifications, the following departments or sections, personnel and policies:

(a) Approved supervising physician coverage for emergency care in accordance with WAC 248-18-285;

(b) Have program approval in writing from the administrator and chief of staff;

(c) Appoint an approved training physician who will be available for consultative help to students for the duration of the course;

(d) Agree in writing to participate in continuing education;

(e) Provide clinical experience with supervision of students during the clinical portion of the training program;

(f) Have necessary radio equipment for voice communications between field personnel and clinical facility;

(g) Agree to provide an orientation program that will inform students as to the policies, procedures and general layout of the facility, as well as inform employees of the purpose and limits of the program.

(5) The course content shall consist of the following minimum knowledge standards or equivalent which each student must be able to meet:

STANDARD I—THE ADVANCED LIFE SUPPORT TECHNICIAN, HIS ROLE, RESPONSIBILITIES AND TRAINING

(a) Role of the advanced life support technician:

(i) Identify the activities performed by an advanced life support technician in the field;

(ii) Identify the role of the advanced life support technician in the emergency medical system in which he is functioning;

(b) Laws governing the advanced life support technician:

(i) Demonstrate a working knowledge of the Medical Practices Act of the state of Washington, the Good Samaritan Law, Washington state legislation affecting emergency medical technicians and advanced life support technicians and the Washington Administrative Code rules for ambulance operation;

(ii) Demonstrate a knowledge and understanding of:

(A) Consent

- (B) Abandonment
- (C) Delegated practice (standing orders)
- (D) Liability and malpractice
- (E) Required records and reports for substantiating incidents.
- (c) Orientation to the advanced life support program:
 - (i) Identify the skills required of an advanced life support technician;
 - (ii) Identify the requirements for:
 - (A) Emergency medical technician
 - (B) Physician's trained mobile intravenous therapy technician
 - (C) Physician's trained mobile airway management technician
 - (D) Physician's trained mobile intensive care paramedic
 - (E) The training level of all approved Washington state emergency care providers.
 - (d) Issues concerning the health professional. The advanced life support technician shall demonstrate a knowledge and understanding of:
 - (i) Ethics; professional conduct, confidentiality;
 - (ii) Legal requirements relating to advanced life support technicians;
 - (iii) The difference between ethical behavior and legal requirements.
 - (e) The student shall be able to identify the activity most appropriate in the handling of a dying patient, bystanders or the immediate relatives of the dying patient.

STANDARD II—HUMAN SYSTEMS AND PATIENT ASSESSMENT

- (a) Medical terminology: Demonstrate a working knowledge of medical terminology and anatomical terms, including common prefixes and suffixes, and state their meanings.
- (b) Human systems (anatomy and physiology)
 - (i) Recognize the differences and define the categories of:
 - (A) Anatomy
 - (B) Physiology
 - (C) Biochemistry
 - (D) Biophysics.
 - (ii) Demonstrate a knowledge of the basic principles of cell function, cell specialization and cell structure.
 - (iii) Recall and identify all common anatomic terms to include the anatomic terms relating to all medical subspecialties.
 - (iv) Identify and demonstrate a knowledge of the following systems, subsystems or organs of the body and recognize and associate the label for each system, subsystem or organ with the appropriate function:
 - (A) Muscles
 - (B) Skeleton
 - (C) Joints
 - (D) Respiratory system
 - (E) Lymphatic system
 - (F) Brain
 - (G) Spinal cord
 - (H) Peripheral nervous system
 - (I) Autonomic nervous system

- (J) Renal system
- (K) Liver
- (L) Digestive system
- (M) Endocrine system
- (N) Circulatory system.
- (c) Patient assessment:
 - (i) Describe and demonstrate how to conduct a primary survey;
 - (ii) Identify the steps required in the primary assessment of a communicative and noncommunicative patient;
 - (iii) Recall from memory the components of the secondary assessment;
 - (iv) Outline the information that must be obtained in:
 - (A) Immediate history
 - (B) Pertinent past medical history
 - (C) Pertinent family history
 - (v) Answer questions and describe in detail all components of a complete examination of a critically ill patient;
 - (vi) Demonstrate the ability to communicate information regarding patient assessment to the supervising physician at a remote medical facility and to the medical personnel receiving the patient. [Statutory Authority: RCW 18.71.205, 78-09-055 (Order 1329), § 248-15-030, filed 8/22/78.]

WAC 248-15-040 Physician's trained mobile IV therapy technician—Training and knowledge standards.

- (1) Shock and fluid therapy
 - (a) Fluid and electrolytes:
 - (i) Demonstrate a knowledge of:
 - (A) Intracellular fluid
 - (B) Extracellular fluid
 - (C) Intravascular fluid
 - (D) Extravascular fluid
 - (E) Interstitial fluid
 - (F) Total body fluid;
 - (ii) Demonstrate a knowledge of:
 - (A) Isotonic solution
 - (B) Hypertonic solution
 - (C) Hypotonic solution;
 - (iii) Given a list of IV solutions, demonstrate a knowledge of the osmotic effect of the solution when introduced into the body;
 - (iv) Demonstrate a working knowledge of acid base balance in the human body and acid base equilibrium;
 - (v) Identify those fluids normally carried in the field that are used to increase the circulating blood volume;
 - (vi) Demonstrate a working knowledge of the components of D5W, D5-normal saline, lactated Ringers solution and bicarbonate (NaHCO₃).
 - (b) Blood and its components:
 - (i) Demonstrate a knowledge of blood and its components. Describe the function of:
 - (A) Plasma
 - (B) Red cells
 - (C) White blood cells
 - (D) Platelets;
 - (ii) Show an understanding of the common terms related to blood:

- (A) Hematocrit
- (B) Hemoglobin
- (C) Anemia
- (D) Hemostasis
- (E) Transfusion reaction;
- (iii) Demonstrate a knowledge of blood typing and be able to define:
 - (A) A universal donor
 - (B) A universal blood recipient
 - (C) A transfusion reaction.
- (c) Techniques of management:
 - (i) Identify the criteria for intravenous infusion;
 - (ii) Identify all items which might normally be carried in a paramedic unit or paramedic kit, which relate to IV infusion;
 - (iii) Identify at least two components for each of the IV solutions carried in a paramedic's apparatus or that a paramedic is trained to administer. This will include a minimum of three solutions;
 - (iv) Demonstrate a knowledge of measuring volume of content in IV solution in milliliters and liters;
 - (v) Compare standard and pediatric IV administration sets with respect to drops per minute and explain the effect of the viscosity of the solution upon that rate;
 - (vi) Demonstrate a knowledge of the various intravenous needles and their parts including:
 - (A) Winged needle devices (butterfly)
 - (B) Catheter over the needle device (ABBACATH or angiocath)
 - (C) Catheter through the needle device (INTRACATH);
 - (vii) Compare the over-the-needle device with an intracatheter and be able to note the limitations and dangers of each;
 - (viii) Identify the appropriate sites for venipuncture on the body;
 - (ix) Demonstrate a knowledge of the anatomy of superficial veins of the upper and lower extremities;
 - (x) Demonstrate in written examination, the sequence required to start an IV;
 - [(xi)]
 - (xii) Demonstrate a knowledge of those situations that depict an air embolism in a patient, the effect of the embolism and the techniques for preventing embolisms;
 - (xiii) Be able to describe the effect of IV fluid temperature upon the vessels when entering a body;
 - (xiv) Be familiar with all of the common definitions and terms associated with shock and fluid therapy.
- (2) Testing will occur periodically throughout the course. Each student shall demonstrate knowledge objectives on a written examination approved by the department or the University of Washington's School of Medicine. In addition, each student will be required to demonstrate proficiency by a practical examination. On completion of the course, the student will be able to display knowledge of the topics on written examination. Successful performance will be defined as correctly responding to eighty percent of the items appearing on the examination. The student will not be permitted to use any materials or notes during the examination. For those

standards involving recognition, the student will be required to recognize the specific term, definition or procedural step(s) from a group of terms, definitions or procedural steps presented to him. Recall involves the student expressing the term, definition or procedural step(s) either orally or in writing, without the presence of any cues.

(3) The skills standards required of physician's trained mobile intravenous therapy technicians shall consist of the following minimum requirements or equivalent.

(4) Fluid and IV therapy—skill standard

(a) Given the following equipment:

- (i) 18# winged needle device;
- (ii) Administration set;
- (iii) IV fluid;
- (iv) Iodine or alcohol wipes;
- (v) Tourniquet;
- (vi) Sterile dressing;
- (vii) Padded armboard; and
- (viii) Adhesive tape.

Demonstrate on a fellow student or patient the procedure for initiating an IV using a winged needle device. The infusion will be considered successful if it is running at a flow rate within three drops per minute of the stipulated flow rate and infiltration is not present.

(b) Given the following equipment:

- (i) 18# over-the-needle catheter device;
- (ii) Administration set;
- (iii) IV fluid;
- (iv) Iodine or alcohol wipes;
- (v) Tourniquet;
- (vi) Sterile dressing;
- (vii) Padded armboard; and
- (viii) Adhesive tape.

Demonstrate on a practice arm, a fellow student or patient, the procedure for initiating an IV using an over-the-needle catheter device. The infusion will be considered successful if it is running at a flow rate within three drops per minute of the stipulated flow rate and infiltration is not present.

(c) (Optional) Given the following equipment:

- (i) 18# through-the-needle catheter device;
- (ii) Administration set;
- (iii) IV fluid;
- (iv) Iodine wipes;
- (v) Tourniquet;
- (vi) Sterile dressing;
- (vii) Padded armboard; and
- (viii) Adhesive tape.

Demonstrate on a practice arm, the procedure for initiating an IV using a through-the-needle catheter device. The infusion will be considered successful if it is running at a rate within three drops per minute of the stipulated flow rate and infiltration is not present.

(d) Given a properly functioning infusion on a practice arm, fellow student or patient during a practical exercise, demonstrate the technique of stopping an infusion and caring for the injection site.

(e) Given a minimum of three situations presented by the instructor during a practical exercise in which the IV

infusion is not running on a practice arm, identify the problem and correct it. The problems may include the following:

- (i) Flow clamp closed;
- (ii) Height of IV too low;
- (iii) Needle not patent;
- (iv) Tubing kinked or pinched;
- (v) Air vent not patent;
- (vi) Tourniquet still in place;
- (vii) Identify the problems and correct them. Each situation may involve more than one, but not more than two problems.

(f) Given a properly functioning infusion on a practice arm during practical exercise, demonstrate the technique for removal of an air bubble from the administration set. The demonstration will be considered successful if the bubble is entirely removed in two consecutive attempts.

(g) Given an over-the-needle device properly initiated in a practice arm, a 25cc syringe and three rubber-topped sample collecting tubes, demonstrate the procedure for collecting blood samples.

(h) Given a 500 ml. bottle of IV fluid, a 500 ml. or 1000 ml. flexible bag of IV fluid and administration set, demonstrate how to properly set up an intravenous set using aseptic techniques.

(5) After attending the lecture and demonstrations and given an opportunity to practice the involved skills, the students will be able to correctly perform each of the skill standards in the presence of the instructor and without the use of notes, diagrams or charts. Correct performance will be defined by the instructor during the lecture and demonstration sessions. The student will be given no more than three attempts to successfully perform each of the required steps in the proper sequence.

(6) To maintain a qualification in this skill, the individual provider must perform a minimum of five catheter-around-needle insertions on sick, injured, or postoperative patients in a month, averaged over a ninety-day period, during the first year following certification. In the second and subsequent years following certification, the performance frequency shall be at least three insertions per month. In addition, the individual provider shall maintain a minimum of fifteen hours of approved continuing education each year.

(7) Standards for IV therapy technician correspond to module I, II, and III, department of transportation curriculum reference. [Statutory Authority: RCW 18.71-.205. 78-09-055 (Order 1329), § 248-15-040, filed 8/22/78.]

WAC 248-15-050 Physician's trained mobile airway management technician--Training and knowledge standards. (1) Meet requirements of WAC 248-15-030.

- (2) Respiratory system:
 - (a) Anatomy and physiology of the respiratory system:
 - (i) Demonstrate a knowledge of all the components and functions of the anatomy of the upper respiratory tract;

- (ii) Demonstrate a knowledge of all the components and functions of the anatomy of the lower respiratory tract;

- (iii) Demonstrate a knowledge of the role of the muscles that are primarily involved in respiration;

- (iv) Describe at least five causes of change in respiratory rate;

- (v) Outline and describe the nervous system as it relates to the respiratory center and to respiratory function;

- (vi) Demonstrate a knowledge of normal and abnormal blood gas values and their effect on blood pH and respiratory activity.

- (b) Pathophysiology and management of respiratory problems:

- (i) Identify those medical problems which may cause acute respiratory insufficiency;

- (ii) Demonstrate a knowledge of those trauma related problems that may cause acute respiratory insufficiency;

- (iii) Demonstrate a knowledge of the procedures required to give appropriate treatment in the management of the respiratory arrest patient;

- (iv) Given a list of causes of upper airway obstruction, describe those causes which are most common and describe the techniques required to relieve airway obstruction;

- (v) Demonstrate an understanding of the general characteristics, causes and treatment for the following respiratory problems:

- (A) Asthma

- (B) Chronic lung disease

- (C) Emphysema

- (D) Chronic obstructive pulmonary disease (COPD)

- (E) Respiratory burns

- (F) Inhaled toxic gases

- (G) Drowning;

- (vi) Demonstrate a knowledge of the following clinical presentations:

- (A) Rhonchi

- (B) Rales

- (C) Pulmonary edema

- (D) Upper respiratory edema

- (E) Absence of gag reflex;

- (vii) Identify and appropriately treat the drowning victim and the near-drowning victim in both fresh and salt water, describe the physiological differences based on the type of water composition. List the differences in the treatment of the respective patients;

- (viii) Demonstrate a working knowledge of IPPB;

- (ix) Demonstrate an ability to properly treat the patient with pulmonary edema;

- (x) Demonstrate a knowledge and familiarization of the various normal and abnormal breath sounds heard upon auscultation;

- (xi) Demonstrate a knowledge of hypoventilation and its causes, clinical manifestations and treatment;

- (xii) Demonstrate a knowledge of respiratory problems resulting from fractured ribs;

- (xiii) Demonstrate knowledge of the definitions, symptoms and treatment procedures used in the management of:

- (A) Flail chest
- (B) Simple pneumothorax
- (C) Tension pneumothorax
- (D) Sucking chest wound
- (E) Hemothorax.

(c) Techniques of management:

(i) Demonstrate a knowledge of oxygen delivery, oxygen adjuncts and oxygen delivery methods and the advantages and disadvantages of each delivery method;

(ii) Identify the potential complications in the administration of oxygen and of oxygen's toxic effects;

(iii) Demonstrate a thorough knowledge of laryngoscopy and endotracheal intubation;

(iv) Demonstrate a knowledge of esophageal obturation airway methods;

(v) Demonstrate an understanding of the purpose, indications and methods of thoracic decompression;

(vi) Identify the indications, equipment (including cricothyrotomes) and methods of performing cricothyroidotomy.

(3) Testing will occur periodically throughout the course. Each student shall demonstrate knowledge objectives on a written examination approved by the department or the University of Washington's School of Medicine. In addition, each student will be required to demonstrate proficiency by a practical examination. On completion of the course, the student will be able to display knowledge of the topics on written examination. Successful performance will be defined as correctly responding to eighty percent of the items appearing on the examination. The student will not be permitted to use any materials or notes during the examination. For those standards involving recognition, the student will be required to recognize the specific term, definition or procedural step(s) from a group of terms, definitions or procedural step(s) presented to him. Recall involves the student expressing the term, definition or procedural step(s) either orally or in writing, without the presence of any cues.

(4) The skills standards required of physician's trained mobile airway management technicians shall consist of the following minimum requirements or equivalent.

(5) Aids to ventilation:

(a) Endotracheal intubation:

(i) Given an adult and/or an infant intubation manikin, laryngoscope, assorted curved and straight blades, endotracheal tube, lubrication jelly, syringe, hemostat, bag-valve unit, bit block and tape, demonstrate the technique for the insertion of an endotracheal tube within thirty seconds. Thirty seconds is the maximum allowable interruption in the ventilation cycle. During testing, only two attempts to pass the tube will be allowed;

(ii) Given an anesthetized patient in a clinical or operating room setting or a human cadaver and laryngoscope, assorted curved and straight blades, endotracheal tube, lubrication jelly, syringe, hemostat, bag-valve unit, appropriate forceps, bite block and tape, demonstrate the technique for the insertion of an endotracheal tube within thirty seconds consistently. Thirty

seconds is the maximum allowable interruption in the ventilation cycle. During testing, only two attempts to pass the tube will be allowed;

(iii) Given an adult intubation manikin, laryngoscope, assorted curved and straight blades, and appropriate forceps, the student will be able to demonstrate the technique of direct laryngoscopy for removal of a foreign body;

(iv) Given a suction device, sterile catheters, a container of water, sterile gloves and a patient or manikin with endotracheal tube in place, the student will be able to demonstrate aseptic atraumatic orotracheal and endotracheal suctioning technique;

(v) To maintain a qualification in this skill, the individual provider must perform a minimum of three endotracheal intubations per month, averaged over a ninety-day period, on human subjects during the first year following certification. In the second and subsequent years following certification, the performance frequency shall be at least two intubations per month. In addition, the individual provider shall maintain a minimum of fifteen hours of approved continuing education each year. Subjects may be anesthetized patients, patients seen in actual emergencies or human cadavers*.

(b) (Optional) Esophageal obturation:

(i) Given an adult intubation manikin, an esophageal obturator airway, 30cc syringe, and bag-valve unit, demonstrate the technique for the insertion of an esophageal obturator airway;

(ii) Demonstrate the method to assess correct placement of the obturator and properly obtain a mask seal and ventilate the patient;

(iii) Demonstrate endotracheal intubation with the esophageal obturator in place and subsequent removal of the obturator;

(iv) To maintain a qualification in this skill, users of the esophageal obturator airway must have a refresher training under the direct supervision of a physician every thirty days. Refresher training shall be accomplished on an intubation manikin or human cadaver.

(c) Other adjuncts to airway management:

(i) Given a fellow student as a patient, demonstrate the procedure for the preparation of the oxygen system and the administration of oxygen to a breathing patient using:

- (A) Nasal cannula
- (B) Partial rebreather mask
- (C) Venturi mask
- (D) (Optional) Demand valve unit;

(ii) Given an adult manikin, oro and nasopharyngeal airways, pocket mask, oxygen cylinder and bag-valve mask, demonstrate the procedure for administering intermittent positive ventilation using:

- (A) Pocket mask
- (B) Bag-valve mask
- (C) Bag-valve mask with oxygen
- (D) Oropharyngeal airway with bag-valve mask;

(iii) Given a bag-valve mask, demonstrate the assembly, disassembly and cleaning of the bag-valve mask unit;

(iv) Given a prepared animal or cadaver, a twelve or fourteen gauge venous catheterization set or an approved style one-way valve, demonstrate the technique for chest decompression;

(v) (Optional) Given an adult manikin, an oropharyngeal airway and a demand valve unit, demonstrate the procedure for performing intermittent positive pressure ventilation;

(vi) (Optional) Given a demand valve unit, demonstrate the assembly, disassembly and cleaning of the demand valve unit;

(vii) (Optional) Given an animal or cadaver with an obstructed upper airway, and a cricothyrotome or cricothyroidotomy set with scalpel, the student will demonstrate the procedure for performing a cricothyroidotomy.

(6) Standards for physician trained mobile airway management technicians compare to Module I, II and IV, department of transportation curriculum reference.

*Human cadavers may be used not to exceed three per ninety days in the first year and not more than two per ninety days in the second year and subsequent years. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-050, filed 8/22/78.]

WAC 248-15-060 Physician's trained mobile intensive care paramedic--Training and knowledge standards.

(1) Meet requirements of WAC 248-15-040, Physician's Trained Mobile IV Therapy Technician.

(2) Meet requirements of WAC 248-15-050, Physician Trained Mobile Airway Management Technician.

(3) General pharmacology.

(a) Action of drugs:

(i) Demonstrate a knowledge of the local effects, general and systemic effects of all drugs included in the training program;

(ii) Required to list at least five routes in which drugs are administered;

(iii) Required to demonstrate a knowledge of all common definitions and terms relating to general pharmacology and all of the drugs presented in the training program;

(iv) Required to demonstrate a knowledge of the effects associated with sympathomimetic amines (alpha or beta agents);

(v) Required to be able to give the following information regarding any specific drug that is available for his administration:

(A) Dose

(B) Dilution

(C) Action

(D) Indications and use

(E) Precautions

(F) Incompatibility

(G) Contra-indications

(H) Side effects

(I) Antidotes;

(b) Weights and measures:

(i) Demonstrate a knowledge of both the apothecary system and the metric system of measurement;

(ii) Demonstrate an ability to do basic dose/weight problems; i.e., given a weight of a patient in pounds and drug dose in milligrams/kilograms, calculate the appropriate drug dose for the patient, e.g., a one hundred fifty pound patient is to receive 0.01 milligrams/kilograms of atropine — how much atropine should be given?

(iii) Identify at least four methods of administering drugs and a minimum of eight safety considerations relating to administration of drugs.

(c) Techniques of administration:

(i) Demonstrate a knowledge of drug ampules, vials, bottles, preloaded syringes, and syrettes;

(ii) Demonstrate knowledge of the proper means of administration of:

(A) IV injections

(B) Subcutaneous injections

(C) Intramuscular injections

(D) Intracardiac injections

(E) Endotracheal instillation.

(4) Medication administration.

(a) Given the following medication containers, 18# needle, alcohol swab, syringe and flowing intravenous line, demonstrate the procedure for the administration of medications from:

(i) Ampules;

(ii) Bottles;

(iii) Single dose vials;

(iv) Multiple dose vials;

(v) Pre-packaged, single dose vial injectors;

(vi) Fluid/powder combination preparation requiring dilution and/or mixing.

(b) Given a fellow student, 22# intramuscular needle, alcohol preparation swab, 1cc syringe and sterile saline, demonstrate the correct procedure for the administration of intramuscular and subcutaneous injections.

(c) (Optional) Given a cadaver, a long needle syringe (or preloaded syringe with 3 1/2" needle), perform intracardiac injection via the subxyphoid. In the absence of current field experience, the paramedic shall maintain this skill by performing two subxyphoid intracardiac taps per month, averaged over ninety days in the field, using a cadaver and an appropriate syringe, long-needle combination.

(d) Given an intubation manikin or human cadaver with endotracheal tube in place, the student will properly demonstrate the procedure for the administration of appropriate medications via endotracheal tube.

(5) Cardiovascular system.

(a) Anatomy and physiology:

(i) Show a comprehensive understanding of the circulatory system and its components;

(ii) Describe the function of blood;

(iii) Describe the general function of the lymphatic system;

(iv) Demonstrate a comprehensive knowledge of the anatomy of the heart and its physiology;

(v) Describe properly the properties of:

(A) Automaticity

(B) Rhythmicity;

(vi) Demonstrate a significant knowledge of the electrical conduction system of the heart, with particular attention to:

- (A) Sino atrial node
- (B) Internodal atrial pathway
- (C) Atrial ventricular node
- (D) Atrial ventricular junction
- (E) Bundle of His
- (F) Right and left bundle branches
- (G) Purkinje fibers;

(vii) The student will be able to demonstrate a knowledge of the depolarization and repolarization process;

(viii) The student must be able to show a knowledge in interpretation of the monitoring electrocardiogram, with particular emphasis on:

- (A) P-wave
- (B) ORS complex
- (C) T-waves
- (D) P-R interval
- (E) R-R interval
- (F) S-T segment
- (G) Isoelectric line;

(ix) Describe the effect on heart rate of stimulation of the sympathetic and parasympathetic nervous system;

(x) Demonstrate a knowledge of stroke volume, cardiac output, cardiac cycle and heart rate;

(xi) Identify and describe the functions of arteries, veins, capillaries and the varied subsystems of the human blood vessel system.

(b) Patient assessment:

(i) Describe the primary complaints of the cardiac problem patient;

(ii) Identify the causes of dyspnea in a patient with cardiac problems;

(iii) Describe why syncope might occur in patients with cardiac problems;

(iv) Identify the importance of past medical history in a potential cardiac problem patient;

(v) Given a list of drugs, select those drugs that a patient might be taking for cardiovascular problems;

(vi) Demonstrate a knowledge of the special aspects of which to be aware when doing a physical examination of a potential cardiac patient.

(c) Pathophysiology and management of cardiovascular problems:

(i) Identify the risk factors associated with coronary artery disease and show an understanding of the arteriosclerotic process;

(ii) Demonstrate an in-depth knowledge of the pathophysiology, symptoms, signs and treatment protocol for:

- (A) Acute myocardial infarction
- (B) Angina pectoris
- (C) Left and right congestive heart failure;

(iii) Identify the signs, symptoms and pathophysiology of:

- (A) Ventricular aneurysm
- (B) Cardiac rupture
- (C) Cardiogenic shock
- (D) Hypertension
- (E) Syncope.

(d) Reading and understanding a normal ECG:

(i) Demonstrate a thorough knowledge and understanding of the ECG record;

(ii) Demonstrate a thorough knowledge of the equipment available for the recording and monitoring of electrocardiograms and any adjunctive equipment used to calculate heart rate.

(e) Arrhythmia recognition:

(i) Identify the potential causes of arrhythmias;

(ii) Identify the following abnormalities in the normal ECG:

- (A) Distorted P-wave
- (B) Irregular R-R interval
- (C) P-R interval that is greater than 0.20 seconds
- (D) P-R interval that is less than 0.12 seconds
- (E) A wide ORS complex
- (F) An elevated S-T segment;

(iii) Identify the following ECG rhythms:

- (A) Normal sinus rhythm
- (B) Sinus arrhythmia and sinus arrest
- (C) Sinus bradycardia
- (D) Sinus tachycardia

(E) Premature atrial contraction

(F) Supraventricular tachycardia

(G) Atrial flutter

(H) Atrial fibrillation

(I) First degree block

(J) Second degree block

(K) Third degree block

(L) Premature ventricular contractions sig patterns of EKG's

(M) Ventricular fibrillation

(N) Ventricular tachycardia

(O) Paroxysmal atrial tachycardia;

(iv) The student must also be able to correctly:

(A) Determine if the rhythm is irregular, regular or occasionally irregular

(B) Determine if P-waves are present or absent

(C) Determine if P-waves are positive or negative

(D) Determine if P-waves are normal or abnormal in size

(E) Determine if the sequence of P-QRS-T is normal or abnormal

(F) Determine if the P-R interval is normal

(G) Determine the duration of the P-R interval

(H) Determine if the QRS complex is normal or abnormal

(I) Determine the location of the pacemaker

(J) Determine the name of the arrhythmia

(K) Identify what is happening in the heart for each of the common rhythms

(L) Identify artifact

(M) Determine a functioning and malfunctioning artificial pacemaker;

(f) Techniques of management:

(i) Demonstrate a knowledge of the antiarrhythmic drugs and the medications used in the treatment of the heart patient. These drugs will include, but not be limited to:

(A) Atropine

(B) Isoproterenol

- (C) Lidocaine
- (D) Procainamide
- (E) Quinidine
- (F) Propranolol
- (G) Digoxin
- (H) Sodium bicarbonate
- (I) Epinephrine
- (J) Calcium chloride
- (K) Aramine
- (L) Levarterinol
- (M) Morphine sulphate
- (N) Diazepam
- (O) Furosemide
- (P) Diphenylhydantoin
- (Q) Phenylephrine hydrochloride
- (R) Dopamine;

(6) Cardiovascular treatment skills.

(a) Given an ECG monitor, alcohol pads, electrolytic compound and a fellow student (or the instructor), monitor the simulated patient's ECG. Successful performance involves:

- (i) Setting up the equipment;
- (ii) Selecting the location for the three leads;
- (iii) Placing the three electrodes.

Any of the following types of electrodes may be used: Silver plates, clamps, disposable discs, needles. The student must accomplish all activities to successfully complete the standard.

(b) Given an adult manikin assumed to be experiencing a supraventricular tachycardia arrhythmia, correctly administer carotid massage.

(c) Given an adult manikin, defibrillator and an assistant (fellow student or instructor), correctly defibrillate the manikin. Successful performance involves:

- (i) The administration of cardiopulmonary resuscitation while the assistant sets up the equipment;
- (ii) Setting up the equipment while the assistant administers cardiopulmonary resuscitation;
- (iii) The application of direct current;
- (iv) (Optional) The application of synchronized shock.

Activities (i), (ii) and (iii) must be completed to attain successfully the standard.

(d) Given a portable D.C. defibrillator and monitor, identify all functions, emergency operations and maintenance of the provided unit. Demonstrate alternative functions of the provided unit such as: Synchronized cardioversion, recorder stylus maintenance and emergency charging functions.

(e) Given a defibrillator and a fellow student and child manikin, demonstrate the correct procedure, without actual shock, to perform D.C. defibrillation:

- (i) Using the standard anterior chest paddle positioning;
- (ii) Using the trans-thoracic A-P positioning alternative;
- (iii) On a small child.

All three activities must be completed to attain successfully the standard.

(f) (Optional) Given a cadaver, a long needle, syringe, ECG monitor, ECG electrodes, appropriate wiring harness and alligator clip, demonstrate the procedure for performing a pericardiocentesis.

(7) Central nervous system.

(a) Anatomy and physiology:

(i) Demonstrate an elementary knowledge of the structure and substructures of the central nervous system;

(ii) Identify the primary functions of the cerebrum, cerebellum, brain stem and spinal cord;

(iii) Identify and label the following elements of the spine:

(A) Vertebral body

(B) Spinal canal

(C) Spinal cord

(D) Nerve root

(E) Spinous process;

(iv) Identify the results associated with trauma and/or damage to the sympathetic nervous system.

(b) Patient assessment:

(i) Demonstrate an in-depth ability to examine the patient with suspected trauma to the spinal cord or head trauma;

(ii) Identify the chain of events leading to respiratory arrest in the field in the patient with head trauma;

(iii) List all of the signs and symptoms that are assessable in the field in the patient with head trauma;

(iv) Demonstrate a knowledge of how to evaluate brain stem reflexes and the significance of the findings;

(v) Describe which changes should be looked for when monitoring a patient with suspected neurologic problems;

(vi) Demonstrate the ability to conduct a check for paralysis on both the communicative and noncommunicative patients.

(c) Pathophysiology and management of the central nervous system:

(i) Identify the important aspects in the assessment of the patient with head trauma and demonstrate an ability to complete a physical examination of the patient with suspected head injury;

(ii) Identify the importance of clear fluid flowing from the ear or nose in the head of the injured patient and identify the activity required to treat this patient;

(iii) List the signs and symptoms associated with a skull fracture;

(iv) Describe the activity required when opening the airway of an unconscious patient with a suspected spine injury;

(v) Identify those accidents commonly associated with neck/spinal injuries;

(vi) Identify those areas of the spinal cord that are most commonly injured and why;

(vii) Demonstrate an ability to manage a spinal injury;

(viii) Demonstrate a knowledge of neurogenic shock;

(ix) Demonstrate a knowledge of the potential causes of coma and a knowledge of the treatment of coma;

(x) Identify, describe and demonstrate a knowledge of the treatment for:

- (A) Generalized motor seizure (grand mal)
- (B) Focal motor seizure
- (C) Psychomotor (temporal lobe) seizure
- (D) Petit mal seizure
- (E) Febrile seizure;
- (xi) Identify which information should be collected when obtaining a history on a patient with seizures;
- (xii) Identify the causes, definition and management of status epilepticus;
- (xiii) Define stroke (CVA);
- (xiv) Identify the potential patients most likely to experience a stroke;
- (xv) Identify the potential causes of a stroke and demonstrate a knowledge of the management of the stroke patient;
- (xvi) Define and identify the precipitating factors and signs and manage the patient with a transient ischemic attack (TIA).
- (d) Techniques of management:
 - (i) Identify the activities required to perform a check for paralysis in the unconscious patient;
 - (ii) Demonstrate a knowledge of alternative methods of stabilizing the neck when a cervical collar is not available or cannot be used because of deformities;
 - (iii) Demonstrate a thorough knowledge of the procedures to use when applying and maintaining traction on a patient with a cervical spine injury;
 - (iv) Demonstrate a knowledge of handling the multiple injury patient with a cervical spine injury, such as, an unconscious, breathing patient with a cervical spine injury and severe bleeding where direct pressure is not stopping the bleeding;
 - (v) Identify which equipment is to be used in the immobilization and extrication of the patient with spine and neck injuries;
 - (vi) Demonstrate a thorough knowledge of the short and long spine boards, collapsible orthopedic stretcher and other adjuncts to the management of the spine injury patient;
 - (vii) Demonstrate that he is able to perform water rescue of the patient with a suspected cervical spine injury.
- (8) Soft tissue injury.
 - (a) Anatomy and physiology of the skin:
 - (i) Identify three major functions of the skin and the results of damage to the skin; example given—vulnerability to invasion by bacteria, temperature changes and fluid imbalance;
 - (ii) Identify common names and describe the function of the varied subsystems of the skin (epidermis, dermis, supporting systems).
 - (b) Patient assessment:
 - (i) Identify the significance of the various signs found in examining the skin, to include but not limited to:
 - (A) Color
 - (B) Temperature
 - (C) Moisture
 - (D) Ecchymosis and hematoma;
 - (ii) Identify, describe the significance of, and show an ability to manage the patient with an open wound, to include:
 - (A) Puncture
 - (B) Abrasion
 - (C) Incision
 - (D) Laceration
 - (E) Avulsion;
 - (iii) Demonstrate a thorough knowledge of the importance of the control of bleeding, prevention of sepsis and immobilization of the patient with an open wound;
 - (iv) Demonstrate that he can properly manage the patient with an impaled object;
 - (v) Demonstrate that he is familiar with the various degrees of burns and be able to correctly identify the percentage of body burn in either a child or an adult;
 - (vi) Demonstrate a thorough knowledge of the type of sterile dressing required for the various burn patients;
 - (vii) Demonstrate that he is aware of the information that should be obtained when taking a history from a burn patient;
 - (viii) Describe what to do when starting an IV on a patient who has both arms completely burned and select the proper solution to administer intravenously to a burn patient;
 - (ix) Describe the mechanism for, and the impact of, fluid loss in the burned patient, and describe why children and infants are more prone to fluid loss when burned than are adults;
 - (x) Demonstrate an awareness of the problems associated with hypothermia in the burn patient;
 - (xi) Demonstrate an ability to compute the proper amount of solution to administer intravenously to a burn patient, given the weight of the patient and the degree of burn;
 - (xii) Demonstrate an ability to recognize and manage the patient with frostbite;
 - (xiii) Identify the correct activities to be performed in the case of chemical burns (wet or dry). Specifically, demonstrate the proper treatment for chemical burns with the following agents:
 - (A) Alkali
 - (B) Acid
 - (C) Dry lime
 - (D) Phenol
 - (E) Sodium metals;
 - (xiv) Demonstrate knowledge in how low voltage and high voltage travel through the body;
 - (xv) Identify the proper management of the patient who has suffered electrocution and/or electrical burns;
 - (xvi) Identify the effects of both high and low voltage electrocution on the nervous system;
 - (xvii) Demonstrate a knowledge of the management of the patient with contact burns, flash burns and electrical injuries.
 - (c) Techniques of management:
 - (i) Demonstrate a thorough knowledge of dressings and bandages;
 - (ii) Demonstrate an understanding of arterial, venous and capillary bleeding;
 - (iii) Demonstrate that he is able to calculate blood loss in a trauma patient;
 - (iv) Demonstrate a complete knowledge of all of the techniques used to control bleeding;

(v) Recognize those activities to be performed when treating a patient with suspected internal hemorrhage;

(vi) Identify the signs and symptoms associated with internal hemorrhage;

(vii) Identify those situations in which a saline solution should be used to treat a soft tissue injury. These should include digital amputations and avulsions;

(viii) Identify the situations in which impaled objects should be removed;

(ix) Recognize the correct activity and justifications for preserving avulsed parts as in a digital amputation or "glove" avulsion accident.

(d) Special considerations in soft tissue injuries to specific areas:

(i) Demonstrate a knowledge of the various systems and subsystems of the eye, example given:

(A) Retina

(B) Optic nerve

(C) Conjunctiva

(D) Cornea

(E) Lens

(F) Pupil

(G) Iris

(H) Ciliary muscles

(I) Sclera

(J) Vitreous fluid;

(ii) Demonstrate that he is knowledgeable of the mechanism of sight and how light travels through the eye;

(iii) Describe the signs, symptoms, complaints and management of the patient with an injury to the orbit;

(iv) Describe how to perform the dressing and bandaging of an impaled object in the eye;

(v) Identify the importance of locating contact lenses and how and when they should be removed;

(vi) Demonstrate familiarity with the indications and procedures for flushing the eye in a chemical burn;

(vii) Demonstrate familiarity with the manifestations and treatment of central retinal artery occlusion, acute glaucoma and retinal detachment;

(viii) Identify the primary dangers associated with trauma to the mouth and jaws and the management of the impaled object in a patient's cheek;

(ix) Describe the activities associated with managing tempo-mandibular jaw dislocation;

(x) Describe the correct activity to be performed when treating a patient for a foreign body in the ear;

(xi) Identify anterior and posterior epistaxis and the activity required to be performed for their management;

(xii) Select the activity to be performed when there is a foreign body in the nose or a nasal fracture;

(xiii) Select the activities to be performed when there is a blunt injury to the neck and there is inadequate ventilation;

(xiv) Identify and select the activities to be performed when managing a penetrating injury to the neck;

(xv) Demonstrate a total familiarization with the activities to be performed when managing:

(A) Blunt injuries to the abdomen

(B) Penetrating injuries to the abdomen

(C) Penetrating injuries to the abdomen when there are viscera protruding.

(9) Musculoskeletal system.

(a) Anatomy and physiology:

(i) Identify all of the components of the musculoskeletal system;

(ii) Describe the functions of all of the components of the musculoskeletal system;

(iii) Classify the various bones such as long bone, short bone, flat bone, irregular bone;

(iv) Describe the various components of bone such as:

(A) Periosteum

(B) Marrow

(C) Medullary canal

(D) Cortical bone

(E) Cancellous bone

(F) Articular surface

(G) Diaphysis

(H) Metaphysis;

(v) Describe the functions of capsules, synovial membrane, cartilage, ligaments and bone joints;

(vi) Demonstrate a working familiarity with muscles and be able to identify those muscles which are voluntary, involuntary and cardiac;

(vii) The student will be able to define:

(A) Origin of a muscle

(B) Insertion of a muscle

(C) Tendons.

(b) Patient assessment:

(i) Match the type of injury, the patient evaluation and history and conclude a probable mechanism such as, a fractured hip in an auto accident caused by knees hitting the dashboard—an indirect injury;

(ii) Demonstrate a competency in gathering a complete patient history on a patient with suspected musculoskeletal trauma, to include, but not be limited to:

(A) How the injury occurred

(B) The position in which it occurred

(C) The location of the pain;

(iii) Identify all of the major signs and symptoms that indicate a musculoskeletal injury.

(c) Pathophysiology and management:

(i) Define, identify and describe the management of all the common open and closed fractures;

(ii) Identify the signs and symptoms of a fracture;

(iii) Define a dislocation and list the common signs and symptoms of a dislocation;

(iv) Define and describe the management of a patient who has suffered a sprain;

(v) Identify those signs and symptoms which differentiate between a sprain, a fracture or a dislocation;

(vi) Identify the proper treatment for a patient with a muscle strain and identify the definition of a strain.

(d) Techniques of management:

(i) Demonstrate a thorough and complete knowledge of all available splinting adjuncts and techniques. This will include, though not be limited to:

(A) Rigid splint

(B) Semi-rigid splint

(C) Soft splinting

(D) Traction splinting

- (E) Inflatable bandage splints
- (F) Vacuum forming splints
- (G) Common makeshift splints;
- (ii) Demonstrate a thorough knowledge of the techniques of using sandbags to immobilize the patient in the prehospital emergency.
- (10) Medical emergencies.
 - (a) Diabetic emergencies:
 - (i) Identify the function of insulin in the body;
 - (ii) Demonstrate a knowledge of:
 - (A) Diabetes mellitus
 - (B) Diabetic ketoacidosis
 - (C) Insulin shock
 - (D) Hyperglycemia
 - (E) Hypoglycemia;
 - (iii) List those various signs, symptoms and vital signs that differ in the hypoglycemic and the hyperglycemic patient;
 - (iv) Demonstrate a complete knowledge of the emergency treatment for the diabetic patient.
 - (b) Anaphylactic reactions:
 - (i) Identify and define "anaphylactic reaction";
 - (ii) Identify the common causes of anaphylactic reaction;
 - (iii) Define:
 - (A) Antigen
 - (B) Antibody;
 - (iv) Identify what happens to the body to cause anaphylactic shock and associated airway obstruction in, for example, asthma;
 - (v) Identify the signs, symptoms and appropriate treatment for anaphylactic reaction;
 - (vi) Identify the situations for use and dosages of the following listed drugs in the treatment of anaphylaxis:
 - (A) Oxygen
 - (B) Epinephrine
 - (C) Levophed
 - (D) Aminophylline
 - (E) Hydrocortisone
 - (F) Benadryl.
 - (c) Exposure to environmental extremes:
 - (i) Identify and describe the signs and symptoms and outline the treatment protocol to be used when managing the following conditions:
 - (A) Heat cramps
 - (B) Heat exhaustion
 - (C) Heat stroke;
 - (ii) Identify why large amounts of IV fluids should not be administered to the normotensive patient in heat stroke;
 - (iii) Identify the signs, symptoms and treatment for frostbite and general cooling;
 - (iv) Identify the causes and manifestations of hypothermia and demonstrate a knowledge of the treatment for hypothermia.
 - (d) Alcoholism and drug abuse:
 - (i) Demonstrate a knowledge of the causes and characteristics of alcoholism;
 - (ii) Identify the signs and symptoms of alcoholic withdrawal syndrome and acute intoxication;
 - (iii) Define what constitutes "drug abuse";

- (iv) Define the following conditions:
 - (A) Psychological dependence
 - (B) Compulsive drug abuse
 - (C) Drug tolerance
 - (D) Physical dependence
 - (E) Addiction;
- (v) Show an above average knowledge of the common street drugs, and be aware of how they affect the physiological systems of the body and how to treat the patient, when the patient has taken a drug in excess;
- (vi) Demonstrate a superior knowledge in identifying opiates and other drugs that act as respiratory depressants and be familiar with the appropriate use of Naloxone Hydrochloride.
 - (e) Poisoning and overdose:
 - (i) Demonstrate a knowledge of the route of exposure of poisons such as, absorbed, inhaled, ingested and injected;
 - (ii) Define the difference between poisoning and overdose. When given a description of a patient's vital signs and situation, determine how the poison entered the body and what the course of treatment should be;
 - (iii) List the various conditions involving ingested poisons where vomiting should not be induced;
 - (v) Demonstrate a familiarity with the treatment of the following groups of accidentally ingested poisons:
 - (A) Strong acid
 - (B) Strong alkali
 - (C) Petroleum distalates
 - (D) Methyl alcohol
 - (E) Toluene;
 - (v) Demonstrate an understanding of the complications involved in aspirating ingested petroleum products;
 - (vi) Show an above average understanding of the mechanism of carbon monoxide poisoning and the treatment of carbon monoxide poisoning, and identify the role of hyperbaric oxygen in the treatment of carbon monoxide poisoning;
 - (vii) Demonstrate an ability to identify all of the common drugs by their street names and to be familiar with the street jargon used by drug abusers;
 - (viii) Identify the signs, symptoms, classic history and appropriate treatment for the following classification of drugs:
 - (A) Hallucinogens
 - (B) Narcotics
 - (C) Stimulants
 - (D) Depressants
 - (E) Other drugs including aspirin and commonly abused prescription medications;
 - (ix) Identify the influence of each drug classification on the central nervous system and be able to list its physiological action.
 - (f) Acute abdomen:
 - (i) Given a list of the organs, define the primary function of each, the quadrant of the abdomen in which it is located and whether it is a solid or hollow organ;
 - (ii) Given a description of the patient with a suspected abdominal disorder, recall from memory that information which should be emphasized when gathering a patient history and making physical examination;

(iii) After identifying the major disorders of each of the various organs, recall from memory and list:

- (A) The general appearance of the patient
- (B) Position of the patient
- (C) Expression of pain
- (D) Respiratory rate and use of abdominal muscles during respirations

(E) Obvious distention

(F) Guarding

(G) Sounds to be heard on auscultation

(H) Referred pain;

(iv) Demonstrate a knowledge of the purposes and methods of auscultating the abdomen;

(v) Describe the purpose and the method of palpation of the abdomen;

(vi) Demonstrate that he can specifically identify and properly manage the patient with:

(A) Peritonitis

(B) Ruptured aortic aneurysm;

Note: The student should be able to identify those abdominal problems most likely to cause peritonitis in any specific patient.

(vii) Demonstrate an understanding of the necessity for fluid volume replacement in a patient with suspected abdominal disorder.

(g) Genitourinary problems:

(i) Demonstrate a thorough knowledge of the major organs and structures of both the male and female genitourinary systems. These structures will include, but not be limited to:

(A) Female reproductive system

(B) Bladder

(C) Urethra

(D) Prostate gland

(E) Male reproductive system;

(ii) Demonstrate a knowledge of the causes and treatment for the most common injuries to the genitalia.

(h) Medical emergencies in the geriatric patient:

(i) Identify those special problems which may be encountered when dealing with the geriatric patient;

(ii) Identify the special problems encountered when performing a physical examination upon the elderly, eliciting a history from an elderly patient suffering from senility and identify how an elderly person may have altered reactions due to the illness;

(iii) After being given a list of vital signs and significant signs and symptoms, demonstrate that he is able to identify these signs and symptoms that are misleading with respect to a correct interpretation of the system. As an example, peripheral edema that may be caused by inactivity rather than right heart failure.

(i) Techniques of management:

(i) Demonstrate a knowledge of the procedures used when the indications for nasogastric insertion are present. Identify those special precautions required when inserting a nasogastric tube in a comatose patient;

(ii) Identify the necessity for catheterization of the urinary bladder and, if taught this as a required skill, be able to demonstrate a total familiarity with the appropriate procedures and precautions.

(11) Related techniques of medical management.

(a) (Optional) Given the following equipment:

(i) An adult 16# French Levine tube;

(ii) A child 12# French Levine tube;

(iii) Water-soluble lubricant;

(iv) 1" width tape;

(v) Small clamp;

(vi) 50 ml. syringe;

(vii) Cup of water;

(viii) Graduated specimen container.

Demonstrate in a clinical setting or on a human cadaver, the procedure for inserting a Foley catheter in both male and female patients. Demonstrate an ability to continuously measure urinary output.

(b) (Optional) Given a complete commercially manufactured and approved "antishock" pressure suit and a fellow student, demonstrate the methods of application and removal of the suit. All alternative use methods will be demonstrated.

(12) Obstetric/gynecological emergencies.

(a) Anatomy and physiology of the female reproductive system:

(i) Demonstrate a thorough knowledge of the organs and structures of the female reproductive system;

(ii) Demonstrate an in-depth knowledge of the birth cycle, beginning with fertilization and continuing to labor. Describe and understand the functions of the endometrium, placenta and the developing fetus;

(iii) Describe and demonstrate an in-depth knowledge of the three stages of delivery;

(iv) Identify whether the delivery is cephalic or breech and identify other abnormal presentations;

(v) Identify the conditions of:

(A) Toxemia

(B) Placenta abruptia

(C) Placenta previa.

(b) Patient assessment:

(i) Demonstrate a knowledge of the information that should be collected from a pregnant patient;

(ii) Demonstrate an in-depth knowledge of what should be accomplished in the physical examination of the pregnant patient;

(iii) Identify those questions that should be asked when a gynecological problem is suspected;

(iv) Identify those cases, specifically in placenta previa when a physical examination of the vagina should not be conducted;

(v) Demonstrate an ability to identify those activities to perform and how to handle them, when involved in examination of a purported rape victim. Specifically, demonstrate sensitivity to those problems peculiar to the rape victim and identify the limitations of the examination and history gathering. Identify how to contact the responsible agency managing rape relief in the community.

(c) Pathophysiology and management of obstetric emergencies:

(i) Demonstrate a knowledge of abortion. This will include:

(A) Spontaneous

(B) Incomplete

(C) Therapeutic;

- (ii) Demonstrate an ability to manage in the field:
 - (A) Complete abortion
 - (B) Placenta previa
 - (C) Abruptio placenta
 - (D) Ruptured uterus;
- (iii) Required to recognize and manage a patient in toxemia;
- (iv) Demonstrate a familiarity with the causes and treatment of pulmonary embolism in a pregnant patient;
- (v) Demonstrate a total familiarity with what constitutes a secondary survey and be able to identify those situations where the patient should not be transported since eminent birth is possible;
- (vi) Describe in detail those steps necessary to prepare a pregnant patient for delivery;
- (vii) Identify, in sequence, those steps which should be performed in a normal delivery;
- (viii) Identify and show an ability to perform those activities required in the following uncommon abnormal presentations:
 - (A) When the baby is delivered covered with the embryotic sac intact
 - (B) When the baby is delivered with the cord wrapped around its neck;
- (ix) Describe the activities to be performed when assisting in the delivery of the baby's upper and lower shoulders;
- (x) Demonstrate a thorough knowledge of those activities required to perform suction and oxygen administration to the newborn infant;
- (xi) Demonstrate the knowledge required to perform the activities of cutting the umbilical cord and what to do if the umbilical cord continues to bleed, once cut;
- (xii) Proper procedure for cutting and clamping cord;
- (xiii) Identify those activities which are required to be performed if the placenta is not delivered within thirty minutes after the baby;
- (xiv) Show a familiarity with the complications of breach birth and the potential difficulties confronted in a breach delivery;
- (xv) Demonstrate an ability to describe the presentation of a prolapsed umbilical cord and outline the activities to perform when confronted with it;
- (xvi) Demonstrate a thorough knowledge of the pre-hospital treatment peculiar to the delivery of the premature infant and the activities to perform when confronted with a multiple birth;
- (xvii) Demonstrate an ability to manage post partum bleeding, including the use of uterine contractors, e.g., pitocin.
- (13) Pediatrics and neonatal transport.
 - (a) Approach to the pediatric patient:
 - (i) Demonstrate the ability to take a history in a pediatric patient and be able to describe the value of using the child as a good source of information;
 - (ii) Describe in detail, without the use of notes, the workup and physical assessment of children under three years of age;
 - (iii) Demonstrate a knowledge of the various characteristics to be found in children of different ages that are peculiar to their age.

- (b) Pathophysiology and management:
 - (i) Given the description of a pediatric patient with an upper airway obstruction caused by a foreign object, describe the procedure for removing the foreign object. Identify how the upper airway in an infant differs from that of an adult;
 - (ii) Demonstrate an ability to assess and manage acute asthmatic attack and status asthmaticus in the pediatric patient;
 - (iii) Demonstrate an ability to assess, define and manage bronchrolitis;
 - (iv) Demonstrate a knowledge of the definition, causes and management of the pediatric patient suffering from laryngo-tracheobronchitis (croup);
 - (v) Demonstrate an above average understanding of epiglottitis and why the child suffering from it is in grave danger;
 - (vi) Describe in detail the treatment and precautions for a patient with epiglottitis;
 - (vii) Demonstrate a familiarity with the age groups and profiles usually associated with sudden infant death syndrome;
 - (viii) Describe the appropriate management for sudden infant death syndrome and be able to identify the appropriate methods of dealing with the parents;
 - (ix) Demonstrate a thorough knowledge of seizures in the pediatric and neonatal patient;
 - (x) Demonstrate an understanding in recognizing the battered child and sexually molested child. Show the ability to manage the patient and family of the battered and sexually molested child.
- (c) Techniques of management:
 - (i) Demonstrate a comprehensive knowledge of airway management and cardiopulmonary resuscitation peculiar to the child and infant;
 - (ii) Recall without the benefit of notes, the standard pediatric dosages in either mEq/kg, ml/kg, or mg/kg for the following drugs:
 - (A) Sodium bicarbonate
 - (B) Epinephrine
 - (C) DD Lidocaine
 - (D) Calcium chloride;
 - (iii) Demonstrate a knowledge of the superficial veins of the scalp and the methods of starting a scalp/vein IV in the infant;
 - (iv) Identify those situations in which endotracheal intubation is indicated in the pediatric and neonatal patient and how endotracheal intubation of the infant and child differs from an adult.
- (14) Emergency care of the emotionally disturbed.
 - (a) Emotional aspects of illness and injury:
 - (i) Identify those causes that might account for abnormal behavior, including, but not limited to:
 - (A) Alcohol
 - (B) Drugs
 - (C) Epilepsy
 - (D) Diabetes
 - (E) Head injuries
 - (F) Arteriosclerosis
 - (G) Hypertension
 - (H) Severe infection

- (I) Psychiatric problems;
 - (ii) Demonstrate an ability to perform those activities that will mitigate anxiety in bystanders;
 - (iii) Identify the attitudes and approaches that would have adverse effects on crisis situations in the management of the conditions listed in (i), (A) through (I);
 - (iv) Demonstrate a knowledge of those techniques required to maintain control in a mass casualty situation.
 - (b) Patient assessment:
 - (i) Identify the reasons that emotionally disturbed patients have an immediate need for reassurance and describe how this reassurance should be provided;
 - (ii) Demonstrate an ability to select the types of information that should be a part of a systematic system of gathering information from a disturbed patient;
 - (iii) Required to demonstrate an ability to select those techniques which should be used in obtaining patient assessment information;
 - (iv) Correctly identify the procedures to be used when confronted with an emotionally disturbed patient who is noncombative;
 - (v) Demonstrate indications and appropriate use of restraints.
 - (c) Psychiatric emergencies:
 - (i) Identify the behaviors and direct and indirect methods of communicating with and managing the following psychiatric emergencies:
 - (A) Severe depression
 - (B) The patient communicating suicidal behavior
 - (C) The psychiatric patient demonstrating rage, hostility and violent behavior
 - (D) Paranoia
 - (E) Hysterical reaction from organic illness
 - (F) Hysterical conversion reaction;
 - (ii) Identify common phobias and outline the field management of the patient with a severe phobia.
- (15) Telemetry and communications.
 - (a) Demonstrate a thorough knowledge of Federal Communication Commission rules that relate to emergency medical services communications and telemetry;
 - (b) Demonstrate a thorough knowledge of standard operating procedures for the communications systems with which the paramedic is required to work;
 - (c) Outline and identify the protocols and methodology for the biotelemetry utilized in the paramedic's provider area;
 - (d) Demonstrate an ability to complete a standard reporting form in a manner that properly relays patient assessment information to a physician;
 - (e) Demonstrate a knowledge of the proper operation and maintenance of all radio recording and telemetry equipment described during training or provided for use.
- (16) Rescue techniques.
- (17) To maintain a qualification as a physician's trained mobile intensive care paramedic, the individual provider shall perform those skill maintenance for the paramedic to include fifty hours of approved continuing education annually which will include WAC 248-15-040(6), fifteen hours of approved continuing education each year, and WAC 248-15-050(5)(a)(v), fifteen hours of approved continuing education each year.

Standards under this topic include all basic rescue skills common to the EMT-A. Specific skills will depend on local options and agency standards. The student should gain field experience consistent with his agency. He should have full knowledge of how to summon those rescue skills he does not possess. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-060, filed 8/22/78.]

WAC 248-15-070 Testing. Testing will occur periodically throughout the course. Each student shall demonstrate knowledge objectives on a written examination approved by the department or the University of Washington's School of Medicine. In addition, each student will be required to demonstrate proficiency by a practical examination. On completion of the course, the student will be able to display knowledge of topics on written examination. Successful performance will be defined as correctly responding to eighty percent average of the items appearing on the examination. The student will not be permitted to use any materials or notes during the examination. For those standards involving recognition, the student will be required to recognize the specific term, definition or procedural step(s) from a group of terms, definitions or procedural steps presented to him. Recall involves the student expressing the term, definition or procedural step(s) either orally or in writing, without the presence of any cues.

After attending the lecture and demonstrations and given a opportunity to practice the involved skills, perform each of the skill standards in the presence of the instructor and without the use of notes, diagrams or charts. Correct performance will be defined by the instructor during the lecture and demonstration sessions. The student will be given no more than three attempts to successfully perform each of the required steps in the proper sequence. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-070, filed 8/22/78.]

WAC 248-15-080 Certification and recertification.

(1) Certification as a physician's trained mobile intravenous therapy technician, physician's trained mobile airway management technician or physician's trained mobile intensive care paramedic shall be for two years and shall be based on successfully completing the course(s) and exam as approved by the University of Washington or the department and being recommended for such certification by the approved licensed program director. Such recommendation shall be in writing and will include the name and address of the individual being recommended. The effective date of certification shall be the date of the letter of recommendation. The expiration date will be the last date of the month, two years following certification.

(2) Recertification will be based on successful completion of the following:

(a) Maintaining the skill according to the skill standards delineated in this chapter for the appropriate skill requirement as documented by the approved licensed program director.

(b) Successfully passing such written, oral and/or practical recertification examinations as approved by the department or the University of Washington School of Medicine.

(c) Written recommendation from the approved training physician.

Recertification shall be for two years and shall be effective from the date of the letter of recommendation from the approved program director. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-080, filed 8/22/78.]

WAC 248-15-090 Reciprocity and challenges. (1) All requests for reciprocity and challenges will be considered on an individual basis.

(2) Individuals requesting reciprocity shall have all prior certifications, transcripts and allied documents available for review by the department.

(3) The decision to grant reciprocity shall be based on equivalency of academic and clinical training and field experience as set forth in this chapter.

(4) Individuals requesting challenge examinations must submit proof of equivalent training or experience prior to being admitted to the examination. Examinations will be the same as for graduates of full-time training programs.

(5) Entrance into a challenge examination will be by recommendation of an approved training physician. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-090, filed 8/22/78.]

WAC 248-15-100 Revocation, suspension or modification of certificate. Grounds for revocation or suspension of a physician's trained mobile intravenous therapy technician, physician's trained mobile airway management technician or physician's trained mobile intensive care paramedic include but are not limited to proof that such certified individual:

(1) Has been guilty of misrepresentation in obtaining the certificate;

(2) Has engaged or attempted to engage in, or represented himself/herself as entitled to perform any service not authorized by the certificate;

(3) Has demonstrated incompetence or has shown himself/herself otherwise unable to provide adequate service;

(4) Has violated or aided and abetted in the violation of any provision of chapter 18.73 RCW or the rules and regulations promulgated thereunder;

(5) Has demonstrated unprofessional conduct in the course of providing services as determined by the department or the University of Washington School of Medicine;

(6) Has failed to maintain skills. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-100, filed 8/22/78.]

WAC 248-15-110 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 department. 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) Revocation or suspension shall become final thirty days following the date of the mailing of such notice: *Provided*, That the applicant or holder of the certificate does not within thirty days from the date of mailing of the department's order to 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. Mailing of notices under this section shall be by registered mail. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-110, filed 8/22/78.]

Chapter 248-18 WAC HOSPITALS

WAC

248-18-060	Plumbing.
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248-18-270	Use of medical gases, combustible anesthetics.
248-18-280	Nonflammable medical gases.
248-18-315	Respiratory care services.

WAC 248-18-060 Plumbing. The water supply plumbing, the fixtures, and the waste and drainage system of the hospital shall be maintained so as to avoid insanitary conditions. [Statutory Authority: RCW 70.41.030. 79-04-004 (Order 175), § 248-18-060, filed 3/9/79; Order 119, § 248-18-060, filed 5/23/75; Regulation 18.060, effective 3/11/60.]

WAC 248-18-090 Heating. All heating systems shall be maintained and operated in a manner to provide a comfortable temperature for patients and personnel. [Statutory Authority: RCW 70.41.030. 79-04-004 (Order 175), § 248-18-090, filed 3/9/79; Order 119, § 248-18-090, filed 5/23/75; Regulation 18.090, effective 3/11/60.]

WAC 248-18-110 Emergency light and power. (1) Flashlights or battery-operated lamps shall be available to employees and kept in operating condition.

(2) Adequate emergency lighting and power shall be available. [Statutory Authority: RCW 70.41.030. 79-04-081 (Order 176), § 248-18-110, filed 4/2/79; Order

119, § 248-18-110, filed 5/23/75; Regulation 18.110, 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; equipment alcoves opening onto carpeted corridors. Carpets may be used in other areas only upon written approval of such use by the department.

(2) 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; equipment alcoves opening onto carpeted corridors. Carpets may be used in other areas only upon written approval of such use by the department. Carpets should not be used in dialysis units or wet patient care areas.

(3) Specifications for carpeting in the above patient occupied areas and nonpatient occupied areas:

(a) Fiber and pads which meet the standards of state and local fire codes are acceptable provided the fiber is easily cleanable.

(b) Carpets shall be constructed or treated to prevent or reduce static electricity build up.

(4) The installation of carpets shall be such as to assure the safety of patients, staff and visitors. [Statutory Authority: RCW 70.41.030. 79-04-004 (Order 175), § 248-18-135, filed 3/9/79; 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 248-18-150 Maintenance. (1) The hospital, 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 patients, staff, and visitors. The maintenance department shall function in accordance with written hospital policies and procedures.

(2) Responsibility for maintenance shall be delegated to qualified personnel familiar with the hospital's equipment and/or systems. Personnel policies, job descriptions, records of orientation and in-service training shall be documented.

(3) A scheduled preventive maintenance program with a system of equipment identification shall be established for patient care and physical plant equipment.

(a) Equipment shall be kept clean, calibrated, adjusted, and in good repair.

(b) A written plan shall define the inspection and inspection interval for items and/or categories of equipment. Records shall be maintained to reflect the dates of inspection and maintenance of equipment and the name of the person who did the inspection.

(4) Written procedures shall specify the action to be taken in the event of failure of essential equipment and major utility services. The written procedures shall include a system for summoning essential personnel and outside assistance when required.

(5) Manufacturer's specifications, maintenance and operation procedures appropriate for the hospital's maintenance policies should be retained and filed for access and reference.

(6) Written procedures shall specify areas and equipment requiring specific infection control measures. [Statutory Authority: RCW 70.41.030. 79-04-004 (Order 175), § 248-18-150, filed 3/9/79; 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 248-18-155 Housekeeping. (1) A safe and sanitary environment shall be maintained for all areas of the hospital through the use of sufficient personnel, equipment and procedures.

(2) Adequate, clean housekeeping equipment shall be provided and maintained to meet the needs of the hospital. Carpet vacuum equipment used in patient occupied areas must be equipped with a fine particle retention filter.

(3) Written policies and procedures shall specify daily and periodic cleaning schedules and routines and cleaning between occupancies. There shall be written policies and procedures for cleaning of isolation rooms and other specialized areas.

(4) There shall be effective, safe cleaning and disinfecting agents used with written procedures available.

(5) An effective insect and rodent control program shall be maintained. [Statutory Authority: RCW 70.41.030. 79-04-004 (Order 175), § 248-18-155, filed 3/9/79.]

WAC 248-18-160 Laundry. (1) The laundry and linen service shall have adequate space and equipment for storage, sorting and processing of clean and soiled linen/laundry.

(a) Separation between clean and soiled linen/laundry shall be maintained during sorting, processing, transporting, and storage of linen/laundry.

(b) Soiled and clean linen/laundry shall be handled in a way which minimizes contamination risks.

(i) Soiled linen/laundry from isolation and septic surgical cases shall be bagged and marked for special handling.

(ii) There shall be an adequate supply of hot water at a minimum temperature of 160 degrees F.; 71.1 degrees C., with use of appropriate disinfecting agents.

(c) Procedures shall be established to provide for clean linen/laundry free of toxic residues.

(2) The hospital shall maintain an adequate supply of linen/laundry through a linen/laundry control system.

(3) A clean and safe environment with adequate ventilation and lighting shall be maintained.

(a) Positive clean air flow shall be maintained in clean linen/laundry areas which are within the laundry.

(b) Negative soiled air flow shall be maintained in soiled linen/laundry areas which are within the laundry.

(c) Chemical or soap product containers shall be clearly labeled.

(d) The use and precautionary procedures shall be defined and posted for chemical agents and soap products.

(4) The laundry and linen service shall be adequately staffed.

(a) Orientation and in-service, including infection control and safe laundry practices, shall be provided for laundry and linen service personnel.

(b) Written policies and procedures shall specify scheduled activities and routines of personnel working in the laundry and/or linen areas.

(5) If contracted services are used, the hospital shall insure that all requirements, except requirements in subsection (4) of this section, are met through:

(a) An annual on-site visit (inspection), of the complete physical plant(s) of any contract laundry which provides any service to or for the hospital shall be conducted by (a) member(s) of the hospital infection control committee (or the equivalent designated committee). This annual visit (inspection), as a minimum requirement, shall be done by that member of the hospital infection control committee (or equivalent designated committee), who has the most expertise in the field of infection control and shall be documented by that committee in a record which the hospital shall retain.

(b) A written agreement between the hospital and any facility which provides laundry services to and for the hospital requiring that applicable provisions of this section (see subsection (5) of this section), be met by the laundry provider, and allowing for immediate termination of the contract for failure to comply with any of the applicable provisions hereof, provided this subsection shall not be effective relative to any contract which was in existence prior to the effective date of this subsection, provided, however, that no such contract may be extended, renewed or otherwise held in effect beyond its termination date, as stated on the effective date hereof.

(c) The hospital which uses contract laundry services shall meet the requirements specified in subsection (4) of this section, as applicable, for any hospital employees who are involved with distribution, handling or storage of the linen/laundry, whether cleaned or soiled. [Statutory Authority: RCW 70.41.030. 79-04-081 (Order 176), § 248-18-160, filed 4/2/79; 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 unsafe or 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 or by another approved method.

(3) Procedures shall be developed which specify the safe disposal of needles, knife blades, chemicals, and other potentially dangerous wastes. [Statutory Authority: RCW 70.41.030. 79-04-004 (Order 175), § 248-18-170, filed 3/9/79; Order 119, § 248-18-170, filed 5/23/75; Regulation 18.170, effective 3/11/60.]

WAC 248-18-202 Abuse reports--Children and developmentally disabled adults. A suspected incident of nonaccidental injury, neglect, sexual abuse, or cruelty to a child or developmentally disabled person by a person who appears to be legally responsible for that individual's welfare shall be reported to a law enforcement agency or the department.

(1) Practitioners obligated to report suspected abuse include licensed practical and registered nurses, physicians and their assistants, podiatrists, optometrists, chiropractors, dentists, social workers, psychologists, and pharmacists.

(2) The hospital shall make orientation materials, which inform practitioners of their reporting responsibilities, available to practitioners who are employees or who practice within the hospital. The department shall prepare and distribute these materials.

(3) The hospital shall post in each primary patient care unit notices provided by the department which include appropriate local police and department phone numbers and which state the reporting requirements.

(4) The medical record of the person who may have been abused by a responsible individual shall reflect the fact that an oral or written report has been made to the department or a law enforcement agency. This note shall contain the date and time that the report was made, the agency to which it was made, and be signed by the person making the report. The contents of the report need not be included in the medical record.

(5) Conduct conforming with reporting requirements of this section or chapter 26.44 RCW shall not be deemed a violation of the confidential communication privilege of RCW 5.60.060(3) and (4) and 18.83.110. [Statutory Authority: RCW 70.41.030. 78-08-060 (Order 162), § 248-18-202, filed 7/24/78.]

WAC 248-18-215 Pediatric services. (1) Definitions.

(a) "Adolescent" shall mean an individual during the period of life beginning with the appearance of secondary sex characteristics and terminating with the cessation of somatic growth.

(b) "Children" shall mean young persons of either sex between infancy and adolescence.

(c) "Double-checking" means verification of patient identity, agent to be administered, route, quantity, rate of administration, time, and interval by two persons prior to administration of the agent.

(d) "Infant" means a baby or very young child up to one year of age.

(2) Hospitals admitting infants, children, and adolescents shall have written policies and procedures specifying the criteria for admission to the hospital and conditions requiring transfer when indicated. These policies and procedures shall be based upon the resources available at the hospital, specifically in terms of personnel, space, equipment and supplies.

(3) Guidelines shall be developed related to placement or room assignment of infants, children, and adolescents under usual, specific and/or unusual conditions within the hospital.

(a) Infants and children shall be placed in beds where frequent observation is possible.

(b) Decisions regarding placement or room assignment of infants and children in the hospital shall incorporate the judgment of a registered nurse.

(c) Children and adolescents should be placed in rooms with peers to the extent practicable.

(4) Hospitals admitting infants and children shall have available to the area and within the hospital the following equipment and supplies of pediatric size: Intubation equipment; oxygen masks for the ventilatory bags; blood pressure cuffs; intravenous equipment and supplies; emergency medications; stethoscope; defibrillator paddles; measuring devices, (should measure metric).

(5) In hospitals admitting infants and children, there shall be written hospital policy and procedural guidelines for determining appropriate safety measures for each infant and child in terms of the use of particular types of cribs, bassinets or beds; utilization of restraints, side rails and safety devices.

(a) Criteria shall be developed for safe toys and play items which may be utilized in the hospital.

(b) There shall be policies and procedures specific to both infectious childhood diseases and childhood susceptibility to infections, and the control thereof.

(c) Nutritional guidelines shall be developed for infants, children, and adolescents to include normal diets and diets for special nutritional needs.

(6) In areas where infants, children and adolescents are patients, procedures shall be developed specific to administration of drugs and intravenous fluids.

(a) There shall be written guidelines for amounts of intravenous fluid that infants, children and adolescents of various ages, body surface areas and/or weights should receive; rate control and checking procedures which may be required by the hospital; required or recommended use of rate control measuring chambers.

(b) There shall be documentation requirements specified for intravenous therapy to include intake and output.

(c) There shall be procedures for calculation of fractional and/or pediatric doses of agents or medications available for use by licensed nurses who administer medications to children.

(i) Special instructions for administration of agents or medications to which general rules of dosage calculation are not applicable shall be available for licensed nurses who administer medications.

(ii) There shall be double checking procedures for highly toxic agents or medications and blood; a list of agents and medication requiring double checking should be available in patient care areas and double checking should include two professionals.

(7) A mechanism for consultation with a pediatrician or with a physician who has preparation and/or experience in pediatrics should be developed in hospitals admitting infants and children.

(8) Hospitals admitting children should have criteria specific to knowledge and experience requirement of

nurses hired to work in areas where there are patients who are infants, children or adolescents.

(9) Policies shall specify admission assessment requirements for infants, children and adolescents.

(10) An inservice program shall be established and should include drugs and toxicology, intravenous therapy, pediatric emergency procedures, infant and child nutrition, and child abuse (including identification of high risk families).

(11) Organized, distinct, pediatric units shall include:

(a) An accessible examination or treatment area;

(b) A sufficient and safe area for diversional play activities;

(c) Provision for isolation areas with established criteria for use;

(d) Medical direction of pediatric services by a physician member of the active medical staff who has experience in pediatrics and whose functions and scope of responsibility are as delineated by the medical staff;

(e) An interdisciplinary committee including representation of nursing staff, medical staff and administration responsible for policy development and review of practice in the unit;

(f) A registered nurse prepared through education and experience in pediatrics to supervise nursing care and to be responsible for implementation of nursing policies, procedures and practice. [Statutory Authority: RCW 70.41.030, 79-06-068 (Order 179), § 248-18-215, filed 5/25/79; 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) Definitions.

(a) "High risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by various factors, prenatal, natal, or postnatal and who therefore is in need of special or extraordinary medical and/or nursing care.

(b) "Infant" means a baby or very young child up to one year of age.

(c) "Neonate" or "newborn" means a newly born infant less than twenty-eight days of age.

(d) "Obstetrical area" means the portions or units of the hospital designated or designed for care and treatment of women during the antepartum, intrapartum and postpartum period and/or areas designed as nurseries for care of newborns.

(e) "Rooming in" means an arrangement for mother and infant to room together with provision for family interaction within the hospital setting.

(2) General.

(a) Obstetrical areas shall be located and arranged to minimize the traffic to and from other areas.

(i) There shall be at least one water closet and lavatory for every six obstetrical beds or fraction thereof.

(ii) There shall be capability to isolate patients, when appropriate in each obstetrical area.

(b) There shall be appropriate, adequate and separate resuscitation equipment which has been designed for adult and newborn in each obstetrical service area.

(c) There shall be written policies and procedures addressing the placement, admission or room assignment of obstetrical patients and newborns. These policies and procedures shall reflect psycho-social needs of patients and shall be approved by the infection control committee or by an equivalent designated committee.

(d) There shall be written policy approved by the infection control committee or by an equivalent designated committee regarding assignment and utilization of personnel from the obstetrical areas to other areas and from other areas of the hospital to any obstetrical service area.

(e) There shall be policies and procedures related to wearing of uniforms, scrub clothes or cover ups for persons entering or leaving each obstetrical service area. An abbreviated notice of the dress code should be posted in a prominent location within each obstetrical area.

(f) Hand washing procedures shall be posted. These shall be approved annually by the infection control committee or by an equivalent designated committee.

(g) Written visiting policies shall specify who may enter the labor, delivery and nursery areas and specify other conditions related to the visiting of mothers and newborns.

(h) Routine orders when used shall be reviewed annually and signed by the appropriate physician.

(i) There shall be written policies and procedures regulating room assignment, visitors, supplies, equipment and staff responsibility for care of mother and newborn when rooming in is used.

(3) Labor and delivery. There shall be a written policy addressing adequate provision(s) for ensuring optimum body heat of the newborn at all times, including during transport.

(a) There shall be adequate provision for ensuring optimum body heat of the newborn at all times including during transport.

(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 obstetrical patients. Labor rooms outside of the delivery suite which have outside windows may be used for other patients if the usual daily obstetrical census of the hospital 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.

(i) The minimum dimension of the delivery rooms shall be 15 feet. A delivery room shall have a minimum delivery area of 270 square feet and be properly equipped for the care of mothers and newborns.

(ii) There shall be a scrub-up, clean-up, sterilization, storage, housekeeping and staff facilities that shall be in accord with WAC 248-18-600(1)(c), (d), (e), (f), (g),

(h), (i), (j), and (k). This shall not be interpreted to effect the state board of health exemptions from requirements for delivery room facilities which were granted prior to February 21, 1975.

(d) The temperature in the delivery room shall be maintained at a minimum of 72°F 22.2°C, with a reliable method of monitoring temperature.

(4) Exemptions to the requirement for a separate segregated delivery suite. The secretary of the department or his designee may, upon written application by the hospital, exempt the hospital from compliance of WAC 248-18-220(3)(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 four hundred obstetrical deliveries per delivery room per year.

(b) The hospital shall establish a policy governing the use of obstetrical delivery and operating rooms which ensures that any patient who presents with parturition imminent or with an obstetrical emergency which requires immediate medical intervention to preserve the health and life of the mother or her infant, is given priority over other obstetrical and nonemergent surgical procedures.

(c) The hospital's infection control committee or an equivalent designated committee shall approve 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 of discovery, reporting and investigation of all infection occurring in surgical, obstetrical or neonatal patients. A record of reports and investigations of all such infection shall be kept on file.

(d) 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.

(ii) Give priority to any obstetrical patients for whom parturition is imminent when the number of such obstetrical patients and patients scheduled for surgery in the delivery suite exceed the number of patients which can be accommodated in the obstetrical 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 communicable disease to which susceptible 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; intestinal, rectal, anal or perianal surgery other than incidental appendectomy.

(e) A hospital may be permitted to use one operating room for surgical operations and obstetrical deliveries provided the hospital has more than one operating room in its surgery suite. Any hospital which is permitted to

close its obstetrical suite and use facilities in the surgery suite for obstetrical delivery shall:

(i) Designate for obstetrical deliveries at least one operating room and such additional rooms as are necessary.

(ii) Give priority to any obstetrical patient for whom parturition is imminent when the number of such obstetrical patients and the number of patients scheduled for nonemergency surgery exceeds the number of patients that can be accommodated in the operating rooms available.

(f) Any hospital to which an exemption from WAC 248-18-220(3)(c) has been granted shall establish policies and procedures and maintain appropriate equipment and supplies for rapid conversion of the labor room to an emergency delivery room should an obstetrical delivery be imminent at a time when all obstetrical rooms or operating rooms are in use.

(5) Nursery.

(a) A properly equipped nursery shall be provided for assessment and care of newborns.

(i) Supplies and equipment shall be available in appropriate sizes and types.

(ii) A wall clock with sweep second hand shall be visible from each nursery room.

(iii) Measuring devices should register metric.

(iv) There shall be provisions to do portable X-ray in the nursery area.

(v) There shall be an oxygen source in the nursery area with oxygen analyzer available.

(vi) Mechanical suction and compressed air shall be available.

(vii) There shall be provision for warming and humidifying oxygen mixtures.

(b) The nursery room shall provide a minimum of 20 square feet per bassinet.

(c) Bassinets shall be placed at least two feet apart.

(d) The temperature in each nursery room shall be maintained at a range of 72° to 75°F, 22 to 25°C, with a reliable method for monitoring the temperature.

(e) 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.

(f) There shall be adequate handwashing facilities with foot, knee or elbow faucet controls located at the entrance to the nursery area. A lavatory with foot, knee, or elbow faucet controls shall be located in each nursery room.

(g) There shall be provision for visitors to view newborns from outside the nursery.

(h) Nursing care of the newborn shall be under the supervision of a registered nurse in the hospital at all times.

(i) There shall be sufficient nursing service personnel to provide continued observation and care of the newborn when the newborn is in the nursery.

(j) Infection control.

(i) Handwashing and gowning procedures shall be established and followed prior to entering the nursery and before handling each infant and/or clean equipment.

(ii) Individual equipment, supplies and techniques shall be used for the care of each infant including equipment for bathing and transporting infants.

(iii) Special equipment which is used for more than one infant shall be used in ways which prevent cross infection and as approved by the infection control committee or by an equivalent designated committee.

(iv) Infants exhibiting signs of infection or with suspected exposure to communicable disease shall be isolated from other infants without delay.

(v) Procedures for isolation of newborns shall be approved by the infection control committee or by an equivalent designated committee.

(vi) Prophylactic treatment of the eyes of the newborn shall be carried out in accordance with RCW 70.24.040 and WAC 248-100-295 as now or hereafter amended.

(k) Blood specimens shall be obtained for PKU (phenylketonuria) and other metabolic tests prior to discharge from the hospital or when the infant is ten days of age, whichever comes first in accordance with RCW 70.83.020.

(l) Newborns shall be marked for identification in the delivery room or prior to separation from the mother. Verification of initial identification shall be recorded at the time done and at the time of discharge.

(m) There shall be an emergency call system from the nursery to another nearby professionally staffed area.

(6) Formula, foods and nourishments.

(a) There shall be a clean designated area for storage of infant formula.

(b) Formula shall be stored according to manufacturers directions.

(c) Formula shall not be used beyond the manufacturers date of expiration.

(d) Formula shall be prepared and used according to manufacturers and/or physicians directions.

(e) Aseptic techniques shall be used in handling and preparing infant formula according to manufacturers directions.

(f) Provision and procedures shall be established for procuring, handling and storage of breast milk.

(7) Hospitals admitting or treating high risk infants shall provide appropriate and adequate staff, equipment, back-up services, and consultation provisions to meet the needs of the high risk infant.

FOOTNOTE:

All regulations for nurseries are applicable to any hospital which provides care for infants, (see WAC 248-18-220(5) and (7)).

[Statutory Authority: RCW 70.41.030. 79-06-068 (Order 179), § 248-18-220, filed 5/25/79; 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 248-18-223 Neonatal intensive care nursery.

(1) Definitions.

(a) "Infant station" means a space for a bassinet, incubator or equivalent, including support equipment, used for the care of an individual infant.

(b) "High risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by various factors, prenatal, natal, or postnatal and who therefore is in need of special or extraordinary medical and/or nursing care.

(c) "Neonatal intensive care" means management of high risk infants requiring constant nursing care and cardio-pulmonary and/or other life support on a continuing basis.

(d) "Neonatal intensive care nursery" means an area designed, organized and equipped to provide constant nursing care to the high risk infant.

(2) If neonatal intensive care services are provided, the following regulations shall apply.

(a) Regulations for WAC 248-18-220(5) shall apply to the intensive care nursery with the exception of space and viewing areas.

(b) The neonatal intensive care nursery shall provide at least 50 square feet per infant station.

(c) Eight electrical receptacles (four duplex receptacles or equivalent), shall be available within each infant station. All electrical receptacles shall be on the emergency generator.

(d) Oxygen, air and suction capabilities shall include:

(i) Two separate oxygen outlets available for each infant station, (portable tanks and/or piped oxygen).

(ii) One compressed air source available per infant station.

(iii) Two oxygen analyzers available in the intensive care nursery.

(iv) A mechanism for blending oxygen and compressed air.

(v) Capability to warm and humidify oxygen mixtures prior to administration.

(vi) One electrical mechanical suction per infant station and other mechanical suction available.

(e) A waiting and instruction area shall be available near the intensive care nursery.

(f) Neonatal intensive care nursery services shall be directed by a physician member of the active medical staff who has experience in neonatal medicine and whose functions and scope of responsibility shall be as delineated by the medical staff.

(g) There shall be an adequate number of nursing personnel skilled in the care of high risk infants available in the neonatal intensive care nursery.

(i) The intensive care nursery shall be under the nursing supervision of a registered nurse prepared through education and/or experience in the intensive care of infants.

(ii) There shall be two persons assigned to the intensive care nursery when an infant requiring intensive care is present.

(h) Standing orders shall be available for nursing services. There shall be written medical policies and orders to guide the action of nurses and other personnel if an 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 staff. 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 the drug or agent; the route or method of administration; and where pertinent, the time interval, frequency or duration of administration. These policies shall be reviewed and approved in writing by appropriate representatives of the nursing, administrative and medical staff annually.

(i) The intensive care nursery shall have available within the hospital at all times laboratory, radiology and respiratory care services.

(ii) A person skilled in infant respiratory management and endotracheal intubation of newborns shall be available within the hospital at all times.

(iii) Anesthesia and social services shall be available.

(iv) Other facilities shall be readily available for use where infants may require services of subspecialists.

(v) There shall be written plans for patient care, discharge and transfer with provisions for follow up.

(vi) There shall be periodic evaluation of the neonatal intensive care nursery service by an appropriate interdisciplinary committee including medical staff and nursing services with a report to the executive committee and administration. [Statutory Authority: RCW 70.41.030. 79-06-068 (Order 179), § 248-18-223, filed 5/25/79.]

WAC 248-18-245 Care of tuberculosis patients. (1) Any hospital which provides inpatient services to both tuberculous and nontuberculous 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 twenty-five feet from any air intake or occupied space. Ventilation shall be at the rate of six 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 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 70.41.120, that such hospital is in compliance with this section. [Statutory Authority: RCW 70.41.030. 78-03-058 (Order 159), § 248-18-245, filed 2/22/78; 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 248-18-270 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 department approved or recommended standards. [Statutory Authority: RCW 70.41.030. 79-04-081 (Order 176), § 248-18-270, filed 4/2/79; Order 119, § 248-18-270, filed 5/23/75; Regulation 18.270, effective 3/11/60.]

WAC 248-18-280 Nonflammable medical gases. (1) Nonflammable medical gases shall include but not be limited to oxygen, nitrous oxide, medical compressed air,

carbon dioxide, helium, nitrogen and mixtures of such gases when used for medical purposes.

(2) Medical gas gauges, alarms and manometers shall be tested for accuracy periodically and be conspicuously labeled "(Name of gas), use no oil".

(3) "No Smoking" signs shall be posted where oxygen is being administered.

(4) Oxygen tent canopies shall be fabricated of slow burning or noncombustible material.

(5) Electric equipment used in an oxygen enriched environment shall be properly designed for use with oxygen and should be labeled for use with oxygen.

(6) Procedures shall specify the safe storage and handling of medical gas containers.

(7) Upon completion of any alteration, modification or repair of medical gas piping systems in which any line in the system is disconnected or disrupted, qualified personnel shall conduct appropriate tests, to include oxygen analysis and to assure that medical gas outlets within the disconnected or disrupted system are delivering the proper gas as shown on the outlet label. There shall be documentation that tests have occurred. [Statutory Authority: RCW 43.20.050. 79-12-038 (Order 187), § 248-18-280, filed 11/20/79. Statutory Authority: RCW 70.41.030. 79-04-081 (Order 176), § 248-18-280, filed 4/2/79; Order 119, § 248-18-280, filed 5/23/75; Regulation 18.280, effective 3/11/60.]

WAC 248-18-315 Respiratory care services. (1) Respiratory care services shall be clearly defined in a written statement that describes the scope of diagnostic, therapeutic and rehabilitative cardio-pulmonary services provided for inpatients and outpatients.

(2) Policies and procedures.

(a) Written policies and procedures for respiratory care services shall be developed and implemented and shall include instructions for the following: Patient care techniques; operation and application of equipment; equipment maintenance and monitoring; infection control practices including cleaning, disinfecting, sterilizing and changing of equipment; use and storage of medications, drugs and chemicals.

(b) Policies and procedures shall be periodically reviewed, revised as needed and approved by the appropriate committee with medical staff representation or by member of the medical staff.

(3) Medical direction and personnel.

(a) The respiratory care services shall be under the medical direction of a member of the active medical staff or a committee chaired by a member of the active medical staff.

(b) Respiratory care services shall have an adequate number of qualified personnel in accordance with the scope and volume of services.

(c) In-service shall be provided and documented for respiratory care service personnel.

(4) Authorization and documentation.

(a) Respiratory care services provided for a patient shall be authorized in writing and signed by a physician. Verbal and telephone orders shall be signed by a physician.

(b) Routine and standing orders, when used, shall be reviewed annually and signed by the appropriate member of the active medical staff.

(c) Respiratory care services provided for a patient shall be reported in the medical record. The record shall include the date, time, type of respiratory service performed, medications, assessment of the response of the patient, and signature of the person performing the service.

(d) There shall be a policy statement describing what to do when physician orders are unclear or incomplete.

(5) Space.

(a) There shall be adequate space designated in the hospital for reception, treatments and/or respiratory services, record keeping, storage for equipment, supplies and drugs.

(b) Space for treatments and for processing of equipment and materials shall be organized and maintained to prevent cross-contamination.

(c) Equipment and instruments shall be safe, functional, and appropriate for respiratory care services provided. There shall be documentation of the calibration and maintenance systems. [Statutory Authority: RCW 70.41.030. 79-04-081 (Order 176), § 248-18-315, filed 4/2/79.]

Chapter 248-19 WAC

CERTIFICATE OF NEED--HOSPITALS AND NURSING HOMES

WAC

248-19-010	Repealed.
248-19-020	Repealed.
248-19-025	Repealed.
248-19-030	Repealed.
248-19-031	Repealed.
248-19-033	Repealed.
248-19-035	Repealed.
248-19-040	Repealed.
248-19-041	Repealed.
248-19-042	Repealed.
248-19-043	Repealed.
248-19-047	Repealed.
248-19-048	Repealed.
248-19-050	Repealed.
248-19-060	Repealed.
248-19-070	Repealed.
248-19-075	Repealed.
248-19-080	Repealed.
248-19-090	Repealed.
248-19-100	Repealed.
248-19-200	Purpose of chapter 248-19 WAC.
248-19-210	Purpose of certificate of need program.
248-19-220	Definitions.
248-19-230	Applicability of chapter 248-19 WAC.
248-19-240	Applicability determination.
248-19-250	Sanctions for violations.
248-19-260	Periodic reports on development of proposals.
248-19-270	Letter of intent.
248-19-280	Submission and withdrawal of applications.
248-19-290	Concurrent review of selected applications.
248-19-300	Categories of review.
248-19-310	Notification of beginning of review.
248-19-320	Public hearings.
248-19-330	Regular review process.
248-19-340	Expedited review process.
248-19-350	Emergency review process.

248-19-360	Bases for findings and action on applications.		
248-19-370	Determination of need.		
248-19-380	Determination of financial feasibility.		
248-19-390	Criteria for structure and process of care.	248-19-060	Suspension of certificates. [Order 126, § 248-19-060, filed 5/21/76; Order 64, § 248-19-060, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.
248-19-400	Determination of cost containment.		
248-19-410	Review and action on health maintenance organization projects.		
248-19-420	Written findings and actions on certificate of need application.	248-19-070	Revocation of previously issued certificates. [Order 126, § 248-19-070, filed 5/21/76; Order 64, § 248-19-070, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.
248-19-430	Provision for reconsideration decision.		
248-19-440	Issuance, suspension, denial, revocation and transfer of a certificate of need.	248-19-075	Notice of appeal. [Order 126, § 248-19-075, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.
248-19-450	Circumstances for which an amended certificate of need is required.	248-19-080	Separability of applications. [Order 126, § 248-19-080, filed 5/21/76; Order 64, § 248-19-080, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.
248-19-460	Validity and extensions.		
248-19-470	Monitoring of approved projects.	248-19-090	Information required. [Order 126, § 248-19-090, filed 5/21/76; Order 64, § 248-19-090, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.
248-19-480	Right and notice of appeal.		
248-19-490	Certificate of need program reports.	248-19-100	Injunctions against violations. [Order 126, § 248-19-100, filed 5/21/76; Order 64, § 248-19-100, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.
248-19-500	Public access to records.		

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-19-010	Purpose. [Order 126, § 248-19-010, filed 5/21/76; Order 64, § 248-19-010, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-020	Definitions. [Order 126, § 248-19-020, filed 5/21/76; Order 64, § 248-19-020, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-025	Applicability determinations. [Order 126, § 248-19-025, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-030	Procedures for review of applications for certificates of need. [Order 126, § 248-19-030, filed 5/21/76; Order 64, § 248-19-030, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-031	Amendments to applications. [Order 126, § 248-19-031, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-033	Nonsubstantive review. [Order 126, § 248-19-033, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-035	Public notice. [Order 126, § 248-19-035, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-040	Issuance of certificate. [Order 126, § 248-19-040, filed 5/21/76; Order 64, § 248-19-040, filed 11/1/71.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-041	Basic criteria for applications. [Order 126, § 248-19-041, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-042	Utilization criteria and methods. [Order 126, § 248-19-042, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-043	Criteria for specialized services. [Order 126, § 248-19-043, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-047	Amendments to certificates. [Order 126, § 248-19-047, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-048	Conditional certificates of need. [Order 126, § 248-19-048, filed 5/21/76.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.		
248-19-050	Denial of certificate. [Order 126, § 248-19-050, filed 5/21/76; Order 64, § 248-19-050, filed 11/1/71.]		

WAC 248-19-010 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-025 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-031 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-033 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-035 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-041 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-042 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-043 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-047 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-048 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-075 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-19-200 Purpose of chapter 248-19 WAC. The following regulations are adopted pursuant to chapter 161, Laws of 1979 extraordinary session (46th Legislative Session) [chapter 70.38 RCW], the State Health Planning and Resources Development Act, for the purpose of establishing a certificate of need program which is consistent with the provisions of Public Law 93-641, the National Health Planning and Resources Development Act of 1974 and the provisions of the State Health Planning and Resources Development Act. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-200, filed 11/30/79.]

WAC 248-19-210 Purpose of certificate of need program. The purpose of the certificate of need program is to ensure the development and offering of new institutional health services are consistent with the public policy of the state of Washington, set forth in section 1, chapter 161, Laws of 1979 extraordinary session (46th Legislative Session) [RCW 70.38.015]:

(1) That planning for promoting, maintaining, and assuring a high level of health for all citizens of the state, and for the provision of health services, health manpower, health facilities, and other resources is essential to the health, safety, and welfare of the people of the state. Such planning is necessary on both a state-wide and regional basis and must maintain responsiveness to changing health and social needs and conditions. The marshaling of all health resources to assure the quality and availability of health services to every person must be the goal of such planning, which must likewise assure optimum efficiency, effectiveness, equity, coordination, and economy in development and implementation to reach that goal;

(2) That the development and offering of new institutional health services should be accomplished in a manner which is orderly, timely, economical, and consistent with the effective development of necessary and adequate means of providing quality health care for persons to be served by such facilities without unnecessary duplication or fragmentation of such facilities;

(3) That the development of health resources, including the construction, modernization, and conversion of health facilities, should be accomplished in a planned, orderly fashion, consistent with identified priorities; and

(4) That the development and maintenance of adequate health care information and statistics essential to effective health planning and resources development be accomplished." [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-210, filed 11/30/79.]

WAC 248-19-220 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Acute care facilities" means hospitals and ambulatory surgical facilities.

(2) "Affected persons" means the person whose proposal is being reviewed, the health systems agency for the health service area in which the proposed new institutional health service is to be offered or developed, health systems agencies serving contiguous health systems areas, health care facilities and health maintenance organizations located in the health service area which provide institutional health services, any agency which establishes rates for health care facilities or health maintenance organizations in the state, and those members of the public who are to be served by the proposed new institutional health services.

(3) "Ambulatory surgical facility" means a facility, not a part of a hospital, which provides surgical treatment to patients not requiring inpatient care in a hospital. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice if the privilege of using such facility is not extended to physicians or dentists outside the individual or group practice.

(4) "Applicant" means any person or any individual with a ten percent or greater financial interest in a partnership or corporation or other comparable legal entity that proposes to offer or develop a new institutional health service which is subject to review under the provisions of the State Health Planning and Resources Development Act and Public Law 93-641, or to undertake expenditures in preparation for such offering or development of such a service.

(5) "Annual implementation plan" means a description of objectives which will achieve goals of the health systems plan and specific priorities among the objectives. The annual implementation plan is for a one-year period and must be reviewed and amended as necessary on an annual basis.

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

(7) "Capital expenditure" means an expenditure, including a force account expenditure (i.e., an expenditure for a construction project undertaken by a facility as its own contractor), which, under generally accepted accounting principles, is not properly chargeable as an expense of operation or maintenance. Where a person

makes an acquisition under lease or comparable arrangement, or through donation, which would have required certificate of need review if the acquisition had been made by purchase, such acquisition shall be deemed a capital expenditure.

(8) "Certificate of need" means a written authorization by the secretary for a person to implement a proposal for one or more particular new institutional health services.

(9) "Certificate of need unit" means that organizational unit of the department which is responsible for the management of the certificate of need program.

(10) "Commencement of construction" means: Giving notice to proceed with construction to a contractor for a construction project; beginning site preparation or development, excavation and the foundation for a construction project; or beginning alterations, modification, improvement, extension or expansion of an existing building.

(11) "Construction" means the erection, building, alteration, remodeling, modernization, improvement, extension or expansion of a physical plant of a health care facility or the conversion of a building or portion thereof to a health care facility.

(12) "Council" means the state health coordinating council established under the provisions of Public Law 93-641 and the State Health Planning and Resources Development Act.

(13) "Defined population" means the population that is or may reasonably be expected to be served by an existing or proposed health care facility. "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.

(14) "Department" means the Washington state department of social and health services.

(15) "Development" or "to develop," when used in connection with health services means undertaking those activities which upon their completion will result in the offering of a new institutional health service or the incurring of a financial obligation in relation to the offering of such a service: *Provided, however,* That this term shall not be interpreted to include long-range planning or site acquisition or activities involved in preparation to offer or develop including community needs assessment and feasibility or marketing studies.

(16) "Health care facility" means hospitals, psychiatric hospitals, tuberculosis hospitals, nursing homes, both skilled nursing facilities and intermediate care facilities, kidney disease treatment centers including freestanding hemodialysis units, ambulatory surgical facilities, and home health agencies, and includes such facilities when owned and operated by the state or a political subdivision or instrumentality of the state and such other facilities as required by Public Law 93-641 and implementing regulations, but does not include Christian Science sanitoriums operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts.

(17) "Health maintenance organization" means any entity defined under RCW 48.46.020(1) and any other public or private organization, organized under the laws of any state, which:

(a) Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: Usual physician services, hospitalization, laboratory, x-ray, emergency and preventive services, and out-of-area coverage;

(b) Is compensated (except for copayments) for the provision of the basic health care services listed in the preceding (a) of this definition to enrolled participants on a predetermined periodic rate basis; and

(c) Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organization, or (ii) through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis).

The term "health maintenance organization for which assistance may be provided under Title XIII" means a health maintenance organization which is qualified under section 1310(d) of the Public Health Service Act or a health maintenance organization which the secretary of the United States department of health, education and welfare determines, upon the basis of an application and the submission of any information and assurances which he finds necessary, may be eligible for assistance under Title XIII of the Public Health Service Act.

(18) "Health services" means clinically related (i.e., preventive, diagnostic, curative, rehabilitative, or palliative) services and includes alcoholism, drug abuse, and mental health services.

(19) "Health systems agency" means a public regional planning body or a private nonprofit corporation which is organized and operated in a manner that is consistent with the laws of the state of Washington and Public Law 93-641 and which is capable of performing each of the functions described in section 8 of the State Health Planning and Resources Development Act and is capable as determined by the secretary of the United States department of health, education and welfare, upon recommendation of the governor, of performing each of the functions described in the federal law, Public Law 93-641.

(20) "Health systems plan" means a detailed statement of goals and resources required to reach those goals as described in Public Law 93-641. Goals describe a healthful environment and health systems in the health service area which, when developed, will assure that quality health services will be available and accessible in a manner which assures continuity of care, at reasonable cost, for all residents of the area; are responsive to the unique needs and resources of the health service area; and take into account national guidelines for health planning policy and state-wide health needs and priorities. The health systems plan is for a period longer than one year and must be reviewed and amended as necessary on an annual basis.

(21) "Home health agency" means a public agency or private organization or subdivision of such an agency or

organization which is primarily engaged in providing nursing services and other therapeutic services (e.g., physical therapy, occupational therapy, nutritionist's services, and social services), within a defined geographic area, on a part-time, intermittent or visiting basis to ill or disabled persons in residences which are their homes.

(22) "Hospital" means any institution, place, building or agency or distinct part thereof which qualifies or is required to qualify for a license under chapter 70.41 RCW or any state owned and operated institution which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons, or rehabilitation services of injured, disabled, or sick persons. Such term includes tuberculosis hospitals but does not include psychiatric hospitals.

(23) "Hospital commission" means the Washington state hospital commission established pursuant to chapter 70.39 RCW.

(24) "Inpatient" means a person who receives health care services with board and room in a health care facility on a continuous twenty-four hour a day basis.

(25) "Intermediate care facility" means any institution or distinct part thereof which is certified as an intermediate care facility for participation in the Medicaid (Title XIX) program.

(26) "Kidney disease treatment center" means any place, institution, building or agency or a distinct part thereof which is equipped and operated to provide services, which include dialysis services, to persons who have end stage renal disease.

(27) "Long-range health facility plan" means a document prepared by each hospital which contains a description of its plans for substantial changes in its facilities and services for three years.

(28) "May" means permissive or discretionary.

(29) "New institutional health services" means one or more of the following:

(a) The construction, development, or other establishment of a new health care facility including a health care facility owned, operated or otherwise utilized by a health maintenance organization;

(b) Any expenditure by or on behalf of a health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, in excess of one hundred and fifty thousand dollars which under generally accepted accounting principles consistently applied is a capital expenditure, excluding: (i) Expenditures for site acquisition, (ii) acquisition of existing acute care health facilities and health maintenance organizations, and (iii) expenditures solely for the termination or reduction of beds or of a health service;

(c) Any acquisition, except of a site or an existing acute care facility, by or on behalf of a health care facility (including a health care facility owned, operated or otherwise utilized by a health maintenance organization) under lease or comparable arrangement, or through donation, which would be subject to certificate of need review if the acquisition were by purchase;

(d) A change in bed capacity of a licensed health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, which increases the total number of licensed beds or redistributes beds among facility and service categories of acute care, skilled nursing, intermediate care, and boarding home care if the bed redistribution is to be effective for a period in excess of six months;

(e) In a health care facility which is not required to be licensed, a change in bed capacity which increases the total number of beds, distributes beds among various categories or relocates such beds from one physical facility or site to another by more than ten beds or more than ten percent of total bed capacity as defined by the department, whichever is less, over a two-year period;

(f) Any health services which are offered in or through a health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, which were not offered on a regular basis by, in, or through such health care facility within the twelve-month period prior to the time such services would be offered;

(g) Any expenditure by or on behalf of a health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, in excess of one hundred and fifty thousand dollars made in preparation for the offering or development of a new institutional health service and any arrangement or commitment made for financing the offering, or development of the new institutional health service (expenditures in preparation for the offering of a new institutional health service shall include expenditures for architectural designs, plans, working drawings and specifications but shall exclude expenditures for feasibility surveys for health maintenance organizations and expenditures for the construction, development or other establishment of a facility or services by a health maintenance organization which are not provided in or through a health care facility owned, operated or otherwise utilized by the health maintenance organization); and

(h) Radiological diagnostic health services which are offered in, at, through, by or on behalf of a health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, which are provided by fixed or mobile computed tomographic scanning equipment except where these services are an addition to or replacement of the same service offered in, at, through, by or on behalf of the health care facility. "Radiological diagnostic services," as used in this section shall be interpreted to include services offered in space leased or made available to any person by the health care facility. The service provided by a computed tomographic head scanner shall not be considered the same service as that provided by a computed tomographic body scanner. The service provided by a computed tomographic fixed scanner shall not be considered the same service as that provided by a computed tomographic mobile scanner.

(30) "Nursing home" means any home, place, institution, building or agency or distinct part thereof which is

licensed or required to be licensed under the provisions of chapter 18.51 RCW and any other intermediate care facility or skilled nursing facility as these terms are defined in this section of definitions.

(31) "Obligation," when used in relation to a capital expenditure, means the following has been incurred by or on behalf of a health care facility or a health maintenance organization:

(a) An enforceable contract has been entered into by a health care facility or health maintenance organization or by a person proposing such capital expenditure on behalf of the health care facility or health maintenance organization for the construction, acquisition, lease or financing of a capital asset; or

(b) A formal internal commitment of funds by a health care facility or health maintenance organization for a force account expenditure which constitutes a capital expenditure, or

(c) In the case of donated property, the date on which the gift is completed in accordance with state law.

(32) "Offer," when used in connection with health services, means the health facility or health maintenance organization provides or holds itself out as capable of providing or as having the means for the provision of one or more specific health services.

(33) "Person" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

(34) "Persons directly affected" means the following: The person whose certificate of need application is being reviewed; members of the public who are to be served by the proposed new institutional health services; health care facilities and health maintenance organizations located in the health service area in which the service is proposed to be offered or developed which provide services similar to the proposed services under review; health care facilities and health maintenance organizations which, prior to receipt of the certificate of need application by the department, have formally indicated to the department an intention to provide such similar services in the future; and any agency which establishes rates for health care facilities or health maintenance organizations located in the health service area in which the new institutional health service is proposed to be offered or developed.

(35) "Predevelopment expenditures" means expenditures for the development of site, architectural, structural, mechanical or electrical drawings and specifications. Predevelopment expenditures exclude expenditures for the following: Calling or advertising for construction bids, awarding of a construction contract, incurring an obligation for construction materials or labor, and site preparation or other activities involved in the commencement of construction.

(36) "Project" means any and all new institutional health services which may be or are proposed in a single certificate of need application or for which a single certificate of need is issued.

(37) "Psychiatric hospital" means any institution or distinct part thereof which is licensed or required to be licensed under the provisions of chapter 71.12 RCW and any institution which is owned and operated by the state or by a political subdivision or instrumentality of the state and is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons.

(38) "Secretary" means the secretary of the Washington state department of social and health services or his designee.

(39) "Shall" means compliance is mandatory.

(40) "Skilled nursing facility" means any institution or distinct part thereof which is certified as a skilled nursing facility for participation in the Medicare (Title XVIII) or Medicaid (Title XIX) program.

(41) "State health plan" means a document, described in Public Law 93-641, developed by the department, and approved by the state health coordinating council which recommends priorities for changes in the health system of the state to achieve the desired health status of the citizens of the state and describes the relationship of these priorities to national health priorities and to the priorities of the health systems agencies of the state as set forth in their health systems plans.

(42) "State Health Planning and Resources Development Act" means chapter 161, Laws of 1979 extraordinary session (46th Legislative Session)[chapter 70.38 RCW]. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-220, filed 11/30/79.]

WAC 248-19-230 Applicability of chapter 248-19 WAC. (1) All new institutional health services offered or developed within the state by any person shall be subject to review under the certificate of need program and the provisions of chapter 248-19 WAC, with the exceptions provided for in this section.

(2) For the purposes of chapter 248-19 WAC "new institutional health services" shall include any and all of the following:

(a) The construction, development, or other establishment of a new health care facility including a health care facility owned, operated or otherwise utilized by a health maintenance organization;

(b) Any expenditure by or on behalf of a health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, in excess of one hundred and fifty thousand dollars which under generally accepted accounting principles consistently applied is a capital expenditure, excluding: (i) Expenditures for site acquisition, (ii) acquisition of existing acute care health facilities and health maintenance organizations, and (iii) expenditures solely for the termination or reduction of beds or of a health service;

(c) Any acquisition, except of a site or an existing acute care facility, by or on behalf of a health care facility (including a health care facility owned, operated or otherwise utilized by a health maintenance organization)

under lease or comparable arrangement, or through donation, which would be subject to certificate of need review if the acquisition were by purchase;

(d) A change in bed capacity of a licensed health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, which increases the total number of licensed beds or redistributes beds among facility and service categories of acute care, skilled nursing, intermediate care, and boarding home care if the bed redistribution is to be effective for a period in excess of six months;

(e) In a health care facility which is not required to be licensed, a change in bed capacity which increases the total number of beds, distributes beds among various categories, or relocates such beds from one physical facility or site to another by more than ten beds or more than ten percent of total bed capacity as defined by the department, whichever is less, over a two-year period;

(f) Any health services which are offered in or through a health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, which were not offered on a regular basis by, in, or through such health care facility within the twelve-month period prior to the time such services would be offered;

(g) Any expenditure by or on behalf of a health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, in excess of one hundred and fifty thousand dollars made in preparation for the offering or development of a new institutional health service and any arrangement or commitment made for financing the offering or development of the new institutional health service (expenditures in preparation for the offering of a new institutional health service shall include expenditures for architectural designs, plans, working drawings and specifications but shall exclude expenditures for feasibility surveys for health maintenance organizations and expenditures for the construction, development or other establishment of a facility or services by a health maintenance organization which are not provided in or through a health care facility owned, operated or otherwise utilized by the health maintenance organization); and

(h) Radiological diagnostic health services which are offered in, at, through, by or on behalf of a health care facility, including a health care facility owned, operated or otherwise utilized by a health maintenance organization, which are provided by fixed or mobile computed tomographic scanning equipment except where these services are an addition to or replacement of the same service offered in, at, through, by or on behalf of the health care facility. "Radiological diagnostic services," as used in this section shall be interpreted to include services offered in space leased or made available to any person by the health care facility. The service provided by a computed tomographic head scanner shall not be considered the same service as that provided by a computed tomographic body scanner. The service provided by a computed tomographic fixed scanner shall not be

considered the same service as that provided by a computed tomographic mobile scanner.

(3) No person shall offer or develop a new institutional health service, or undertake a capital expenditure in preparation for such offering or development, unless a certificate of need authorizing such new institutional health services has been issued and remains valid.

(4) No person may divide a project in order to avoid review requirements under any of the thresholds specified in this section.

(5) The department may issue certificates of need permitting predevelopment expenditures only, without authorizing the development or offering of new institutional health services with respect to which such predevelopment expenditures are made.

(6) A certificate of need application which was submitted and declared complete, but upon which final action had not been taken prior to January 1, 1980 shall be reviewed and final action taken based on chapter 70.38 RCW and chapter 248-19 WAC as in effect prior to January 1, 1980.

(7) Certificates of need issued prior to January 1, 1980 shall not be terminated and the periods of validity of such certificates of need shall not be modified under the provisions of chapter 248-19 WAC which become effective January 1, 1980.

(8) The review process and the requirement for a certificate of need shall be waived for new institutional health services in a project which is in accord with the following requirements.

(a) The project shall not have been subject to certificate of need review prior to January 1, 1980 and shall meet one of the following conditions:

(i) The project has been reviewed under the provisions of Section 1122 of the Social Security Act and found to be in conformance with the standards, criteria and plans described in 42 CFR 100.104(a)(2) prior to January 1, 1980; or

(ii) An application for review of the project under the provisions of Section 1122 of the Social Security Act has been submitted and declared complete but final action upon the application has not been taken prior to January 1, 1980; or

(iii) An obligation, as defined in WAC 248-19-220, has been incurred prior to January 1, 1980 for the project, which is not subject to review under the provisions of Section 1122 of the Social Security Act.

(b) The project shall be completed by January 1, 1981 or, in the case of a construction project, commencement of construction shall have occurred by January 1982. If this requirement is not met, the new institutional health service(s) included in the project shall become subject to the requirements for a certificate of need. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-230, filed 11/30/79.]

WAC 248-19-240 Applicability determination. (1) Any person needing to know whether a particular project the person plans to undertake is subject to certificate of need requirements, chapter 248-19 WAC, should submit a written request in a form acceptable to

the secretary to the certificate of need unit of the department requesting a formal determination of applicability of the certificate of need requirements to the project.

(a) A copy of a written request for determination of applicability shall be sent simultaneously to the health systems agency for the health service area in which the project is to be located or take place and, in the case of a hospital project, to the hospital commission.

(b) The written request shall contain an explicit description of the particular project, including the nature and extent of any construction, changes in services and the estimated total costs of the project.

(2) The department may request such additional written information as is reasonably necessary to making an applicability determination on the particular project.

(3) The department shall consult with the health systems agency and, when appropriate, the hospital commission in making an applicability determination.

(4) The department shall respond in writing to a request for an applicability determination within thirty days of receipt of all the information needed for such determination. In the written response, the department shall set forth the reasons for its determination that the project is or is not subject to certificate of need requirements.

(5) Information or advice given by the department as to whether a project is subject to certificate of need requirements shall not be considered an applicability determination unless it is in written form in response to a written request submitted in accordance with provisions of this section.

(6) A written applicability determination on a particular project in response to a written request and based on written information shall be binding upon the department: *Provided*, The nature, extent or cost of the project does not significantly change. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-240, filed 11/30/79.]

WAC 248-19-250 Sanctions for violations. The department may take or cause to be taken any action against a person who has failed to comply with certificate of need regulations which is provided for in chapter 161, Laws of 1979 extraordinary session (46th Legislative Session)[chapter 70.38 RCW], the State Health Planning and Resources Development Act. Section 12 of this act provides:

"(4) The secretary of the department, in the case of a new health facility, shall not issue any license, and the insurance commissioner, in the case of a new health maintenance organization, shall not issue any certificate of registration, unless and until a prior certificate of need shall have been issued by the department for the offering or development of such new health facility or new health maintenance organization respectively.

(5) Any person who offers or develops a new institutional health service without first being granted a certificate of need by the secretary of the department shall be

liable to the state in an amount not to exceed one hundred dollars a day for each day of such unauthorized offering or development. Such amounts of money shall be recoverable in an action brought by the attorney general on behalf of the state in the superior court of any county in which the unauthorized offering or development occurred. Any amounts of money so recovered by the attorney general shall be deposited in the state general fund.

(6) The department may bring any action to enjoin a violation or the threatened violation of the provisions of this chapter or any rules and regulations adopted pursuant to this chapter, or may bring any legal proceeding authorized by law, including but not limited to the special proceedings authorized in 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." [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-250, filed 11/30/79.]

WAC 248-19-260 Periodic reports on development of proposals. (1) During April of each year, each health care facility and each health maintenance organization shall submit to the department a report regarding any development of a proposal for a new institutional health service which is under consideration. Such report shall be submitted in a form prescribed by the department.

(2) If the health systems agency for the health service area in which a health care facility or health maintenance organization is located requires submission of reports regarding development of proposals on at least an annual basis, the department shall accept a copy of each such report sent to the health systems agency in lieu of the report required under WAC 248-19-260(1).

(3) Submission to the department of a long-range plan which includes all new institutional health services under consideration by a health care facility or health maintenance organization shall be accepted as meeting this requirement for a periodic report on the development of proposals for new institutional health services. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-260, filed 11/30/79.]

WAC 248-19-270 Letter of intent. Any person planning to develop a construction project or a new health service shall submit a letter of intent to the department at the earliest possible opportunity in the course of planning such construction project or new health service.

(1) The letter of intent shall inform the department of the nature and scope of the project, clearly describing the size and extent of any new or expanded services which will be included.

(2) A copy of the letter of intent shall be sent to the health systems agency for the health service area in which the project is to be located and, in the case of a hospital project, to the hospital commission. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-270, filed 11/30/79.]

WAC 248-19-280 Submission and withdrawal of applications. (1) A person proposing a new institutional health service shall, prior to the date on which the certificate of need review of such service begins, submit a complete certificate of need application in such form and manner and containing such information as the department, after consultation with health systems agencies and the hospital commission, has prescribed and published as necessary to such a certificate of need application.

(a) The information, which the department prescribes and publishes as required for a certificate of need application, shall vary in accordance with and be appropriate to the purpose for which a particular review is being conducted or the type of proposed project: *Provided, however,* That the required information shall include that which is necessary to determining whether the proposed project meets applicable criteria.

(b) Information regarding a certificate of need application which is submitted by an applicant after the department has given "notification of the beginning of review" in the manner prescribed by WAC 248-19-310 shall be submitted in writing to the department, the health systems agency, and for hospital projects, to the hospital commission.

(c) No information regarding a certificate of need application, which is submitted by an applicant after a health systems agency or the hospital commission makes a final decision and recommendation for submission to the department, shall be considered by the department in reviewing and taking action on a certificate of need application.

(2) A person submitting a certificate of need application shall simultaneously submit copies of such application to the certificate of need unit of the department, the health systems agency for the health service area in which the proposed project is to be located and, in the case of a hospital project, to the hospital commission.

(a) The original and one copy of the application shall be submitted to the certificate of need unit of the department.

(b) At least three and such additional copies of the application as may be required by the health systems agency, for the health service area in which the proposed project is to be located, shall be submitted to the health systems agency.

(c) For a hospital project, one copy shall be submitted to the hospital commission.

(3) Within a fifteen calendar day screening period, the department, the appropriate health systems agency and, for a hospital project, the hospital commission shall each screen the application to determine whether the information provided in the application is complete and as explicit as is necessary for a certificate of need review. This screening period shall begin on the first day after which the department, the health systems agency and, when appropriate, the hospital commission have each received copies of the application.

(4) On or before the last day of the screening period for a certificate of need application, the department shall send a written notice to the person who submitted

the application stating whether or not the application has been declared complete. If the application has been found to be incomplete, the notice from the department shall specifically identify the portions of the application in which the information provided has been found to be insufficient or indefinite and request the supplemental information needed to complete the application. This notice from the department shall incorporate the findings as to insufficient or indefinite application information which have been transmitted to the department by the health systems agency and the hospital commission.

(5) The department shall not require any supplemental information of a type which has not been prescribed and published as being necessary to a certificate of need application for the type of project being proposed.

(6) The department shall return an incomplete certificate of need application to the person who submitted the application if the department has not received a response to a request for the supplemental information needed to complete the application within forty-five calendar days after such request was sent.

(7) A response to the department's request for information to supplement an incomplete application, shall be written and submitted to the same agencies and in the same numbers as required for an application under the preceding WAC 248-19-280(2).

(8) A person who submits a response to the department's request for supplemental information to complete a certificate of need application within forty-five days after the request was sent by the department shall have the right to exercise one of the following options:

(a) Submission of a written request that the incomplete application be reviewed without supplemental information;

(b) Submission of written supplemental information with a written request that review of the certificate of need application begin without the department's notification of the applicant as to whether the supplemental information is adequate to complete the application; or

(c) Submission of written supplemental information and a written request that such information be screened and the applicant be given opportunity to submit further supplemental information if the application is still incomplete.

(9) After receipt of a request for review of a certificate of need application, submitted in accordance with the preceding WAC 248-19-280(8)(a) or (b), the department shall give notification of the beginning of review in the manner prescribed for a complete application in WAC 248-19-310.

(10) If a person requests the screening of supplemental information in accordance with WAC 248-19-280(8)(c), such screening shall be carried out in the same number of days and in the same manner as required for an application under the preceding WAC 248-19-280(3) and (4). The process of submitting and screening supplemental information may be repeated until the department declares the certificate of need application complete, the applicant requests that review of the incomplete application begin, or the one hundred

twentieth day after the beginning of the first screening period for the application, whichever occurs first. The department shall return an application to the applicant if it is still incomplete on the one hundred twentieth day after the beginning of the first screening period and the applicant has not requested review of such incomplete application.

(11) A certificate of need application shall be withdrawn from the certificate of need review process if the department receives a written request for withdrawal of the application from the person who submitted the application at any time before final action on such application has been taken by the secretary.

(12) A new submission of a certificate of need application shall be required for a certificate of need review of any new institutional health service for which the department has returned an incomplete application in accordance with the preceding WAC 248-19-280(6) or (10), or for which a certificate of need application has been withdrawn in accordance with the preceding WAC 248-19-280(11).

(13) If an applicant amends an application during the review process, the department after consultation with the appropriate health systems agency and, in the case of a hospital project, the hospital commission will determine whether or not the amendment constitutes a new application. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-280, filed 11/30/79.]

WAC 248-19-290 Concurrent review of selected applications. (1) The department with the consent of a health systems agency and, for hospital projects, the hospital commission may prescribe particular time schedules for the submission and concurrent review of certificate of need applications for selected types of projects within a given health service area. Such time schedules shall be for the purpose of comparative analysis of competing or similar projects to ascertain which of such projects may best meet the needs of the service area and the defined population.

(2) The projects for which the department may prescribe particular time schedules for the submission and concurrent review of certificate of need applications include but are not limited to the following:

- (a) Construction of a new hospital or a new nursing home;
- (b) Alterations of or additions to a hospital or nursing home which will increase the inpatient bed capacity;
- (c) New home health agencies or kidney disease treatment centers, including free standing hemodialysis units;
- (d) New or expanded radiation treatment facilities; and
- (e) Computerized transaxial tomographic equipment.

(3) Notwithstanding any other provisions of this section, the following new institutional health services shall not be subject to prescribed time schedules for submission and concurrent review of certificate of need applications:

- (a) Projects limited to new institutional health services the type, scope and location of which have been

provided for in a current health systems plan, annual implementation plan or state health plan; and

(b) Projects which have been specifically included in a long-range health facility plan developed in accordance with the provisions of Section 14 of the State Health Planning and Resources Development Act.

(4) Before prescribing time schedules for concurrent review of selected categories of projects the department shall provide health care facilities and health maintenance organizations which would be affected by such schedules the opportunity to review and offer written comment on the schedules the department proposes to prescribe.

(5) Prescribed schedules shall be published and distributed to all health care facilities and health maintenance organizations which may be affected by them. Such publication and distribution of concurrent review schedules shall be at least six months prior to implementation of the prescribed schedules.

(6) Applications reviewed concurrently shall be reviewed according to the regular review process established under WAC 248-19-330.

(7) Review schedules for concurrent review shall provide for at least a semi-annual review for a given project type within each health service area. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-290, filed 11/30/79.]

WAC 248-19-300 Categories of review. (1) In the review of any certificate of need application, one of the following review processes shall be used: Regular review, emergency review or expedited review.

(2) Determination of review process.

The department, after consulting with the appropriate health systems agency and, if a hospital project, the hospital commission, shall determine which review process will be used in the review of a given certificate of need application.

(a) Regular review.

The regular process shall be used in the review of a certificate of need application unless the department has determined, after receipt of a written consent from the appropriate health systems agency, that an expedited or emergency review process will be used in the review of such application.

(b) Emergency review.

(i) An emergency review may, with the written consent of the appropriate health systems agency, be conducted when an immediate capital expenditure is required in order for a health care facility to maintain or restore basic and essential patient services.

(ii) The department may determine that an application submitted for emergency review does not qualify for such review. Such a determination and notification to the applicant shall be made within five days after receipt of the application. When the department makes a determination that an application is not subject to emergency review procedures, the application may, with the written consent of the appropriate health systems agency, be reviewed according to the expedited review process.

(c) Expedited review.

(i) An expedited review shall be conducted on a certificate of need application for a hospital's project when:

(A) The hospital has developed a long-range facility plan in accordance with the provisions of section 14 of the State Health Planning and Resources Development Act;

(B) When an application has been found to be consistent with the applicant's long-range health facility plan and the applicable health systems plan, annual implementation plan and state health plan;

(C) When there has not been a significant change, since the long-range health facility plan was approved, in existing health facilities of the same type or in the need for such health facilities and services; and

(D) The appropriate health systems agency has given the department a written consent to an expedited review of the project.

(ii) An expedited review may, with the written consent of the appropriate health systems agency, be conducted for a project, the type, scope and location of which has been specifically described and provided for in a current health systems plan, annual implementation plan or state health plan.

(iii) An expedited review may, with the written consent of the appropriate health systems agency, be conducted for a project which is for the correction of fire, safety or health deficiencies cited by appropriate licensing or accrediting authorities or physical plant alterations which would eliminate functional obsolescence: *Provided*, That such project does not involve the replacement or addition of inpatient rooms, additions to or partial or complete replacement of the facilities, or the expansion or addition of health services;

(iv) An expedited review may, with the written consent of the appropriate health systems agency, be conducted for any of the following types of projects: *Provided*, That such a project appears to have a minimal impact on the health care system:

(A) Replacement of equipment having similar functional capability and not resulting in the offering or development of any new health services;

(B) Purchase, lease, donation or substantial acquisition by comparable arrangement of a nonacute care health care facility;

(C) Construction of nonclinical improvements outside a health care facility such as parking facilities, landscaping, lighting and similar projects;

(D) A project which is limited to predevelopment expenditures and does not involve the development or offering of new institutional health services with respect to which such predevelopment expenditures are to be made;

(E) New institutional health services involving capital costs of less than one hundred and fifty thousand dollars and projected annual operating costs of less than one hundred and fifty thousand dollars per year for the first three years of operation;

(F) Projects involving an increase in licensed bed capacity of 10 percent or 10 beds whichever is less; and

(G) Replacement or improvement of nonpatient systems (e.g., air conditioning, energy conservation, administrative systems).

(v) Prior to January 1, 1984, an expedited review of a hospital project may be conducted when:

(A) The hospital has developed a long-range plan in accordance with a common form for such plan developed by the department in cooperation with the health systems agency and the hospital commission;

(B) The certificate of need application for the project has been found to be consistent with the hospital's long-range health facility plan and the applicable health systems plan, annual implementation plan and state health plan;

(C) There has not been a significant change, since the long-range health facility plan was approved, in existing health facilities of the same type or in the need for such health facilities and services; and

(D) The appropriate health systems agency has given the department a written consent to an expedited review of the project.

(3) Preapplication determination of expedited review.

Any person planning to submit a certificate of need application for a particular project may, prior to the preparation of such application, obtain a determination as to whether the project will be given an expedited review by submission of a written request for such determination to the department.

(a) A written request for a determination as to whether an application for a particular project will qualify for an expedited review shall be submitted in a form and manner and contain such information as the department may, after consultation with the health systems agencies and the hospital commission, prescribe and publish as necessary to such a determination. The person submitting the request for the determination shall simultaneously submit a copy of the request to the appropriate health systems agency and, in the case of a hospital project, to the hospital commission.

(b) The department shall consult with the appropriate health systems agency and, in the case of a hospital project, the hospital commission before determining that an application for a proposed project will be given an expedited review.

(c) The department shall respond in writing to a request for a determination as to whether a project will be given an expedited review within thirty calendar days of the first day on which the department, the appropriate health systems agency and, if a hospital project, the hospital commission has each received the written request. The department shall not make a determination that a project will be given an expedited review without the written consent of the appropriate health systems agency.

(d) A written determination by the department that an application will be given an expedited review shall be binding upon the department, the health systems agency and, if a hospital project, the hospital commission: *Provided*, The nature, location, or extent of the project does not significantly change and there is not a significant increase in the estimated cost of the project.

(4) Review processes for regular, expedited and emergency certificate of need applications shall be in accordance with WAC 248-19-330, 248-19-340 and 248-19-

350. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-300, filed 11/30/79.]

WAC 248-19-310 Notification of beginning of review. (1) The department shall provide written notice to persons directly affected and notice to the public to be served by the proposed project of the beginning of the review of a certificate of need application. Such notice shall be given within twenty calendar days after receipt of a complete application unless the department has determined the certificate of need application is to be reviewed under an emergency review process.

(a) The notices shall include:

(i) The proposed review schedule;

(ii) The period within which one or more persons directly affected by the review may request the department to conduct a public hearing during the review: *Provided*, Such persons have not been afforded such opportunity for a public hearing by the appropriate health systems agency; and

(iii) The manner in which notification will be provided of the time and place of any hearing so requested.

(b) Notice to the public to be served by the proposed project shall be through a newspaper of general circulation in the health service area of the project.

(2) A regular or expedited review of a certificate of need application shall begin on the date the department sends notification to persons directly affected and the public notice on the beginning of the review; except, in the case of a project proposed by a health maintenance organization, the review period shall begin on the date all information needed for a complete application is received by the department, the applicable health systems agency and, if a hospital project, the hospital commission.

(3) Written notification to persons directly affected and the public notice on the beginning of an emergency review shall be sent on the fifth working day after all the information needed for a complete application is received by the department, the appropriate health systems agency and, if a hospital project, the hospital commission. A public hearing will not be conducted on an application reviewed on an emergency review basis.

(4) The review of a certificate of need application according to emergency review process shall begin on that day by which the department, the appropriate health systems agency, and the hospital commission in the case of hospital projects, have each received copies of the application. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-310, filed 11/30/79.]

WAC 248-19-320 Public hearings. (1) "Opportunity for a public hearing," as used in this section, shall mean a public hearing will be conducted if a valid request for such a hearing has been submitted by one or more persons directly affected by the proposed project for which a particular certificate of need application is under review.

(2) The department shall provide opportunity to persons directly affected for a public hearing on a certificate of need application which is under review, unless

the application is being reviewed according to the emergency review process.

(a) This requirement for a public hearing shall be deemed satisfied if the appropriate health systems agency has provided opportunity for such a public hearing to "persons directly affected" as this term is defined in WAC 248-19-220(31).

(b) If the appropriate health systems agency defines "persons directly affected" to whom it affords opportunity for such a public hearing to exclude one or more persons included in the definition of this term in WAC 248-19-220(31), the department shall conduct such a public hearing if:

(i) The health systems agency has not scheduled and given notice of a public hearing on the particular certificate of need application which is under review; and

(ii) The department receives a valid request for a public hearing on the particular certificate of need application from one or more "persons directly affected" who are excluded in the health systems agency's definition of such term.

(3) To be valid, a request for a public hearing on a certificate of need application under review shall:

(a) Be submitted in writing;

(b) Be received by the department within fourteen calendar days after "Notification on Beginning of Review" was given by the department for the particular certificate of need application; and

(c) Include identification of the particular certificate of need application for which the public hearing is requested and the full name, complete address and signature of the person making the request.

(4) At least ten calendar days prior to a public hearing conducted by the department on a certificate of need application, the department shall give written notice of such public hearing to persons directly affected and notice to the public.

(a) The notices shall include: Identification of the certificate of need application on which the public hearing is to be conducted and the date, time and place of the public hearing.

(b) Notice to the public to be served by the proposed project to which the certificate of need application pertains shall be through a newspaper of general circulation in the health service area of the proposed project.

(5) The department shall not be required to conduct a public hearing on a certificate of need application which is being reviewed according to the emergency review procedure. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-320, filed 11/30/79.]

WAC 248-19-330 Regular review process. (1) The regular review process shall not exceed ninety days from the beginning of the review period unless the review period is extended in accordance with the provisions of this section, WAC 248-19-330(2)(a) and (b), and (4) and (5): *Provided, however*, That in the case of a review of a new institutional health service proposed by a health maintenance organization, no review shall take longer than ninety days from the beginning of the review period.

(2) Within sixty calendar days from the first day of the review period the health systems agency and, in the case of a hospital project, the hospital commission, shall submit written findings and recommendations on a certificate of need application to the department unless the health systems agency or hospital commission has requested and received an extension of this review period from the department.

(a) The department may extend the review period of a health systems agency and, in the case of a hospital project, the hospital commission for a period up to thirty calendar days upon receipt of a written request from one of these agencies.

(b) The department may grant further extensions of a review period to a health systems agency or, in the case of a hospital project, the hospital commission: *Provided*, The person who submitted the certificate of need application gives written consent to such further extension.

(3) The department shall complete its final review and the secretary shall make his decision on a certificate of need application within thirty calendar days of the end of the review period or extended review period of the health systems agency and, in the case of a hospital project, the hospital commission, unless the department extends its final review period in accordance with the provisions of WAC 248-19-330(4) or (5).

(4) If an issue, which is pivotal to the secretary's decision remains unresolved, the department may notify the person who submitted the application that additional relevant information is needed and extend its final review period up to but not exceeding thirty calendar days after receipt of the information. Such pivotal issues include but are not limited to pending action for medicare or medicaid decertification, license revocation or patient trust fund violation or termination of a provider agreement.

(5) The department may extend either the review period for the health systems agency and the hospital commission or the department's final review period upon receipt of a written request of the person who submitted the application: *Provided, however*, That such an extension shall not exceed sixty calendar days. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-330, filed 11/30/79.]

WAC 248-19-340 Expedited review process. (1) The expedited review process shall not exceed fifty calendar days from the beginning of the review period unless extended in accordance with the provisions of this section, WAC 248-19-340(3), (4), (6), or (7): *Provided, however*, That in the case of a review of a new institutional health service proposed by a health maintenance organization, no review shall take longer than ninety days from the beginning of the review period.

(2) When the term of an expedited review is fifty calendar days, the health systems agency, and in the case of a hospital project, the hospital commission, shall submit written findings and recommendations to the department within thirty calendar days of the beginning of the review process.

(3) The expedited review process shall be extended to a period of eighty calendar days by the department at the request of the health systems agency, or, in the case of a hospital project, at the request of the hospital commission when one of these advisory review agencies requires sixty calendar days to complete and submit written findings and recommendations to the department.

(4) The department may grant further extensions of the expedited review period to the health systems agency, and in the case of a hospital project, to the hospital commission: *Provided*, The person who submitted the certificate of need application gives written consent to such further extensions.

(5) The department shall complete its final review and the secretary shall make his decision on a certificate of need application under an expedited review within twenty calendar days of the end of the review period or extended review period of the health systems agency and, in the case of a hospital project, the hospital commission, unless the department extends its final review period in accordance with the provisions of WAC 248-19-340(6) or (7).

(6) If an issue, which is pivotal to the secretary's decision remains unresolved, the department may notify the person who submitted the application that additional relevant information is needed and extend its final expedited review period up to but not exceeding thirty calendar days after receipt of the information. Such pivotal issues include but are not limited to pending action for medicare or medicaid decertification, license revocation or patient trust fund violation or termination of a provider agreement.

(7) The department may extend either the expedited review period for the health systems agency and the hospital commission or the department's final review period upon receipt of a written request of the person who submitted the application: *Provided, however*, That such an extension shall not exceed sixty calendar days. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-340, filed 11/30/79.]

WAC 248-19-350 Emergency review process. (1) The emergency review process shall not exceed fifteen working days from the beginning of the review period.

(2) Written findings and written recommendations of the health systems agency, and in the case of hospital projects, the hospital commission shall be submitted to the department within ten working days after the beginning of the review period for a project under emergency review.

(3) The department shall complete its final review and the secretary shall make his decision on an emergency certificate of need application within fifteen working days after the beginning of the review period unless the department extends its final review period in accordance with the provisions of WAC 248-19-350(4).

(4) If an issue, which is pivotal to the secretary's decision remains unresolved, the department may notify the person who submitted the application that additional relevant information is needed and extend its final

emergency review period up to but not exceeding thirty calendar days after receipt of the information. Such pivotal issues include but are not limited to pending action for medicare or medicaid decertification, license revocation or patient trust fund violation or termination of a provider agreement. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-350, filed 11/30/79.]

WAC 248-19-360 Bases for findings and action on applications. (1) The findings of the department's review of certificate of need applications and the secretary's action on such applications shall, with the exceptions provided for in WAC 248-19-410 for health maintenance organizations, be based on determinations as to:

(a) Whether the proposed project is needed to meet health care needs of the defined population to be served;

(b) Whether the proposed project is financially feasible with respect to both the capital costs and projected operational costs;

(c) Whether the proposed project will meet the criteria for structure and process of care identified in WAC 248-19-390; and

(d) Whether the proposed project will foster containment of the costs of health care.

(2) Criteria contained in WAC 248-19-370, 248-19-380, 248-19-390, and 248-19-400 shall be used by the department in making the required determinations.

(a) In the use of criteria for making the required determinations, the department shall consider:

(i) The relationship of the proposed project to the applicable health systems plan (HSP) and annual implementation plan (AIP), and the state health plan (SHP);

(ii) The findings and recommendations of the health systems agency and the hospital commission (in relation to the immediate and long-range financial feasibility of a hospital project as well as the probable impact of such project on the cost of and charges for providing health services by the hospital); and

(iii) The relationship of the proposed project to the long-range plan (if any) of the person proposing the project.

(b) The department may consider any of the following in its use of criteria for making the required determinations:

(i) Nationally recognized standards from professional organizations;

(ii) Standards developed by professional organizations in Washington state;

(iii) Federal medicare and medicaid certification requirements;

(iv) State licensing regulations;

(v) The hospital commission's policies, guidelines and regulations;

(vi) Applicable standards which have been developed by other individuals, groups or organizations with recognized expertise related to the proposed new institutional health services; and

(vii) The written findings and recommendations of individuals, groups or organizations with recognized expertise related to the proposed new institutional health

services, with whom the department consults during the review of an application.

(c) The department shall identify the criteria and standards it will use prior to or during the screening of a certificate of need application in accordance with WAC 248-19-280(4). The department shall inform the applicant about any consultation services it will use in the review of a certificate of need application prior to the use of such consultation services.

(d) Representatives of the department or consultants whose services are engaged by the department may make an on-site visit to a health care facility or health maintenance organization for which a certificate of need application is under review when the department deems such an on-site visit is necessary and appropriate to the department's review of a proposed project. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-360, filed 11/30/79.]

WAC 248-19-370 Determination of need. (1) Health maintenance organization project.

The determination of need for any health maintenance organization project, with the exception provided for in WAC 248-19-410(1)(a)(i), shall be based on the following criteria.

(a) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of the health maintenance organization or proposed health maintenance organization.

(b) The services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner which is consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization.

In assessing the availability of these health services from these providers, the department shall consider only whether the services from these providers:

(i) Would be available under a contract of at least five years duration;

(ii) Would be available and conveniently accessible through physicians and other health professionals associated with the health maintenance organization or proposed health maintenance organization (for example - whether physicians associated with the health maintenance organization have or will have full staff privileges at a nonhealth maintenance organization hospital);

(iii) Would cost no more than if the services were provided by the health maintenance organization or proposed health maintenance organization; and

(iv) Would be available in a manner which is administratively feasible to the health maintenance organization or proposed health maintenance organization.

(2) Project which is not a health maintenance organization project.

The determination of need for any project, which is not a health maintenance organization project, shall be based on the following criteria.

(a) The defined population has need for services of the type proposed, and services of the type proposed are not

or will not be available in sufficient supply to meet the needs of the defined population.

(b) The proposed project will not unnecessarily duplicate any other available health service of the type proposed.

(c) Other services of the type proposed are not or will not be sufficiently accessible to meet the needs of the defined population. The assessment of the conformance of a project with this criterion shall include, but not be limited to, consideration as to whether:

(i) Access of low income persons, racial and ethnic minorities, women, physically and mentally handicapped persons, and other underserved groups to the services proposed is commensurate with such persons' need for the health services (particularly those needs identified in the applicable health systems plan, annual implementation plan and state health plan as deserving of priority); and

(ii) In the case of the relocation of a facility or service, or the reduction or elimination of a service the present needs of the defined population for that facility or service, including the needs of underserved groups, will continue to be met by the proposed relocation or by alternative arrangements.

(d) Alternative uses of the resources required by a project, including health manpower, management personnel, and funds for capital and operating needs, are not reasonably available for the provision of other health services which are of higher priority as indicated by applicable health plans.

(e) The applicant has substantiated any of the following special needs and circumstances which the proposed project is to serve.

(i) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers which provide a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.

(ii) The special needs and circumstances of biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offer special advantages.

(iii) The special needs and circumstances of osteopathic hospitals and nonallopathic services. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-370, filed 11/30/79.]

WAC 248-19-380 Determination of financial feasibility. The determination of financial feasibility of a project shall be based on the following criteria.

(1) The immediate and long-range capital and operating costs of the project can be met.

(2) The costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services.

(3) The project can be appropriately financed. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-380, filed 11/30/79.]

WAC 248-19-390 Criteria for structure and process of care. A determination that a project fosters an acceptable or improved quality of health care shall be based on the following criteria.

(1) A sufficient supply of qualified staff for the project, including both health manpower and management personnel, are available or can be recruited.

(2) The project will have an appropriate relationship, including organization relationship, to ancillary and support services, and ancillary and support services will be sufficient to support any health services included in the proposed project.

(3) There is reasonable assurance that the project will be in conformance with federal and state laws, rules, regulations and standards applicable to health care facilities and services.

(4) The proposed project will promote continuity in the provision of health care to the defined population and will not result in an unwarranted fragmentation of services.

(5) There is reasonable assurance that the services to be provided through the proposed project will be provided in a manner that ensures safe and adequate care to the public to be served and in accord with applicable federal and state laws, rules, and regulations. The assessment of the conformance of a project to this criterion shall include but not be limited to consideration as to whether:

(a) The applicant has no history, in this state or elsewhere, of a criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility, a denial or revocation of a license to operate a health care facility, a revocation of a license to practice a health profession, or a decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation; or

(b) If the applicant has such a history, whether the applicant has affirmatively established to the department's satisfaction by clear, cogent and convincing evidence that the applicant can and will operate the proposed project for which the certificate of need is sought in a manner that ensures safe and adequate care to the public to be served and conforms to applicable federal and state requirements. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-390, filed 11/30/79.]

WAC 248-19-400 Determination of cost containment. A determination that a proposed project will foster cost containment shall be based on the following criteria.

(1) Less costly and equally or more effective alternatives, such as shared services, merger, contract services, and different methods of service provision, are not available or practicable.

(2) The costs and methods of construction are reasonable and efficient.

(3) The costs and methods of energy provision are reasonable and efficient, and take into consideration the

special circumstances of health care facilities with respect to the need for energy conservation.

(4) The proposed project will promote efficiency or productivity. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-400, filed 11/30/79.]

WAC 248-19-410 Review and action on health maintenance organization projects. (1) Title XIII health maintenance organization projects.

(a) In the case of a new institutional health service which is proposed to be provided by or through a health maintenance organization for which assistance may be provided under Title XIII of the Public Health Service Act and which consists of (or includes) the construction, development or establishment of a new inpatient health care facility, the department shall determine whether utilization of the facility by members of the applicant will account for at least seventy-five percent of the projected annual inpatient days, as determined in accordance with the recommended occupancy levels under the state health plan, and:

(i) Where the department determines that these members will account for less than seventy-five percent of these patient days, the application for the project shall be reviewed in accordance with WAC 248-19-360, with the use of WAC 248-19-370(2) for determination of need for the project; or

(ii) Where the department determines that these members will account for at least seventy-five percent of these patient days, the application for the project shall be reviewed in accordance with the provisions of the following WAC 248-19-410(1)(b).

(b) The findings of the department's review of any certificate of need application for a new institutional health service of a health maintenance organization for which assistance may be provided under Title XIII of the Public Health Service Act and the basis for the secretary's action on such application, with the exceptions provided for in the preceding WAC 248-19-410(1)(a)(i), shall be limited to determination of need based on WAC 248-19-370(1).

(2) Health maintenance organization projects, general.

(a) The review of a certificate of need application for a new institutional health service which is proposed to be provided by or through a health maintenance organization, for which assistance may not be provided under Title XIII of the Public Health Service Act, shall be in accordance with WAC 248-19-360.

(b) A certificate of need shall not be denied for any new institutional health service proposed to be provided by or through any health maintenance organization under the following circumstances:

(i) When the department has granted a certificate of need which authorized the development of the service, or expenditures in preparation for such offering or development, and when the offering of this new institutional health service will be consistent with the basic objectives,

time schedules, and plans of the previously approved application: *Provided*, That the department may impose a limitation on the duration of the certificate of need; or

(ii) Solely because there is a health maintenance organization of the same type, as specified in Section 1310(b) of the Public Health Service Act, in the same area, or solely because the services being reviewed are not discussed in the applicable health systems plan, annual implementation plan or state health plan. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-410, filed 11/30/79.]

WAC 248-19-420 Written findings and actions on certificate of need application. (1) Written findings.

(a) The findings of the department's review of a certificate of need application shall be stated in writing and include the basis for the secretary's decision as to whether a certificate of need is to be issued or denied for the proposed project.

(b) In making its findings and taking action on a certificate of need application, the department shall use all criteria contained in WAC 248-19-370, 248-19-380, 248-19-390 and 248-19-400 which are applicable to the proposed project:

(i) The written findings shall identify any criterion which the department has decided is not applicable to the particular project and give the reason for such decision.

(ii) The secretary may deny a certificate of need if the applicant has not provided the information which is necessary to a determination that the project meets all applicable criteria and which the department has prescribed and published as necessary to a certificate of need review of the type proposed: *Provided, however*, That the department has requested such information in a screening letter sent in accordance with WAC 248-19-280(4).

(c) A decision that a project for the provision of inpatient health services is needed shall not be made nor a certificate of need for such project be issued unless the department makes the following findings:

(i) Findings as to the efficiency and appropriateness of the use of existing inpatient facilities providing inpatient services similar to those proposed;

(ii) Findings as to the capital and operating costs for the project and their potential impact on patient charges;

(iii) Findings as to the efficiency and appropriateness of the proposed new institutional health service;

(iv) A finding that superior alternatives to the proposed inpatient services, in terms of cost, efficiency, and appropriateness do not exist and that the development of such alternatives is not practicable.

(v) In the case of new construction, a finding that alternatives to the new construction (e.g., modernization or sharing arrangements) have been considered and have been implemented to the extent practicable;

(vi) A finding that patients will experience serious problems in terms of cost, availability or accessibility or quality of care in obtaining inpatient care of the type proposed in the absence of the proposed new service; and

(vii) In the case of the addition of beds for the provision of skilled nursing care or intermediate care, a finding that relationship of the addition to the plans of other agencies of the state responsible for planning and financing long-term care (including home health services) has been considered.

(2) Separability of application and action. When a certificate of need application is for multiple services or multiple components or the proposed project is to be multiphased, the secretary may take individual and different action on separable portions of the proposed project.

(3) Conditional certificate of need.

(a) The secretary in making his decision on a certificate of need application may decide to issue a conditional certificate of need if the department finds that the project is justified only under specific circumstances.

(b) The conditions attached to a certificate of need may be released by the secretary upon the request of the health care facility or health maintenance organization for which the certificate of need was issued: *Provided*, It can be substantiated that the conditions are no longer valid and the release of such conditions would be consistent with the purposes of the State Health Planning and Resources Development Act.

(4) Distribution of written findings and statement of decision.

(a) A copy of the department's written findings and statement of the secretary's decision on a certificate of need application shall be sent to:

(i) The person who submitted the certificate of need application;

(ii) The health systems agency for the health service area in which the proposed project is to be located;

(iii) The hospital commission, if the proposed project is for a hospital; and

(iv) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States department of health, education and welfare.

(b) The written findings and statement of the secretary's decision on a certificate of need application shall be available to others who request the certificate of need unit to provide access to a copy of such findings and statement.

(5) Explanation of inconsistency with health systems agency recommendation or plan. The department shall send to the appropriate health systems agency a detailed, written statement as to the reasons why a decision which the secretary has made on a certificate of need application is inconsistent with any of the following:

(a) The health systems agency's recommendation as to the action to be taken on the certificate of need application;

(b) The goals of the applicable health systems plan; and

(c) The priorities of the applicable annual implementation plan. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-420, filed 11/30/79.]

WAC 248-19-430 Provision for reconsideration decision. (1) Any person may, for good cause shown, request a public hearing for the purpose of reconsideration of the secretary's decision on a certificate of need application.

(2) The department shall conduct a reconsideration hearing if it finds the request is in accord with the following requirements.

(a) The request for a reconsideration hearing shall be written, be received by the department within thirty days of the department's decision on the certificate of need application, state in detail the grounds which the person requesting the hearing believes to show good cause, and be signed by the person making the request.

(b) Grounds which the department may deem to show good cause for a reconsideration hearing shall be limited to the following:

(i) Relevant information not previously considered by the department which is sufficiently important to modify or reverse the department's findings and decision;

(ii) Information on changes in factors or circumstances relied upon by the department in making its findings and decision; or

(iii) Evidence the department materially failed to follow adopted procedures in reaching a decision.

(3) A reconsideration hearing shall be conducted in accordance with procedures for predecision and postdecision meeting on certificate of need applications which are established and published by the department and shall commence within thirty days after receipt of the request for the hearing.

(4) Notification of a public reconsideration hearing on a certificate of need application shall be sent prior to the date of such hearing by the department to the following:

(a) The person who requested the reconsideration hearing;

(b) The person who submitted the certificate of need application which is under reconsideration;

(c) The health systems agency for the health service area in which the proposed project is to be offered or developed;

(d) The hospital commission, if the proposed project is a hospital project; and to

(e) Other persons who request the department to send them such notification.

(5) The department shall, within forty-five days after the conclusion of a reconsideration hearing, make written findings which state the basis of the decision made after such hearing.

(6) The secretary may, upon the basis of the department's findings on a reconsideration hearing, issue, amend or revoke a certificate of need for the project about which the reconsideration hearing was conducted. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-430, filed 11/30/79.]

WAC 248-19-440 Issuance, suspension, denial, revocation and transfer of a certificate of need. (1) Issuance of a certificate of need.

(a) The secretary shall issue a certificate of need to the person who submitted the certificate of need application for the proposed project or a separable portion of the proposed project only if the department's findings and decision are that the project or the separable portion of the proposed project is consistent with the applicable criteria contained in WAC 248-19-370, 248-19-380, 248-19-390, 248-19-400 and 248-19-410.

(b) The secretary may issue a conditional certificate of need for a proposed project if it is justified only under specific circumstances.

(2) Suspension of a certificate of need.

(a) Grounds for which the department may suspend a certificate of need shall include, but not be limited to, suspicion of fraud, misrepresentation, false statements, misleading statements, evasion or suppression of material fact in the application for a certificate of need or any of its supporting materials.

(b) The department shall issue an order for any suspension of a certificate of need to the person to whom the certificate of need had been issued.

(i) Such order shall state the reason for the suspension.

(ii) A copy of such order of suspension shall be sent to the appropriate health systems agency and, if for a hospital project, the hospital commission.

(c) A suspension of a certificate of need shall not exceed one hundred twenty calendar days.

(i) The department shall review the facts and circumstances relevant to the suspension and reinstate, amend or revoke a certificate of need within the one hundred twenty calendar days.

(ii) The department shall send written notice of its decision on a suspended certificate of need to the person to whom the certificate of need had been issued. A copy of such notice shall be sent to the appropriate health systems agency and, if a hospital project, to the hospital commission.

(3) Denial of a certificate of need.

The secretary shall send written notification of denial of a certificate of need for a proposed project or a separable portion of a proposed project to the person who submitted the certificate of need application for the proposed project for which the certificate of need is not issued.

(a) Such notification shall state the reasons for the denial of a certificate of need.

(b) Copies of such notification shall be sent to the appropriate health systems agency and, if for a hospital project, to the hospital commission.

(4) Continuing effect of a denial.

In any case in which a proposed project or separable portion of the proposed project has been denied a certificate of need, another certificate of need application for such proposed project or separable portion thereof shall not be accepted by the department or reviewed under the provisions of chapter 248-19 WAC following the denial unless the department determines:

(a) There is a substantial change in existing or proposed health facilities or services in the area to be served by the project; or

(b) There is a substantial change in the need for the facilities or services of the type proposed in the area to be served by the project; or

(c) Three years have lapsed since the submission of the application for the certificate of need which was denied.

(5) Revocation of a certificate of need.

(a) The department may revoke a certificate of need for 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.

(b) A certificate of need shall be revoked two years or, if the department granted an extension of the certificate of need, two years and six months, from the date on which it was issued, unless it can be substantiated that substantial and continuing progress toward the commencement of the project has been made.

(c) The department may revoke a certificate of need if, after commencement of the project, the person to whom the certificate of need was issued fails, to make reasonable and continuing progress toward completion of the project.

(d) The secretary shall send written notification of a revocation of a certificate of need to the person to whom the certificate of need had been issued.

(i) The notice of revocation shall include a statement of the reasons for such revocation.

(ii) A copy of a notice of revocation shall be sent to the appropriate health systems agency and, if a hospital project, to the hospital commission.

(6) Transfer or assignment of a certificate of need. A certificate of need which has been issued to one person shall not be transferred or assigned to another person without the written approval of the secretary.

(a) The person to whom the certificate of need was originally issued shall submit to the department a written request that the certificate of need be transferred to another person and give the full name and complete address of the other person.

(b) The person to whom the current holder of the certificate of need wishes to transfer the certificate shall send a written request for such transfer on a form and in such a manner as prescribed and published by the department.

(c) The department after consulting the appropriate health systems agency and, for a hospital project, the hospital commission shall:

(i) Transfer the certificate of need;

(ii) Deny the transfer of the certificate of need and send written notice of the denial and the reasons for such denial to the persons who requested the transfer; or

(iii) If the person, who wishes to receive the certificate of need, plans to modify the project for which the certificate was issued, notify such person that an application for a new or amended certificate of need is necessary. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-440, filed 11/30/79.]

WAC 248-19-450 Circumstances for which an amended certificate of need is required. (1) An amended

certificate of need shall be required for any of the following modifications of a project for which a certificate of need was issued:

- (a) An addition of a new service;
- (b) An expansion of a service beyond that which was included in the certificate of need application on which the issuance of the certificate of need was based;
- (c) An increase in the inpatient bed capacity; or
- (d) A significant reduction in the scope of a project for which a certificate of need has been issued without a commensurate reduction in the cost of the project, or project cost increases (as represented in bids on a construction project or final cost estimate(s) acceptable to the person to whom the certificate of need was issued) when the total of such increases exceeds five percent or twenty-five thousand dollars, whichever is greater, over the cost estimate which was included in the application for the certificate of need: *Provided, however,* That the review of such reductions or cost increases shall be restricted to the continued financial feasibility of the project.

(2) An application for an amended certificate of need shall be submitted in accordance with the provisions of WAC 248-19-280.

(3) An application for an amended certificate of need may be reviewed under the expedited review process set forth in WAC 248-19-340.

(4) The department shall provide a written determination as to the requirement for an amended certificate of need within twenty-one days after receipt of a request for such determination. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-450, filed 11/30/79.]

WAC 248-19-460 Validity and extensions. (1) A certificate of need shall be valid for two years: *Provided,* That one six month extension may be made if it can be substantiated that substantial and continuing progress toward commencement of the project has been made.

(2) A project for which a certificate of need has been issued shall be commenced during the validity period for the certificate of need.

(3) Applications for extensions of the validity period of certificates of need shall be submitted simultaneously to the department, the appropriate health systems agency and, if a hospital project, the hospital commission, at least one hundred and twenty calendar days before the expiration of the certificate of need, and shall contain such information as may be required by the department to determine the extent of progress toward commencement of construction or other action necessary to a project.

(4) An application for an extension of a certificate of need which is submitted less than one hundred and twenty calendar days before the expiration of the certificate of need shall not be reviewed, unless the applicant can demonstrate to the satisfaction of the department that unforeseen occurrences during the last one hundred and twenty days of the validity period of the certificate of need prevented commencement of construction as previously anticipated by the applicant.

(5) Commencement of the project shall not be undertaken after the expiration of the certificate of need unless a new certificate of need application has been reviewed and a new certificate of need has been issued by the secretary. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-460, filed 11/30/79.]

WAC 248-19-470 Monitoring of approved projects.

(1) The department in cooperation with the health systems agencies, and the hospital commission in the case of hospital projects, shall monitor the costs and components of approved projects so as to assure conformance with certificates of need that have been issued.

(2) The department shall require periodic progress reports from those applicants to whom certificates of need have been issued.

(a) Progress reports shall be required at least annually and at no greater frequency than quarterly.

(b) Progress reports shall be submitted in the form and manner prescribed and published by the department.

(3) Information required on approved projects may include:

- (a) Actual project costs;
- (b) Changes in the project;
- (c) Financing arrangements, different than approved under the certificate of need;
- (d) Project commencement date;
- (e) Progress toward completion of construction; and
- (f) Project completion date.

(4) The information required on approved projects may vary according to the nature of the projects.

(5) Progress reports on a project for which a particular certificate of need has been issued shall terminate when the project has been completed and the department finds that it has received all the information necessary to determine that the project has been completed in accordance with the certificate of need which had been issued and the provisions of chapter 248-19 WAC. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-470, filed 11/30/79.]

WAC 248-19-480 Right and notice of appeal. (1)

Any person denied a certificate of need for a project or a separable portion of a project or whose certificate of need was amended, suspended or revoked by the secretary shall be afforded the opportunity for an administrative hearing on the secretary's decision.

(2) A health systems agency shall be afforded the opportunity for an administrative hearing regarding a secretary's decision on a certificate of need application which is inconsistent with the health systems agency's recommendation as to the action to be taken on such application.

(3) To be effective, a request for an administrative hearing shall be in writing and received by the department within thirty calendar days after the person or health systems agency requesting the hearing, received the particular decision of the department which is being appealed.

(4) An administrative hearing shall be conducted in accordance with the provisions of chapter 34.04 RCW by an agency, other than the department, designated by the governor.

(5) The decision of the agency that conducts an administrative hearing shall be made in writing within forty-five days after the conclusion of the hearing and the written decision shall be sent to the applicant, the appropriate health systems agency, and the department. The department shall make the written findings available to others upon request.

(6) The decision of the agency that conducts an administrative hearing shall be considered the final decision of the department; however, the agency that conducts an administrative hearing may remand the matter to the department for further action or consideration. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-480, filed 11/30/79.]

WAC 248-19-490 Certificate of need program reports. (1) The department shall prepare annual reports containing information on certificate of need reviews in progress, reviews completed in the preceding twelve month period, and a general statement of the findings and decisions made in the course of those reviews.

(2) The department shall provide notification, upon request, to providers of health services and to other persons subject to certificate of need review of the status of the department's review of new institutional health services subject to review and the findings made in the course of such review. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-490, filed 11/30/79.]

WAC 248-19-500 Public access to records. The general public shall have access to certificate of need applications reviewed by the department and to other written materials pertinent to such reviews, according to the provisions of chapter 42.17 RCW. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), 248-19-500, filed 11/30/79.]

Chapter 248-33 WAC APPROVAL OF EYE BANKS

WAC
248-33-100 Records.

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 identity

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. [Statutory Authority: RCW 43.20.050. 78-03-060 (Order 156), § 248-33-100, filed 2/22/78; Order 134, § 248-33-100, filed 10/21/76.]

Chapter 248-54 WAC PUBLIC WATER SUPPLIES

WAC
248-54-250 Repealed.
248-54-260 Repealed.
248-54-270 Repealed.
248-54-280 Repealed.
248-54-290 Repealed.
248-54-300 Repealed.
248-54-310 Repealed.
248-54-320 Repealed.
248-54-330 Repealed.
248-54-340 Repealed.
248-54-350 Repealed.
248-54-360 Repealed.
248-54-370 Repealed.
248-54-380 Repealed.
248-54-385 Repealed.
248-54-390 Repealed.
248-54-400 Repealed.
248-54-410 Repealed.
248-54-420 Repealed.
248-54-430 Repealed.
248-54-440 Repealed.
248-54-450 Repealed.
248-54-460 Repealed.
248-54-470 Repealed.
248-54-480 Repealed.
248-54-490 Repealed.
248-54-500 Repealed.
248-54-510 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-54-250 Purpose and scope. [Order 49, § 248-54-250, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
248-54-260 Definitions. [Order 114, § 248-54-260, filed 5/23/75; Order 49, § 248-54-260, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
248-54-270 Administration. [Order 49, § 248-54-270, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
248-54-280 Comprehensive plan. [Order 114, § 248-54-280, filed 5/23/75; Order 49, § 248-54-280, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
248-54-290 Preliminary report required. [Order 49, § 248-54-290, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
248-54-300 Submission of plans for new water works. [Order 49, § 248-54-300, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
248-54-310 Submission of plans for alterations to water works. [Order 49, § 248-54-310, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.

- 248-54-320 Requirements for engineers. [Order 49, § 248-54-320, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-330 Approval by health officer. [Order 49, § 248-54-330, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-340 Inspection and certification by a professional engineer. [Order 49, § 248-54-340, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-350 Source protection. [Order 49, § 248-54-350, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-360 Water treatment. [Order 49, § 248-54-360, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-370 Fluoridation. [Order 49, § 248-54-370, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-380 Design of public water supply facilities. [Order 49, § 248-54-380, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-385 Distribution reservoirs. [Order 114, § 248-54-385, filed 5/23/75.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-390 Disinfection of facilities. [Order 49, § 248-54-390, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-400 Bypasses. [Order 49, § 248-54-400, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-410 Quantity and pressure. [Order 49, § 248-54-410, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-420 Reliability. [Order 49, § 248-54-420, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-430 Quality. [Order 49, § 248-54-430, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-440 Maintenance and operation. [Order 49, § 248-54-440, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-450 Emergency measures. [Order 49, § 248-54-450, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-460 Alterations or changes required. [Order 49, § 248-54-460, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-470 Cross-connections. [Order 49, § 248-54-470, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-480 Definitions. [Order 49, § 248-54-480, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-490 Cross-connections prohibited. [Order 49, § 248-54-490, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-500 Use of backflow prevention devices. [Order 49, § 248-54-500, filed 12/17/70.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- 248-54-510 Exemptions. [Order 114, § 248-54-510, filed 5/23/75.] Repealed by 79-05-019 (Order 177), filed 4/16/79. Statutory Authority: RCW 43.20.050.
- WAC 248-54-260 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-270 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-280 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-290 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-300 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-310 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-320 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-330 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-340 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-350 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-360 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-370 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-380 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-385 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-390 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-400 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-410 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-420 Repealed.** See disposition Table at beginning of this chapter.
- WAC 248-54-430 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-440 Repealed.** See Disposition Table at beginning of this chapter.
- WAC 248-54-450 Repealed.** See Disposition Table at beginning of this chapter.

WAC 248-54-250 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-460 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-470 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-480 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-490 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-500 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-510 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-55 WAC

WATERWORKS OPERATOR CERTIFICATION

WAC

248-55-010	Purpose.
248-55-020	Definitions.
248-55-030	Applicability.
248-55-040	Certification board.
248-55-050	Classification schedule for public water systems.
248-55-060	Minimum certification requirements for public water systems.
248-55-070	Minimum education and experience requirements for water works operators.
248-55-080	Examination.
248-55-090	Certification without examination.
248-55-100	Fees.
248-55-110	Renewal of certificates.
248-55-120	Revocation.
248-55-130	Violations.

WAC 248-55-010 **Purpose.** Pursuant to the provisions of chapter 70.119 RCW, the regulations set forth in this chapter are adopted for the protection of public health through the establishment of minimum requirements and standards by which operators in direct responsible charge of public water systems are examined and certified as to their competency. Certification under this act is available to all operators who can meet the minimum qualifications of a given classification. All operators are encouraged to be certified to their highest degree of competency based on their responsibilities and their particular specialties within the field. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-010, filed 9/22/78.]

WAC 248-55-020 **Definitions.** (1) "Board" – The board established pursuant to RCW 70.95B.070 which shall be known as the water and waste water operator certification board of examiners.

(2) "Continuing Education Unit (CEU)" – A nationally recognized unit of measurement similar to college credits. One CEU is awarded for every ten contact lecture hours of participation in an organized continuing education experience, under responsible sponsorship, capable direction and qualified instruction. One CEU will

also be awarded for twenty contact laboratory hours of approved training.

(3) "Department" – The department of social and health services.

(4) "Direct Responsible Charge (DRC)" – DRC experience is defined as active daily, on-site charge and performance of the operation of a public water system, purification plant, distribution system, or a major segment of a distribution system or purification plant.

(5) "Distribution System" – That portion of a public water system not included within the scope of the purification plant. In most cases this shall include source, storage, and distribution network facilities and associated unit processes which are not part of the purification plant.

(6) "Governing Body" – The policy setting body or individual(s) responsible for the supervision and management of a public water system.

(7) "Nationally Recognized Association of Certification Authorities" – An organization which serves as an information center for certification activities, recommends minimum standards and guidelines for classification of potable water treatment plants, water distribution systems and waste water facilities and certification of operators, facilitates reciprocity between state programs and assists authorities in establishing new certification programs and updating existing ones.

(8) "Owner" – The policy setting body or individual(s) responsible for the supervision and management of a public water system.

(9) "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 systems serving one single family residence.

(10) "Purification plant" – That portion of a public water system which treats or improves the physical, chemical or bacteriological quality of the system's water to bring the water into compliance with state board of health standards. Unit processes installed as necessary to perform water filtration, ion exchange, electro dialysis, reverse osmosis, or iron and manganese removal shall be included within the scope of the term purification plant. Unit processes installed as necessary to allow in-line fluoridation, in-line chlorination, or chemical addition to inhibit corrosion shall not be included within the scope of the term purification plant.

(11) "Secretary" – The secretary of the department of social and health services.

(12) "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.

(13) "Voluntary Certification Program" – Operators not required to be certified under the mandatory certification program are encouraged to seek certification under the voluntary certification program which shall be administered by the board and shall be identical to the mandatory certification program.

(14) "Water Filtration System" – A series of unit processes installed with the intent of reducing the quantity and quality of suspended and dissolved solids such that the treated water meets the quality standards set forth in the rules and regulations of the state board of health regarding public water systems (chapter 248-54 WAC). [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-020, filed 9/22/78.]

WAC 248-55-030 Applicability. (1) After January 1, 1979, all public water systems are required to have a certified operator if the system serves either:

- (a) One hundred services at any one time; or
- (b) Twenty-five or more persons which are supplied from a stream, lake or other surface water supply source and which are required by law to use a water filtration system.

(2) Certified personnel shall be in direct responsible charge of the active daily technical direction and supervision of the following portions of affected public water systems:

- (a) The entire public water system; or
- (b) A major segment of a public water system necessary for monitoring or improving the quality of water provided separate individuals are assigned decision-making authority; or

(c) Shift supervisors, if shift work is practiced. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-030, filed 9/22/78.]

WAC 248-55-040 Certification board. (1) The Water and Wastewater Operator Certification Board of Examiners established pursuant to RCW 70.95B.070 shall oversee the administration of the certification program.

- (2) The board shall be composed of:
- (a) One member from the Department of Ecology.
 - (b) One member from the Department of Social and Health Services.

(c) One member who holds the position of city manager, city engineer, director of public works, superintendent of utilities, or an equivalent position and employs a certified operator.

(d) Two members who are certified water operators holding a certificate of at least the second highest operator classification.

(e) Two members who are certified wastewater operators holding a certificate of at least the second highest classification.

- (3) Duties of the board shall include:
- (a) Recommend to the secretary classifications of distribution systems and purification plants and maintain records thereof;

(b) Develop operator qualification standards consistent with the distribution system and purification plant

classification system and examine the qualifications of applicants for certification;

(c) Assist in the development of rules and regulations; prepare, administer and evaluate examinations of operator competency as required by law; and recommend the issuance or revocation of certificates;

(4) To assist in the administration of this chapter, the representative from the department on the board shall serve as board secretary. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-040, filed 9/22/78.]

WAC 248-55-050 Classification schedule for public water systems. The secretary shall use classification procedures recommended by a nationally recognized association of certification to classify purification plants and distribution systems.

(1) Purification plants are classified by the secretary in four groups:

(a) Classification	Total Points Assigned
Group 1	30 and less
Group 2	31 to 55
Group 3	56 to 75
Group 4	76 and greater

(b) Points are assigned to every item in Table 1 that applies to the purification plant being evaluated.

**TABLE 1
PURIFICATION PLANT CLASSIFICATION**

ITEM	POINTS ASSIGNED
SIZE	
Maximum Population Served (Peak Day)	1 point per 10,000 or part Maximum of 10 points 1-10
Design Flow (Average Day) Or Peak Month's Production (Average Day), Whichever Is Larger	1 point per MGD or part Maximum of 10 Points 1-10
WATER SUPPLY SOURCE	
Groundwater	3
Surface Water	5
Average Raw Water Quality (Good to Poor)	See Table 2 for Variable Point Guide 0-10
COAGULATION, SEDIMENTATION, FILTRATION	
Presettling	4
Addition of Coagulant	4
Mixing, flocculation, settling, or	4 4 or 8
Upflow solids contact	8
Filtration	6
CHEMICAL PRECIPITATION SOFTENING	
Presettling	4
Addition of chemicals/coagulants	4
Mixing, flocculation, settling, or	4 4 or 8
Upflow solids contact	8
Recarbonation	2
Filtration	6

ITEM	POINTS ASSIGNED
ION EXCHANGE SOFTENING	
Ion Exchange Softening	10
IRON OR IRON/MN REMOVAL	
Chemical Oxidation by KMnO ₄	4
Chemical Oxidation by Cl ₂	4
Aeration	4
Filtration	6
ADJUSTMENT – Points assigned only for specific chemical treatment in addition to those listed above or where it is the only treatment provided.	
Chemical Addition for Stabilization (polyphosphate, soda, lime, pH adjustment, etc.)	4
Taste and Odor or Color Control (KMnO ₄ , activated carbon, etc.)	8
ADVANCED TREATMENT (demineralization)	15
WASTE HANDLING	
In plant treatment of sludge	6
FLUORIDATION	5
DISINFECTION	
Chlorination or Comparable	5
On-site Generation of Disinfectant	5
LABORATORY CONTROL BY PLANT PERSONNEL (See Table 2 for Variable Point Guide)	
Bacteriological (Complexity)	3-10
Chemical/Physical (Complexity)	1-10
Total	

* Each category should be considered a major unit process and points assigned only once for each unit or combined unit, i.e. for iron removal using oxidation and precipitate removal by filtration, only add ten points for iron removal and nothing for filtration.

(c) Table 2 is to be used as a supplement to Table 1.

**TABLE 2
PURIFICATION PLANT VARIABLE POINT GUIDE**

Variation in Raw Water Quality	0 - 10
The key concept is the variation or change in the quality of the raw water source. Point values are:	
Little or no variation; no treatment provided except chlorination.	0
Raw water quality (other than turbidity) varies enough to require treatment changes approximately 10 percent of the time.	2
Raw water quality (turbidity) varies severely enough to require pronounced and/or very frequent treatment changes.	5
Raw water quality subject to periodic serious industrial waste pollution.	10
Laboratory Control by Plant Personnel	
Bacteriological/biological (complexity) – The key concept is to credit bacti/bio lab work done on-site by plant personnel. Point values are:	0 - 10
Lab work done outside the plant.	0
Membrane filter procedures.	3
Use of fermentation tubes or any dilution method; fecal coliform determination.	5
Biological identification.	7
Virus studies or similarly complex work conducted on-site.	10

Chemical/physical (complexity) – The key concept is to credit chemical/physical lab work done on-site by plant personnel. Point values are:

Lab work done outside the plant.	0
Push button or colorimetric methods for simple tests such as chlorine residual, pH, –up to	3
Additional procedures such as titration, jar tests, alkalinity, hardness–up to	5
More advanced determinations such as numerous inorganics–up to	7
Highly sophisticated instrumentation such as atomic absorption and gas chromatography.	10

(2) Distribution systems are classified by the secretary in four groups, according to the population served. The classification schedule is as follows:

Classification	Population Served*
Group 1	less than 1500
Group 2	1501 – 15,000
Group 3	15,001 – 50,000
Group 4	greater than 50,000

*If the population served is not known; then apply this formula:

$$\text{Number of Service Connections} \times 3.1 = \text{Population Served}$$

[Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-050, filed 9/22/78.]

WAC 248-55-060 Minimum certification requirements for public water systems. (1) Public water systems shall be classified by the secretary in accordance with the procedures in WAC 248-55-050. Accordingly, an operator certified at the appropriate level shall be in direct responsible charge of the active daily technical direction and supervision of the following portions of the public water system.

(a) Purification Plant – A Water Treatment Plant Operator (WTPO) shall be in direct responsible charge of that portion of any public water system which is classified as a purification plant and which meets the conditions of WAC 248-55-030(1)(a) or 248-55-030(1)(b). The WTPO shall be responsible for the administration and operation of the purification plant and shall be certified at a level determined by the complexity of the purification plant as determined by a point rating system. (See WAC 248-55-050(1) for point rating system details).

(b) Water Distribution System – A Water Distribution Manager (WDM) shall be in direct responsible charge of all public water systems which meet the conditions of WAC 248-55-030(1)(a) or 248-55-030(1)(b). The WDM shall be responsible for the administration and operation of the entire public water system or a major segment of a public water system necessary for monitoring or improving the quality of water and shall be certified at a level determined by the population served. (See WAC 248-55-050(2) for rating details).

(c) Distribution System Specialties – A third classification of operator certification, Water Distribution Specialist (WDS), shall be available to operators on a voluntary basis. Any person who is engaged in a specialized phase of waterworks operation such as main repair,

meter repair, pump maintenance and operation, service installation, chlorination process operation, or watershed control but is not working in a direct responsible charge capacity is encouraged to become certified as a water distribution specialist.

(2) If the public water system normally practices shift work; then a certified operator shall be in direct responsible charge for each operating shift.

(3) The same individual may be certified as a WDM, WTPO, or WDS. [Statutory Authority: RCW 70.119-.050. 78-10-053 (Order 1343), § 248-55-060, filed 9/22/78.]

WAC 248-55-070 Minimum education and experience requirements for water works operators. (1) Minimum education and experience requirements for the following classifications and grades of operators shall be:

**Table 3
MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS**

	EDUCATION/OPERATING EXPERIENCE(DRC)				
	OIT *	I	II	III	IV
Water Distribution Manager (WDM)	12/3 months	12/1	12/3	14/4(2)	16/4(2)
Water Treatment Plant Operator (WTPO)	12/3 months	12/1	12/3	14/4(2)	16/4(2)
Water Distribution Specialist (WDS)	12/3 months	12/1	12/3	14/4(2)	16/4(2)
Cross-Connection Control Specialist (CC)	NA	**	***	NA	NA

(Education and experience requirements are expressed in years unless otherwise noted.)

*Operator in Training experience can be fulfilled by 3 months experience or 30 hours of relevant classroom training (3 CEU)

**Experience required is a special 30-hour Backflow Prevention Device Testers class that includes hands-on-training, lectures, and a field trip

***Experience required is training as a cross-connection control instructor and certification as a CCI

(2) Substitution - The board may allow substitutions of experience when short of formal education, or vice versa.

(3) Policy - A listing of minimum requirements and responsibilities for each classification and grade including rules regarding substitutions shall be adopted by the board and published by the department. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-070, filed 9/22/78.]

WAC 248-55-080 Examination. (1) The board shall prepare examinations to be used in determining the competency of operators.

(2) Periodic review and revision of the examinations shall be undertaken as necessary to ensure validity and applicability.

(3) Certificates of competency shall be issued to applicants who successfully pass the examination for the classification and grade for which they were eligible.

(4) Applicants who fail to pass an examination may repeat the same examination at no additional fee at the next regularly scheduled examination.

(5) Examinations shall be held at least three times annually at convenient places and times as set by the board. Advance announcements of places and times shall be published by the department.

(6) The board shall forward its recommendations for certification to the secretary. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-080, filed 9/22/78.]

WAC 248-55-090 Certification without examination. (1) The secretary shall issue certificates without examination under the following conditions:

(a) Certificates, in appropriate classifications, shall be issued to operators who on January 1, 1978, held certificates of competency attained through the Voluntary Certification Program sponsored jointly by the Pacific Northwest Section of the American Water Works Association and the department.

(b) Certificates shall be issued to persons certified by a governing body or owner of a public water system to have been the operators of a purification plant or distribution system on January 1, 1978 but only to those who are required to be certified in accordance with WAC 248-55-030. A certificate so issued shall be conditioned to be valid only for operating the existing plant or system.

(c) A nonrenewable certificate, temporary in nature, may be issued to an operator for a period not to exceed twelve months to fill a vacated position required to have a certified operator. Only one such certificate may be issued subsequent to each instance of vacation of any such position.

(d) The board may, at its discretion, waive examinations for applicants holding certificates or licenses issued by other states or provinces having equivalent standards as determined by the board, and issue a class of certificate in accordance with the requirements contained herein.

(2) Certificates without examination shall be issued only upon receipt of a completed application form and fees as required in this chapter. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-090, filed 9/22/78.]

WAC 248-55-100 Fees. (1) Applications will be accepted for processing only when accompanied by an application fee of ten dollars.

(2) Except as provided under WAC 248-55-080(4), applications for reexamination will be accepted for processing only when accompanied by an application fee of ten dollars.

(3) Applications for certificate renewals will be accepted for processing only when accompanied by a renewal fee of five dollars. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-100, filed 9/22/78.]

WAC 248-55-110 Renewal of certificates. (1) The terms for all certificates shall be for one year from the date of issuance. Every certificate shall be renewed annually upon the payment of a five dollar renewal fee and satisfactory evidence presented to the board that the operator has demonstrated continued professional growth in the field. The accumulation of three college credits or continuing education units every three years is considered satisfactory evidence of professional growth.

(2) The secretary shall notify operators who fail to renew their certificate before the end of the certificate year that their certificates are temporarily valid for two months following the end of the certificate year. Certificates not renewed during the two month period shall become invalid. The secretary shall notify the holders of invalid certificates with a written notice.

(3) An operator who has failed to renew the certificate pursuant to the provisions of this section may reapply for certification. The board may require the operator to meet the requirements established for new applicants. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-110, filed 9/22/78.]

WAC 248-55-120 Revocation. (1) The secretary may, with the recommendation of the board and after hearing before same, revoke a certificate if:

(a) It is found to have been obtained by fraud or deceit;

(b) The operator demonstrates gross negligence in the operation of a water purification plant or a public water system's operation or major segment thereof; or

(c) The operator violates the requirements of this chapter or any lawful rules, order or regulation of the secretary.

(2) No person whose certificate has been revoked under this section shall be eligible for a certificate for one year from the effective date of the final order of revocation. Any such person who reappplies for recertification shall meet all the requirements established for new applications. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-120, filed 9/22/78.]

WAC 248-55-130 Violations. (1) Following thirty days written notice by the secretary violation of WAC 248-55-030 is a misdemeanor. Each day that a public water system operates in violation of WAC 248-55-030 constitutes a separate offense. Upon conviction, violators are subject to fines not exceeding one hundred dollars for each such offense.

(2) In the case of fraud, deceit, or gross negligence under WAC 248-55-120(1)(a) and (b), no revocation citation or change shall be made until proper written notice of violation and reasonable opportunity for correction has been made. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-130, filed 9/22/78.]

Chapter 248-56 WAC

WATER SYSTEM COORDINATION ACT-- PROCEDURAL REGULATIONS

WAC

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WAC 248-56-100 Purpose. This chapter is promulgated pursuant to the authority granted in the Public Water System Coordination Act of 1977, chapter 70.116 RCW, for the purpose of implementing a program relating to public water system coordination within the state of Washington, for evaluation and determination of critical water supply service areas, and assistance for orderly and efficient public water system planning. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-100, filed 6/28/78.]

WAC 248-56-200 Definitions. (1) "Public water system" - Any system or water supply intended or used for human consumption or other domestic uses including, but not limited to, source, treatment, storage, transmission and distribution facilities where water is furnished to any community, number of individuals or is made available to the public for human consumption or domestic use. This definition shall exclude any water system serving one single family residence, water systems existing prior to September 21, 1977 which are owner operated and serve less than ten single family residences, and water systems serving no more than one industrial plant.

(2) "Purveyor" - Any agency or subdivision of the state or any municipality, firm, company, mutual or cooperative association, institution, partnership, person, or any other entity that owns or operates a public water system for wholesale or retail service (or their authorized agent).

(3) "Municipality" – Any county, city, town, or any other entity having its own incorporated government for local affairs including, but not limited to, metropolitan municipal corporation, public utility district, water district, irrigation district, sewer district, and/or port district.

(4) "Inadequate water quality" – An excess of maximum contaminant levels established by the state board of health (chapter 248-54 WAC).

(5) "Unreliable service" – Low pressure or quantity problems, and/or frequent service interruption inconsistent with state board of health requirements (chapter 248-54 WAC).

(6) "Lack of coordinated planning" – Failure to resolve existing or potential areawide problems related to:

(a) Insufficient control over development of new public water systems.

(b) Adjacent or nearby public water systems constructed according to incompatible design standards.

(c) No future service area agreements, or conflicts in existing or future service areas.

(d) Adjacent public water systems which could benefit from emergency interties or joint-use facilities.

(e) Water system plans which have not been updated in accordance with chapter 248-54 WAC.

(f) Inconsistencies between neighboring water system plans, or failure to consider adopted county or city land use plans or policies.

(7) "Critical water supply service area" – A geographical area designated by the department or county legislative authority characterized by public water system problems related to inadequate water quality, unreliable service, and/or lack of coordinated water system planning. It may be further characterized by a proliferation of small, inadequate public 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 public water systems in the area.

(8) "County legislative authority" – The board of county commissioners or that body assigned such duties by a county charter as enacting ordinances, passing resolutions, and appropriating public funds for expenditure.

(9) "Local planning agency" – The division of city or county government responsible for land use planning functions.

(10) "Coordinated water system plan" – A plan for public water systems within a critical water supply service area which identifies the present and future water system concerns and sets forth a means for meeting those concerns in the most efficient manner possible.

(11) "Existing service area" – A specific area within which direct service or retail service connections to customers of a public water system are currently available.

(12) "Future service area" – A specific area for which water service is planned by a public water system, as determined by written agreement between purveyors provided for in WAC 248-56-730.

(13) "Department" – The Washington state department of social and health services. [Statutory Authority:

Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-200, filed 6/28/78.]

WAC 248-56-300 Preliminary assessment--Requirement. In areas where public water systems are suspected of having problems related to inadequate water quality, unreliable service, or lack of coordinated planning, a preliminary assessment shall be undertaken to determine if the geographical area should be designated a critical water supply service area. (See WAC 248-56-200 for definitions.) [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-300, filed 6/28/78.]

WAC 248-56-310 Preliminary assessment--Procedures. (1) The preliminary assessment shall be conducted under the authority of the county legislative authority(ies) and the department with assistance from affected state and local agencies and water purveyors.

(2) Notice that a preliminary assessment is being undertaken shall be made to all affected parties, those who have demonstrated an interest, and the local news media.

(3) The preliminary assessment shall be presented in report form, as short and factual as possible, and shall consider at least the following topics as they relate to public water systems in the potential critical water supply service area:

(a) Existing water systems, including:

(i) History of water quality, reliability and service,

(ii) General fire fighting capability of the utilities, and

(iii) Identification of major facilities which need to be expanded, altered, or replaced.

(b) Availability and adequacy of future water source(s).

(c) Service area boundaries, including a map of established boundaries and identification of systems without established boundaries.

(d) Present growth rate.

(e) Status of water system planning, land use planning, and coordination, including a list of land use plans and policies adopted by local general purpose governments.

(4) Upon completion, the preliminary assessment shall be submitted to the county legislative authority(ies) and the department for review. A copy shall also be transmitted to all potentially affected water purveyors and appropriate news media. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-310, filed 6/28/78.]

WAC 248-56-400 Declaration of critical water supply service area. (1) Based upon review of the preliminary assessment, if findings indicate that a geographical area does have problems related to inadequate water quality, unreliable service, or lack of coordinated planning, the county legislative authority(ies) or the department shall declare that area a critical water supply service area.

(2) The declaration shall be in the format of a legislative enactment signed by the county legislative

authority(ies), or administrative declaration signed by the secretary of the department or his designee.

(3) The declaring agency shall file its declaration with the other agency(ies) and notify in writing the appropriate local planning agencies, affected water purveyors, and the local news media within ten days. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-400, filed 6/28/78.]

WAC 248-56-500 Water utility coordinating committee—Establishment. (1) Within 30 days following the declaration of a critical water supply service area, a water utility coordinating committee shall be appointed by the declaring agency(ies).

(2) The water utility coordinating committee shall consist of one representative from each of the following:

- (a) Each county legislative authority within the declared area,
- (b) Each county planning agency having jurisdiction within the declared area,
- (c) Each health agency having jurisdiction within the declared area (chapters 70.08, 70.05, 43.20 RCW),
- (d) Each water purveyor with over fifty services within the declared area.

(Other agencies or purveyors shall be appointed as ex officio members of the committee if determined appropriate by the county legislative authority(ies) or the department).

(3) In order for the water utility coordinating committee to conduct business, at least half but not less than three representatives from the entities listed in subsection (2) shall be present.

(4) At the first meeting of the water utility coordinating committee, the following shall be determined by consensus:

- (a) Chairperson
- (b) Rules for conducting business, including voting procedure. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-500, filed 6/28/78.]

WAC 248-56-510 Water utility coordinating committee—Purpose. (1) The initial purpose of the water utility coordinating committee shall be to recommend external critical water supply service area boundaries to the county legislative authority(ies) within six months of appointment of the committee. (See WAC 248-56-600.)

(2) Following establishment of external critical water supply service area boundaries, the water utility coordinating committee shall be responsible for development of the coordinated water system plan. (See WAC 248-56-740.) [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-510, filed 6/28/78.]

WAC 248-56-600 Establishment of external critical water supply service area boundaries—Procedures. (1) Proposed boundaries shall be documented by a written report which includes:

(a) A map and narrative description of the recommended boundary.

(b) A narrative statement outlining the reasons for the recommended boundary location, the criteria used and relative importance of each.

(2) Prior to submittal of recommended external boundaries to the county legislative authority(ies), the water utility coordinating committee shall conduct at least one informational meeting for the purpose of soliciting public input.

(3) The water utility coordinating committee shall make a formal report of its recommended external critical water supply service area boundaries to the county legislative authority(ies).

(4) The county legislative authority(ies) shall conduct at least two public hearings on the proposed boundaries within six months from the date the boundaries were submitted by the water utility coordinating committee, for the purpose of soliciting responses to the proposed boundaries.

(5) Within six months from the date proposed boundaries are submitted to the county legislative authority(ies), one of the following actions may be taken by the county legislative authority(ies):

- (a) Ratify the proposed boundaries based on findings at the public hearings, or
- (b) Modify the proposed boundaries in accordance with findings of the public hearings, and then ratify the revised boundaries.

If neither of the above actions are taken by the county legislative authority(ies) within six months, the boundaries as stated in the proposal submitted by the water utility coordinating committee to said county legislative authority(ies) shall be automatically ratified. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-600, filed 6/28/78.]

WAC 248-56-610 Establishment of external critical water supply service area boundaries—Criteria. (1) The water utility coordinating committee, in recommending, and county legislative authority(ies), in determining the location of external critical water supply service area boundaries shall consider factors including, but not limited to:

- (a) Existing land use,
- (b) Projected land use and permitted densities as documented in adopted county or city plans, ordinances and/or growth policies for at least 10 years into the future,
- (c) Other planning activities or boundaries which may affect land use or water system planning,
- (d) Physical factors limiting provision of water service,
- (e) Existing political boundaries, including boundary agreements in effect and attitudes towards expanding those boundaries,
- (f) Future service areas of existing utilities,
- (g) Hydraulic factors, including potential pressure zones or elevations,
- (h) Economic ability of the public water systems to meet minimum service requirements.

(2) External critical water supply service area boundaries shall not divide any purveyor's existing, contiguous

service area. Areas served by a wholesale purveyor may be divided into as many existing service areas as may be justified by geography, engineering or other factors discussed in the preliminary assessment. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-610, filed 6/28/78.]

WAC 248-56-620 Establishment of critical water supply service area boundaries--Effect. (1) No new public water system shall be approved within a critical water supply service area subsequent to establishment of external boundaries unless specifically authorized by the department. Authorization shall be based upon compliance with the following:

(a) If unanticipated demand for water supply occurs within a purveyor's future service area, the following shall apply in the listed sequence:

(i) The existing purveyor shall provide service in a timely and reasonable manner consistent with state board of health regulations; or

(ii) A new public water system may be developed on a temporary basis. Before authorization, a legal agreement will be required which includes a schedule for the existing purveyor to assume management and/or connect the new public water system to the existing system; or

(iii) A new public water system may be developed. Before authorization, a revised service area agreement establishing the new purveyor's future service area will be required.

(b) If a demand for water supply occurs outside any purveyor's future service area, the following shall apply in the listed sequence:

(i) Those persons anticipating the need for water service shall contact existing nearby purveyors within the critical water supply service area to determine whether any will be interested in expanding their system to provide water service in a timely and reasonable manner consistent with state board of health regulations.

(ii) A new public water system may be developed on a temporary basis. Before authorization, a legal agreement will be required which includes a schedule for an existing system to assume management and/or connect the new public water system to an existing system; or

(iii) A new public water system may be developed.

Any of the options listed in subdivisions (b)(i), (b)(ii), or (b)(iii) will require establishment of new or revised service area agreements.

(2) If a new public water system is developed, it shall have an approved water system plan pursuant to WAC 248-54-580 and the provisions of this chapter. The plan shall include a section addressing the outcome of subsections (1)(a), or (1)(b) along with documented confirmation by the appropriate existing purveyors(s).

(3) Any proposed new public water system shall not be inconsistent with local adopted land use plans, shoreline management programs, and/or development policies as determined by the appropriate county or city legislative authority(ies).

(4) If a coordinated water system plan has been approved for the affected area, all proposed new public

water systems shall be consistent with the provisions of that plan. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-620, filed 6/28/78.]

WAC 248-56-630 Alteration of external critical water supply service area boundaries. (1) After establishment of external critical water supply service area boundaries, those boundaries may not be altered until the coordinated water system plan is completed.

(2) Alteration of external critical water supply service area boundaries may be initiated by the department or county legislative authority(ies) in accordance with the procedures and criteria identified in WAC 248-56-600 and 248-56-610. In addition:

(a) The department or county legislative authority(ies), whichever initiates alteration of external boundaries, shall prepare a brief report documenting the need for such alteration, and

(b) The department or county legislative authority(ies), whichever initiates preparation of the report, shall reconvene the water utility coordinating committee and present the report to the committee, together with instructions for committee action.

(3) The coordinated water system plan shall be revised as necessary, due to alteration of external critical water supply service area boundaries, within six months of the date of such action taken by the county legislative authority(ies), unless an extended schedule is approved by the department. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-630, filed 6/28/78.]

WAC 248-56-640 Update of external critical water supply service area boundaries. External critical water supply service area boundaries shall be reviewed by the water utility coordinating committee and the county legislative authority(ies) at least once every five years, as part of the update of the coordinated water system plan. (See WAC 248-56-760.) [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-640, filed 6/28/78.]

WAC 248-56-700 Coordinated water system plan--Requirement. (1) A coordinated water system plan shall be required for the entire area within the external critical water supply service area boundaries.

(2) In critical water supply service areas where more than one water system exists, a coordinated water system plan shall consist of either:

(a) A compilation of water system plans approved pursuant to WAC 248-54-580, together with supplementary provisions addressing water purveyor concerns relating to the entire critical water supply service area (fulfilling requirements of WAC 248-56-710 and 248-56-720 respectively), or

(b) A single plan covering all affected public water systems and areawide concerns within the external critical water supply service area boundaries (fulfilling requirements of both WAC 248-56-710 and 248-56-720).

(3) The coordinated water system plan shall provide for maximum integration and coordination of public water system facilities consistent with the protection and enhancement of the public health and well-being.

(4) The coordinated water system plan shall not be inconsistent with adopted county and city land use plans, ordinances, and/or growth policies addressing development within the critical water supply service area for at least five years beyond the date of establishment of external boundaries.

(5) If no land use plans, ordinances, or growth policies are in effect for all or a portion of the area within the critical water supply service area at the time the coordinated water system plan is being prepared, the coordinated water system plan shall be based upon the best planning data available from the appropriate local planning agency(ies).

(6) In critical water supply service areas where only one public water system exists, the coordinated water system plan shall consist of the water system plan for the water system. (See WAC 248-54-580 and 248-56-710.) [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-700, filed 6/28/78.]

WAC 248-56-710 Coordinated water system plan--Water system plan. (1) Each purveyor within the external critical water supply service area boundaries shall be responsible for completion of a water system plan for the purveyor's future service area, including provisions of WAC 248-56-730, if such a plan has not already been approved, with the following exception:

(a) Nonmunicipally owned public water systems shall be exempt from the planning requirements (except for the establishment of service area boundaries pursuant to WAC 248-56-730) if they:

- (i) were in existence as of September 21, 1977; and
- (ii) have no plans for water service beyond their existing service area; and
- (iii) meet minimum state board of health requirements (chapter 248-54 WAC).

NOTE: 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.

(2) Each purveyors' water system plan shall be updated at the time the coordinated water system plan is prepared, which will eliminate the necessity of updating the water system plan prior to the mandatory five year update of the coordinated water system plan.

(3) The content of a water system plan shall be consistent with WAC 248-54-580 and shall comply with guidelines* which may be obtained from the department. These guidelines have been compiled to further assist in meeting the purpose of this chapter, and address three levels of planning requirements varying in detail, based upon the size of the public water system. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-710, filed 6/28/78.]

WAC 248-56-720 Coordinated water system plan--Supplementary provisions. (1) All water purveyors within the external critical water supply service area boundaries (with the exception of the systems specifically exempted in WAC 248-56-710 (1)) shall be notified and asked to participate in the development of the supplementary provisions.

(2) The supplementary provisions shall address areawide water system concerns relating to the entire critical water supply service area. The content of the supplementary provisions shall comply with guidelines* which may be obtained from the department.

The supplementary provisions shall include, but not be limited to:

- (a) Assessment of related, adopted plans,
- (b) Identification of future service areas and service area agreements (WAC 248-56-730),
- (c) Minimum areawide water system design standards, including fireflow performance standards,
- (d) Procedures for authorizing new water systems in the critical water supply service area,
- (e) Assessment of potential joint-use or shared water system facilities and/or management programs.

*Copies of DSHS guidelines entitled, "Plan Contents Guidelines" may be obtained without charge from the Department of Social and Health Services, Water Supply and Waste Section, Mail Stop LD-11, Olympia, Washington 98504. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-720, filed 6/28/78.]

WAC 248-56-730 Service area agreements--Requirement. (1) The service area boundaries of public water systems within the critical water supply service area shall be determined by written agreement among the respective existing purveyors and approved by the appropriate legislative authority(ies).

(2) Future service area agreements shall be incorporated into the coordinated water system plan as provided for in the guidelines identified in WAC 248-56-720.

(3) Future service area boundaries of public water systems shall be determined by existing purveyors. Criteria used in the establishment of future service areas should include, but not be limited to: topography, readiness and ability to provide water, local franchise areas, legal water system boundaries, city limits, future population, land use projections, and sewer service areas.

(4) All future service areas shall not be inconsistent with adopted land use plans, ordinances, and growth policies of cities, towns, and counties, located within the future service area boundaries.

(5) Failure of the legislative authority(ies) to file with the department objections to service area agreements within 60 days of receipt of the agreement shall indicate automatic approval.

(6) If no service area boundary agreement has been established after a conscientious effort by the purveyors within one year of establishment of the external critical water supply service area boundaries, or if the legislative authority(ies) has filed with the department objections in writing, the department shall hold a public hearing.

(7) If a public hearing is required for the establishment of service areas the following procedures shall apply:

(a) The department shall provide notice of the hearing by certified mail to:

(i) Each purveyor providing service in the critical water supply service area,

(ii) Each county legislative authority having jurisdiction in the area, and

(iii) The public pursuant to chapter 65.16 RCW.

(b) The hearing may be continued from time to time.

(c) At the termination of the public hearing, the department may restrict the expansion of service of any purveyor within the external critical water supply service area boundaries if the department finds such restriction necessary to provide the greatest protection of the public health and well-being. (Individual retail or direct service connections shall not be considered an expansion.) [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-730, filed 6/28/78.]

WAC 248-56-740 Coordinated water system plan--Procedures (water utility coordinating committee). (1) Following establishment of external critical water supply service area boundaries, the water utility coordinating committee shall be responsible for the development of a coordinated water system plan.

(2) No later than two months after establishment of the external critical water supply service area boundary the water utility coordinating committee shall meet for the purpose of formulating arrangements for:

(a) Preparation of the coordinated water system plan, and

(b) Public involvement.

(3) The water utility coordinating committee shall meet as necessary in order to:

(a) Collect and assemble water system plans,

(b) Provide input and direction for the preparation of the supplementary provisions,

(c) Serve as a forum for developing and/or negotiating future service area agreements (WAC 248-56-730),

(d) Accomplish other related business as determined by the committee.

(4) Prior to submittal of the coordinated water system plan to the county legislative authority(ies) for review, the water utility coordinating committee shall:

(a) Prepare written comments on the plan for the benefit of the reviewing authority(ies),

(b) Conduct at least one public informational meeting for the purpose of soliciting public input,

(c) Evaluate and respond to comments received at the hearing(s). [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-740, filed 6/28/78.]

WAC 248-56-750 Coordinated water system plan--Effect. (1) All purveyors constructing or proposing to construct public water system facilities within the area covered by the coordinated water system plan shall comply with the plan.

(2) At any time after two years of establishment of the external critical water supply service area boundaries, the department may deny proposals to establish or to expand any public water system within a critical water supply service area for which there is not an approved coordinated water system plan. (Individual retail or direct service connections shall not be considered an expansion.) (See WAC 248-56-620 for provisions pertaining to new public water systems in the interim two years.) [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-750, filed 6/28/78.]

WAC 248-56-760 Coordinated water system plan--Update. (1) The coordinated water system plan shall be reviewed and updated by the water utility coordinating committee at a minimum of every five years or sooner, if the water utility coordinating committee feels it is necessary, in accordance with both the provisions of WAC 248-54-580 and this section.

(2) Changes in the coordinated water system plan shall be accomplished in accordance with procedures for developing a coordinated water system plan (WAC 248-56-740). If no changes are necessary, the water utility coordinating committee shall submit to the department a statement verifying that the coordinated water system plan is still current.

(3) If the external critical water supply service area boundaries are altered by the county legislative authority(ies) pursuant to WAC 248-54-630, the coordinated water system plan shall be updated as provided for in WAC 248-56-630. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-760, filed 6/28/78.]

WAC 248-56-800 Coordinated water system plan--Local review. (1) Prior to submission of a coordinated water system plan to the department for approval, the plan shall be reviewed by the county legislative authority(ies) in the county(ies) in which the critical water supply service area is located. County review of the coordinated water system plan shall include at least one public hearing.

(2) If no comments have been received from the county legislative authority(ies) within 60 days of receipt of the coordinated water system plan, the department may consider the plan for approval.

(3) If within 60 days of receipt of the coordinated water system plan, the county legislative authority(ies) find any segment of the plan to be inconsistent with adopted land use plans, shorelines master programs, the following shall occur:

(a) The county legislative authority(ies) shall submit written description of their determination and justification supporting their determination prior to the end of the 60 day period to the department and all affected parties.

(b) The county legislative authority(ies) shall make every effort to resolve any inconsistencies within 60 days of submittal of written justification.

(c) The department may approve those portions of the coordinated water system plan found not to be inconsistent with adopted plans and policies at any time after the initial determination by the county legislative authority(ies).

(d) If after the 60 day period established for resolution of inconsistencies an inconsistency still exists, the affected parties shall each present their final recommended alternative solution to the department. The department shall then review all alternative solutions and discuss its recommendations with the county(ies) and the water utility coordinating committee. If after two years of the declaration of the critical water supply service area the inconsistencies persist, the department may deny proposals to establish or to expand any public water system facilities which affect that portion of the critical water supply service area being contested. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-800, filed 6/28/78.]

WAC 248-56-810 Coordinated water system plan--Department approval. (1) A coordinated water system plan shall be submitted to the department for design approval within two years of the establishment of external critical water supply service area boundaries.

(a) In its review of the coordinated water system plan, the department shall ensure that every topic in the guidelines identified in WAC 248-56-720 has been covered to the extent necessary based on the size and nature of the water system(s) and characteristics of the critical water supply service area.

(b) The department shall not approve those portions of a coordinated water system plan which fail to meet the requirements for future service area boundaries pursuant to WAC 248-56-730.

(2) The department shall either approve the coordinated water system plan, or respond within 60 days from the date the plan is received. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-810, filed 6/28/78.]

WAC 248-56-900 Severability. If any provision of this chapter or its application to any person or circumstance is held invalid, the remainder of this chapter, or the application of the provision to other persons or circumstances, shall not be affected. [Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-900, filed 6/28/78.]

Chapter 248-57 WAC

WATER SYSTEM COORDINATION ACT--FIRE FLOW REGULATIONS

WAC	
248-57-010	Purpose.
248-57-100	Definitions.
248-57-200	Scope.
248-57-300	Administration.
248-57-400	Application.
248-57-500	Minimum standards for fire flow.
248-57-600	Minimum standards for fire hydrants.
248-57-700	Minimum standards for system reliability.

248-57-800	Alternate methods.
248-57-900	Local standards.
248-57-990	Severability.

WAC 248-57-010 Purpose. This chapter is promulgated pursuant to the authority granted in the Public Water System Coordination Act of 1977, chapter 70.116 RCW, for the purpose of establishing minimum performance standards related to fire protection, including provisions for their application and enforcement, and incorporating them into the design and construction of new and expanding public water systems. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-010, filed 3/12/79.]

WAC 248-57-100 Definitions. (1) "Public water system" - Any system or water supply intended or used for human consumption or other domestic uses including, but not limited to, source, treatment, storage, transmission and distribution facilities where water is furnished to any community, number of individuals, or is made available to the public for human consumption or domestic use. This definition shall exclude any water system serving one single family residence, water systems existing prior to September 21, 1977 which are owner operated and serve less than ten single family residences, and water systems serving no more than one industrial plant.

(2) "Expanding public water systems" - Those public water systems installing additions, extensions, changes, or alterations to their existing source, transmission, storage, or distribution facilities which will enable the system to increase in size its existing service area. New individual retail or direct service connections onto an existing distribution system shall not be considered an expansion of the public water system.

(3) "Department" - The Washington state department of social and health services.

(4) "Critical water supply service area" - A geographical area designated by the department or county legislative authority characterized by public water system problems related to inadequate water quality, unreliable service, and/or lack of coordinated water system planning. It may be further 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 public water systems in the area in accordance with chapter 248-56 WAC.

(5) "Fire flow" - The rate of water delivery needed for the purpose of fighting fires in addition to requirements for normal domestic maximum instantaneous demand as referenced in guidelines published by the department entitled "Design Standards for Public Water Supplies".

(6) "Local fire protection authority" - The fire district, city, town, or county directly responsible for the fire protection within a specified geographical area.

(7) "Water system plan" - A document identifying present and future water system needs and establishing a

program for meeting those needs in the most efficient manner possible, and consistent with other relevant plans and policies affecting the area in which the system is located. (See WAC 248-54-580, WAC 248-56-710 and 248-56-720, and the Plan Content Guidelines for a detailed description of water system plans).

(8) "Existing service area" - A specific area within which direct service or retail service connections to customers of a public water system are currently available.

(9) "Future service area" - A specific area for which water service is planned by a public water system as determined by written agreement between purveyors. (See WAC 248-56-730).

(10) "Planning jurisdiction" - The city, town, county or other entity acting as the responsible agency for preparation and adoption of land use plans, policies or standards affecting development.

(11) "Development classifications" - Specific geographical areas within the existing and future service area of a public water system, identified for the purpose of determining the appropriate level of fire protection. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-100, filed 3/12/79.]

WAC 248-57-200 Scope. These standards and regulations shall apply to the following new and expanding public water systems:

(1) Those having more than 1,000 services. (See WAC 248-54-580).

(2) Those with less than 1,000 services located within the boundaries of a critical water supply service area and subject to the requirement for a coordinated water system plan. (See WAC 248-54-580 and WAC 248-56-700).

Note: Public water systems in existence prior to September 21, 1977, which are owner operated and serve less than ten single family residences; serving no more than one industrial plant; or are non-municipally owned with no plans for water service beyond their existing service area are exempt from the planning requirement. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-200, filed 3/12/79.]

WAC 248-57-300 Administration. (1) The department shall administer these regulations through its ongoing review and approval of water system plans and engineering reports as provided for in WAC 248-54-580, 248-54-590, and WAC 248-56-810.

(2) In the event that plans and specifications for water system improvements are submitted to the department for approval under WAC 248-54-600 and the design of the proposed improvements is inconsistent with development classifications identified in the water system plan, (See WAC 248-57-400) the department shall not approve the plans and specifications.

(3) Plans and specifications for water system improvements (See WAC 248-54-600) proposed within those cities, towns, or counties which operate under local fire flow standards shall include written confirmation that they meet the requirements of adopted local standards from the authority administering those standards.

(See WAC 248-57-900). [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-300, filed 3/12/79.]

WAC 248-57-400 Application. (1) Water system plans prepared by those public water systems identified in WAC 248-57-200 shall include a section in their plans addressing fire flow, hydrant and system reliability standards in accordance with WAC 248-57-500, 248-57-600, and 248-57-700 respectively. The section shall include a map entitled development classifications consistent with the following:

(a) The map shall delineate the existing and future service area of the water system into the following categories:

(i) Rural - lot sizes greater than one acre (including parks, open space, agricultural lands, etc.)

(ii) Residential - lot sizes one acre or less, (including all single and multi-family structures less than 4000 square feet, and mobile home and recreational vehicle parks)

(iii) Commercial and multi-family residential structures with a floor area 4000 square feet or greater.

(iv) Industrial

(b) Assignment of the above categories shall be based upon:

(i) Existing development, and

(ii) Future development for a minimum of ten years as identified in proposed or adopted land use plans and policies applicable within the existing and future service area.

(c) The development classifications outlined in (a) above shall be determined by any method acceptable to the planning jurisdiction(s), provided that the criteria used is consistent within a given critical water supply service area.

(2) The water system plan shall identify and schedule improvements needed in order for the water system to be capable of supplying required fire flow for new and expanding public water systems consistent with these regulations. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-400, filed 3/12/79.]

WAC 248-57-500 Minimum standards for fire flow.

(1) Minimum fire flows shall be those set forth by city, town or county legislative authority where local standards have been promulgated in accordance with WAC 248-57-900.

(2) Where local standards have not been promulgated in accordance with WAC 248-57-900, minimum fire flows shall be those identified in Table 1. Contact with the county and local fire protection authority shall be made before applying these standards in a water system plan or to design of individual development.

TABLE 1
MINIMUM FIRE FLOWS*

Development Classification	Minimum Fire Flow Requirement
(as described in WAC 248-57-400)	
Rural	None

Development Classification (as described in WAC 248-57-400)	Minimum Fire Flow Requirement
20 Residential	500 gallons per minute for 30 minutes
Commercial and Multi-Family structures greater than 4000 sq. ft.	750 gallons per minute 60 minutes**
Industrial	1000 gallons per minute for 60 minutes**

* Minimum flows are in addition to requirements for normal domestic maximum use.

** Commercial and industrial buildings may be subject to higher flow requirements when evaluated on an individual basis by the local fire protection authority.

NOTE: These minimum standards in most cases require less flow than categories in the guidelines published by the Insurance Services Office (Municipal Survey Service, 160 Water Street, New York, New York 10038) and therefore may not result in lower insurance rates.

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-500, filed 3/12/79.]

WAC 248-57-600 Minimum standards for fire hydrants. (1) In those areas where minimum fire flow requirements must be met, fire hydrants shall be provided in accordance with WAC 248-57-600. If phased installation of water facilities are approved by the department, fire hydrants do not need to be installed until source, storage, and transmission capacity needed to meet the minimum flow requirements are operational: *Provided*, That in such instances a "T" shall be installed every 900 feet where fire hydrants will be located.

(2) Fire hydrants shall be located at roadway intersections wherever possible and the distance between them shall be no further than 900 feet.

(3) All fire hydrants shall conform to American Water Works Association specifications for dry barrel fire hydrants. Each hydrant shall have at least two hose connections of 2 1/2" diameter each and one pumper connection. All connections must have national standard threads or other connection devices consistent with local fire protection authority requirements.

(4) Fire hydrants shall be installed plumb and be set to the finished grade. The bottom of the lowest outlet of the hydrant shall be no less than eighteen inches above the grade. There shall be thirty-six inches of clear area about the hydrant for operation of a hydrant wrench on the outlets and on the control valve. The pumper port shall face the most likely route of approach of the fire truck as determined by the local fire protection authority.

(5) Fire hydrants shall be located so as to be accessible by fire engines and not be obstructed by any structure or vegetation or have the visibility impaired for a distance of fifty feet in the direction of vehicular approach to the hydrant. Fire hydrants subject to vehicle damage (e.g., such as those located in parking lots) shall be adequately protected.

(6) Provisions shall be made to drain fire hydrant barrels to below the depth of maximum frost penetration.

(7) Out of service fire hydrants shall be repaired as soon as possible.

(8) Public water systems are encouraged to enter into contracts with local fire protection authorities to insure proper maintenance of fire hydrants. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-600, filed 3/12/79.]

WAC 248-57-700 Minimum standards for system reliability. (1) The public water system shall be capable of supplying minimum fire flows either by gravity, or under the following conditions where fire flows are supplied by pumping:

(a) the largest pump out of service at any pumping level,

(b) The highest capacity treatment unit out of service, while maintaining minimum acceptable standards of water quality.

(c) A power outage in effect, unless the appropriate power utility(ies) records indicate a low incidence of electrical outage, defined as follows:

(i) Outages shall average three or less per year based on data for the three previous years with no more than six outages in a single year. Power must be lost for a minimum of 30 minutes in order to qualify as an "outage".

(ii) Outage duration shall average less than four hours based on data for the three previous years. Not more than one outage during the three previous year period shall have exceeded eight hours.

(2) In assessing system reliability, the department shall also give consideration to potential reliability hazards such as reservoir repair or cleaning and/or lack of parallel water transmission lines. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-700, filed 3/12/79.]

WAC 248-57-800 Alternate methods. Fire protection may be provided by means other than those discussed in these regulations, provided that such alternate methods are fully documented in the water system plan and approved by both the local fire protection authority and the department. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-800, filed 3/12/79.]

WAC 248-57-900 Local standards. (1) Where standards in these regulations do not fully meet the fire protection needs of a city, town or county, the appropriate city, town or county legislative authority may promulgate fire flow and system reliability performance standards applicable within their respective jurisdiction. Such standards shall be fully documented and provide at least equal performance and protection as the minimum requirements contained in these regulations.

(2) Standards established by local jurisdictions shall be submitted to the department for review, and approval

if they at least meet the minimum level of protection required by these regulations.

(3) The city, town, or county which adopts local fire flow or system reliability standards shall be responsible for administering those standards. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-900, filed 3/12/79.]

WAC 248-57-990 Severability. If any provision of the chapter or its application to any person or circumstance is held invalid, the remainder of this chapter or the application of the provision to other persons or circumstances, shall not be affected. [Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-990, filed 3/12/79.]

Chapter 248-58 WAC

SANITARY CONTROL OF SHELLFISH AND SHRIMP, CRAB AND LOBSTER MEAT

WAC

248-58-001	Scope and purpose.
248-58-005	Definitions.
248-58-010	Growing areas.
248-58-020	Storage, cleansing and washing and shipping of shell stock.
248-58-030	Shucking of shellfish.
248-58-040	Packing of shucked shellfish.
248-58-050	Personal health and cleanliness.
248-58-060	Construction and maintenance.
248-58-070	Identification and records.
248-58-080	Certificate of compliance—Certificate of approval—Suspension for revocation of certificate of approval—Licensure—Revocation of license.
248-58-090	Administrative provisions.
248-58-100	Repealed.
248-58-110	Repealed.
248-58-120	Repealed.
248-58-130	Repealed.
248-58-140	Repealed.
248-58-150	Repealed.
248-58-160	Repealed.
248-58-170	Repealed.
248-58-180	Repealed.
248-58-190	Repealed.
248-58-200	Repealed.
248-58-210	Repealed.
248-58-220	Repealed.
248-58-500	Penalty clause.
248-58-900	Separability clause.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-58-100	Shucking and packing plants—Operation. [Regulation 58.100, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-110	Shucking and packing plants—Communicable diseases. [Regulation 58.110, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-120	Handling and sale subsequent to production and shipment—Certification required. [Regulation 58.120, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-130	Handling and sale subsequent to production and shipment—Records. [Regulation 58.130, effective

3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.

248-58-140	Handling and sale subsequent to production and shipment—Shell stock. [Regulation 58.140, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-150	Handling and sale subsequent to production and shipment—Shucked stock. [Regulation 58.150, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-160	Handling and sale subsequent to production and shipment—Certificate of approval. [Regulation 58.160, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-170	Handling, packing and shipping of shrimp, crab and lobster meat—Sanitation. [Regulation 58.170, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-180	Handling, packing and shipping of shrimp, crab and lobster meat—Construction. [Regulation 58.180, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-190	Handling, packing and shipping of shrimp, crab and lobster meat—Equipment. [Regulation 58.190, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-200	Handling, packing and shipping of shrimp, crab and lobster meat—Operation. [Regulation 58.200, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-210	Handling, packing and shipping of shrimp, crab and lobster meat—Communicable diseases. [Regulation 58.210, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.
248-58-220	Handling, packing and shipping of shrimp, crab and lobster meat—Certificate of approval. [Regulation 58.220, effective 3/11/60.] Repealed by 78-08-059 (Order 163), filed 7/24/78. Statutory Authority: RCW 69.30.030.

WAC 248-58-001 Scope and purpose. These requirements, as authorized under chapter 69.30 RCW (chapter 144, Laws of 1955), establish minimum performance standards for the growing, harvesting, processing, packing, storage, transporting, and selling of shellfish for human consumption. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-001, filed 7/24/78; Regulation 58.001, effective 3/11/60.]

WAC 248-58-005 Definitions. The following definitions shall apply in the interpretation and the implementation of these rules and regulations:

(1) "Approved" means acceptable to the director based on his/her determination as to conformance with appropriate standards and good public health practice.

(2) "Director" means the director of the health services division of the department of social and health services, or his/her authorized representative.

(3) "Easily cleanable" means readily accessible and of such material and finish, and so fabricated that residue may be completely removed by approved cleaning methods.

(4) "Food contact surfaces" means those surfaces of equipment and utensils with which the shellfish meat normally comes in contact, and those surfaces that drain onto surfaces that may come into contact with said food being processed.

(5) "Person" means any individual, firm, corporation, partnership, company, association, or joint stock association, and the legal successor thereof.

(6) "Person in charge" means an individual who is responsible for the supervision of employees and the management of any shellfish operation as defined in subsection (10) of this section.

(7) "Sanitized" means the treatment of clean surfaces of equipment and utensils by an approved process which is effective in destroying microorganisms, including pathogens.

(8) "Shellfish" means all fresh or frozen edible species of molluscan bivalves including, but not limited to, oysters, clams, or mussels, either shucked or in the shell, and all fresh edible products thereof intended for human consumption.

(9) "Shellfish growing areas" means the lands and waters in and upon which shellfish are grown for harvesting for sale for human consumption.

(10) "Shellfish operation" means any activity in the harvesting, transporting, processing, to include, but not limited to culling, shucking, packing and repacking or shipping or reshipping of shellfish for sale for human consumption. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-005, filed 7/24/78.]

WAC 248-58-010 Growing areas. (1) All shellfish to be sold as defined in RCW 69.30.010(2), in the state of Washington shall be obtained from approved growing areas or from approved growing areas outside the state that have programs of control and standards equivalent to that of the state of Washington.

(2) Approved shellfish growing areas shall be located in areas not adversely affected by human waste, industrial or natural toxins, recreational use, or other sources of pollutants which may have a detrimental influence on the water quality of the shellfish growing beds and subsequent hazards to the human consumers of shellfish.

(3) No shellfish to be sold as defined in RCW 69.30.010(2), for human consumption, shall be harvested from growing areas which are not approved as provided herein: *Provided*, That permission may be granted by the director for the removal of shellfish from nonapproved growing areas for relaying to approved growing areas under the following conditions:

(a) Shellfish shall be relayed to a designated, approved growing area for a minimum of two weeks or for a longer time period as prescribed by the director.

(b) Relaying and subsequent removal from the approved area for sale or shipment shall be under the supervision of the director.

(c) Records shall be kept showing growing areas from which the shellfish were taken, where relayed, dates of relaying, and dates of harvesting.

(4) All boats, oyster harvesters, and floats used for harvesting or transporting shellfish shall be so constructed, operated and maintained as to prevent contamination or deterioration of the shellfish. Approved facilities shall be provided for the disposal of human waste. [Statutory Authority: RCW 69.30.030. 78-08-

059 (Order 163), § 248-58-010, filed 7/24/78; Regulation 58.010, effective 3/11/60.]

WAC 248-58-020 Storage, cleansing and washing and shipping of shell stock. (1) Shell stock shall be stored, handled, and shipped under such temperature conditions as will keep them alive, and shall be protected from contamination at all times.

(2) All shell stock prior to opening or shipping shall be reasonably clean so that mud, sand, and extraneous material will not be transferred to the opened product during processing.

(3) Water used for washing, or "wet storage" (natural storing and cleansing), of shell stock shall be obtained from an approved growing area, or from other sources which meet or exceed the water quality standards of an approved growing area.

(4) Wet storage of shell stock may be practiced only upon approval of the director. A detailed description and map denoting the location of the wet storage area shall accompany the request. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-020, filed 7/24/78; Regulation 58.020, effective 3/11/60.]

WAC 248-58-030 Shucking of shellfish. (1) Shellfish shall be shucked in a manner that will minimize contamination. Only live shellfish shall be shucked. Shucked shellfish shall be processed within one hour after opening or shall be rapidly cooled to a product temperature of forty-five degrees Fahrenheit or less within two hours after shucking.

(2) Shucking containers shall be rinsed with running tap water before each filling. Shucker's colanders shall be rinsed with running tap water at two and one-half hour intervals or less during use.

(3) Shells from which meats have been shucked shall be removed from the plant at sufficient intervals to prevent the interference with the sanitary operation of the plant. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-030, filed 7/24/78; Regulation 58.030, effective 3/11/60.]

WAC 248-58-040 Packing of shucked shellfish. (1) Shucked shellfish shall be protected from contamination during all phases of processing and shall be packed in approved containers which are clean, and free from contamination.

(2) Shucked shellfish shall be maintained at forty degrees Fahrenheit or less until received by the consumer. A temperature of thirty-four degrees Fahrenheit to forty degrees Fahrenheit shall be maintained in refrigerators where shucked shellfish are stored.

(3) Shellfish which are to be marketed as a frozen product shall be frozen as quickly as practicable and maintained at a product temperature of zero degrees Fahrenheit or less until received by the consumer.

(4) The packing of shucked shellfish shall take place in the same plant in which the shellfish are shucked, unless specific approval for repacking is granted by the director. Repacking plants shall meet all requirements as specified for packing plants. Frozen shucked shellfish

shall not be repacked. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-040, filed 7/24/78; Regulation 58.040, effective 3/11/60.]

WAC 248-58-050 Personal health and cleanliness.

(1) Persons ill with or the carrier of a communicable disease which is transmissible through food and is in the infectious stage, or persons having exposed boils, infected lesions or wounds, or similar skin infections, or persons having an acute respiratory infection shall not work in any growing area, shucking, packing or repacking plant in any capacity where they might contaminate the shellfish or food contact surfaces with pathogenic organisms. Both the person in charge and the employee shall be responsible for compliance with the requirements of this section.

(2) Persons who shuck or handle shucked shellfish shall wear clean, waterproof aprons or coats and clean clothing that can be easily cleaned and shall practice good personal cleanliness during all periods of duty. They shall wash their hands thoroughly with soap and warm water before starting to work and as often thereafter as may be necessary to remove soil and contamination. Gloves or other protective gear worn on the hands shall be made of waterproof, easily cleanable material and shall be clean. When manual handling of shucked shellfish becomes necessary, sanitized rubber gloves shall be worn or the hands shall be thoroughly cleaned immediately before such handling. Effective means shall be taken to keep hair from shellfish (shucked meats) and from food contact surfaces. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-050, filed 7/24/78; Regulation 58.050, effective 3/11/60.]

WAC 248-58-060 Construction and maintenance.

(1) Equipment and utensils: All food contact surfaces of equipment and utensils shall be constructed of nontoxic, corrosion resistant, and nonabsorbent materials, designed to be easily cleanable and shall be clean and in an approved condition of repair. Equipment shall be installed and maintained so that it and adjacent areas can be readily cleaned. Articles intended for single service use shall be used only once and then discarded.

Utensils and food contact surfaces of equipment shall be cleaned, sanitized and stored in an approved manner so as to be protected from recontamination. Cleaning and sanitization shall occur before use and at such intervals as necessary to preclude contamination of the shucked product.

Nonfood contact surfaces of equipment shall be constructed of corrosion resistant and nonabsorbent materials, designed to be easily cleanable and shall be clean and in an approved condition of repair.

(2) Physical facilities: The plant shall be so arranged to facilitate the flow of the product through processing and storage areas in a manner that will preclude contamination. Shucking and packing operations shall be conducted in separate rooms. Only authorized persons shall be allowed in the packing room during periods of operation.

Interior surfaces of rooms or areas where shellfish are stored, processed or utensils or hands are washed, and in walk-in refrigerators and freezers shall be easily cleanable, clean and in an approved condition of repair.

Rooms for utensil and packaging material storage shall be provided, and separate from areas which shall be provided for employee clothing storage. These areas shall be separate and apart from the shucking and packing rooms.

Approved lighting, heating and ventilation shall be provided. Approved measures for control of rodents and flies, roaches, and other insects on the premises shall be utilized. Live animals shall be excluded from all areas of the plant.

(3) Sanitary facilities: Hot and cold water adequate in quality and quantity, and under pressure shall be provided or easily accessible to all rooms in which shellfish are processed or utensils are washed. The water supply, plumbing, sewage, garbage and rubbish disposal, handwashing, toilet and other facilities shall be installed, operated, and maintained in an approved manner.

Ice shall be from an approved source and shall be stored and handled in a manner as to be protected from contamination.

Handwashing facilities consisting of a lavatory or lavatories and equipped with hot and cold or tempered running water, hand-cleansing soap or detergent, single service towels or approved hand drying devices shall be located and maintained to permit convenient use by all employees in shellfish processing areas, utensil washing areas, and toilet rooms or vestibules. Such facilities shall be kept clean and in an approved condition of repair. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-060, filed 7/24/78; Regulation 58.060, effective 3/11/60.]

WAC 248-58-070 Identification and records.

(1) Shellfish shall be so identified by label, tag or other permanent means at the wholesale or retail level that any given container of shucked meats or lot of shell stock can be traced to the original growing area source(s).

(2) Shipments of shellfish in the shell shall be accompanied by a tag, label or other mark showing that the shipper has been duly certified by the state in which the growing area is located.

(3) Shucked shellfish shall be packed, shipped and sold retail in approved containers that are legibly marked by embossing, lithographing, or other permanent means with the name, address, and certification number of the packer, and the date packed or coded in such a manner that the date packed can be determined. Fresh packs shall be labeled with wording equivalent to "keep refrigerated," and frozen packs shall be labeled with wording equivalent to "keep frozen."

(4) All shippers, reshippers, packers, repackers, and wholesalers shall keep an accurate record of all lots of shellfish received, shipped and sold. Retailers shall keep a record of all lots received. Such records shall be kept on file for a minimum of six months.

(5) Information recorded by the harvester-shipper shall include: (a) Location of harvesting area(s) by name

or code, (b) name and quantity of shellfish, (c) date of harvest, (d) date shipped.

(6) Shucker-packers and repackers shall record the following information: (a) Location of harvesting area(s) by name or code, or name of harvester, (b) name and quantity of shellfish, (c) date of harvest or date received, and (d) packing date. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-070, filed 7/24/78; Regulation 58.070, effective 3/11/60.]

WAC 248-58-080 Certificate of compliance--Certificate of approval--Suspension for revocation of certificate of approval--Licensure--Revocation of license. (1) Only shellfish bearing, upon the tag, bill of lading, label or container as required in WAC 248-58-070(2), a certificate of compliance with the sanitary requirements of this state, or a state, territory, province of, or country of origin whose requirements are equal or comparable to these regulations, may be sold or offered for sale for human consumption in the state of Washington.

(2) Certificates of approval for shellfish growing areas and/or for shellfish operations, as hereinabove defined, shall be issued and administered as prescribed in chapter 69.30 RCW, and may be denied, suspended, or revoked for any failure or refusal to maintain the sanitary requirements or to comply with the provisions of these regulations or chapter 69.30 RCW.

(3) No person shall operate a "shellfish operation," as defined hereinabove, without having first obtained a valid operating license issued by the director. Each license shall be issued only for the shellfish operation and person named in the application and no license shall be transferable or assignable except with the written approval of the director. An operating license will be issued to any person who shall evidence:

(a) Possession of, or an approved application for, a valid certificate of approval as described hereinabove;

(b) Continued compliance by the licensee, the licensee's employees, or those under the licensee's supervision, with the rules and regulations herein and with chapter 69.30 RCW which compliance, in part, shall include the licensee's processing and/or sale of shellfish which have been harvested only from growing areas certified by the director in the name of the licensee or the person from whom the licensee has obtained said shellfish.

(4) The department shall have cause to deny, revoke, or suspend the license required herein where any licensee has:

(a) Had his/her certificate of approval, as defined above, and as issued by the department, revoked, suspended, or denied, for any reason;

(b) Failed or refused to comply with any of the rules and regulations of the state board of health or chapter 69.30 RCW;

(c) Harvested shellfish from any growing area which does not have a valid certificate of approval issued in the name of said licensee or in the name of the person from whom the licensee has obtained said shellfish;

(d) Obtained or attempted to obtain an operating license, certificate of compliance or certificate of approval by fraudulent means or misrepresentation.

(5) All licenses and certificates issued under the provisions of these regulations shall be posted in a conspicuous place on the licensed premises and shall expire on the thirtieth day of September each year. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-080, filed 7/24/78; Regulation 58.080, effective 3/11/60.]

WAC 248-58-090 Administrative provisions. (1) The person in charge of shellfish growing areas or processing plant operations shall ensure that operations are conducted in a manner which complies with the requirements of these regulations. The person in charge shall periodically inspect the shellfish operations to determine compliance with these regulations, and shall take measures to correct any deficiencies thereby revealed.

(2) The director shall have access to and be permitted to inspect any and all areas comprising the shellfish operation for the purpose of determining compliance with these regulations and chapter 69.30 RCW, or for the purpose of determining whether any person, shellfish, or condition in the shellfish operation constitutes a nuisance or a threat to the public health.

(a) In the course of such inspection, the director may, among other things, examine or sample the shellfish in the shellfish operation as often as necessary to determine its safeness for human consumption, and he/she may also examine any and all pertinent records pertaining to shellstock, shellfish or operational supplies purchased, received or used, and records pertaining to persons employed.

(b) If, after the inspection of a shellfish operation, the director finds that such operation fails to comply with the requirements of the law, rules and regulations, he/she shall issue to the person in charge of the shellfish operation a written order which specifies the manner in which the operation fails to comply with the law, rules and regulations and which sets out a specific and reasonable period of time for correction of the violations.

(c) In the event the person in charge of the shellfish operation fails to correct the violations as required by the order of the director, the director may revoke the certificate of compliance and/or license of such person and/or initiate such legal enforcement proceeding as authorized by law.

(d) During or after an investigation or inspection of a shellfish operation, the director may, if he/she suspects that the shellfish are unsafe for human consumption, give to the owner or person in charge of the shellfish operation a written hold order prohibiting the disposition or sale of the shellfish pending the director's further investigation of the shellfish's safety but in no event for a greater period than fifteen days. The person in charge shall thereafter cease from offering such shellfish for human consumption and shall store such shellfish in a suitable place until the hold order is lifted or modified by the director or by a court of competent jurisdiction.

(e) If after investigation the director determines that the shellfish are unsafe for human consumption, he/she shall give the owner or person in charge of the shellfish

operation a written abatement order, which abatement order may require any or all of the following measures:

(i) A permanent prohibition against the sale or disposition of the shellfish for human consumption;

(ii) Immediate destruction of the shellfish in question.

(f) When the director, after conducting an appropriate investigation, determines either that:

(i) A shellfish operation or employee is transmitting a disease; or

(ii) That there is a substantial risk that a shellfish operation or employee may be transmitting a disease, he/she may thereafter give to the owner or person in charge of the shellfish operation an abatement order, which order may require any or all of the following measures:

(A) Immediate closure of the shellfish operation until, in the opinion of the director, no further danger of a disease outbreak exists;

(B) Immediate exclusion of the employee from all shellfish operations or food service establishments;

(C) Restriction of the employee's service to some area of the operation where there would be no danger of transmitting disease.

(g) As an alternative to the abatement order described in subparagraph (f) of this subsection, the director may require any or all of the employees to submit to adequate medical and laboratory examinations, including examination of their bodily discharges.

(h) No person shall remove or alter a notice or tag constituting a hold order or abatement order placed on the shellfish by the director, and neither such shellfish nor its container shall be relabeled, repacked, reprocessed, altered, disposed of, destroyed, or released without permission of the director, except on order by a court of competent jurisdiction.

(i) In the event that the person in charge of the shellfish operation fails to comply with either the hold order or the abatement order described above, the director may revoke the certificate of compliance and/or license of such person and/or initiate such legal enforcement proceedings as are authorized by law; except that the director may undertake summary abatement of the shellfish, an article, or a condition which is so severely contaminated or contaminating that a delay in abatement until legal enforcement proceedings could be had would pose a grave threat to the public health. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-090, filed 7/24/78; Regulation 58.090, effective 3/11/60.]

WAC 248-58-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-120 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-130 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-140 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-150 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-160 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-170 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-180 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-190 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-200 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-220 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-58-500 Penalty clause. Any person found violating any of the provisions of these regulations or chapter 69.30 RCW (chapter 144, Laws of 1955), shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than twenty-five dollars nor more than one hundred dollars, or imprisonment not to exceed ninety days, or to both fine and imprisonment. Upon violation of any of the provisions of these regulations, written notification shall be sent by the director to the person found in violation. Each day's operation thereafter in violation shall constitute a separate offense, and shall be subject to the prescribed penalties. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-500, filed 7/24/78.]

WAC 248-58-900 Separability clause. Should any section, paragraph, 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. [Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-900, filed 7/24/78.]

Chapter 248-64 WAC

PRIMARY AND SECONDARY SCHOOLS

WAC

248-64-260	Buildings.
248-64-270	Plumbing, water supply and fixtures.
248-64-290	Ventilation.
248-64-990	Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-64-990 Appendix A—Chart. [Order 55, Appendix A (codified as WAC 248-64-990), filed 6/8/71.] Repealed by 79-08-078 (Order 183), filed 7/26/79. Statutory Authority: RCW 43.20.050.

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 coved.

(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 percent 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 percent 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 percent. [Statutory Authority: RCW 43.20.050. 79-08-078 (Order 183), § 248-64-260, filed 7/26/79; 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.

(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. [Statutory Authority: RCW 43.20.050. 79-08-078 (Order 183), § 248-64-270, filed 7/26/79; Order 124, § 248-64-270, filed 3/18/76; Order 55, § 248-64-270, 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 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 WAC 248-64-290(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).

(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 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. [Statutory Authority: RCW 43.20.050, 79-08-078 (Order 183), § 248-64-290, filed 7/26/79; 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 248-64-990 Repealed. See Disposition Table at beginning of this chapter.

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 camps.
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) "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 either free of charge or by payment of a fee.

(3) "Director" shall mean the person in charge of the camp program.

(4) "Existing camp" shall mean a camp which was established prior to the date of adoption of these rules and regulations.

(5) "New camp" shall mean a camp which is established after the date of adoption of these rules and regulations.

(6) "Health officer" shall mean the state director of health, or the city, county, or district health officer, as defined in RCW 70.05.010(2) or his or her 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 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 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 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, 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 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.

(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, 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 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 shall have an adequate supply of water which meets the requirements of chapter 248-54 WAC, Rules and Regulations of the State Board of Health governing public water supplies.

(2) At new camps, 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 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:

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

(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. Food service facilities and practices in camps shall comply with chapter 248-84 WAC, Rules and Regulations of the State Board of Health governing Food Service Sanitation. [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 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.

(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, the health officer may direct the owner as to the best means to adopt to secure proper sanitary conditions in said camp.

(2) Where a condition exists, which in the opinion of the health officer is a violation of these regulations or a menace to health, he may order the owner to close such camp 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 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 248-76 WAC

MOBILE HOMES AND MOBILE HOME PARKS

WAC

248-76-201 through 248-76-350 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

Chapter 248-76

MOBILE HOMES AND MOBILE HOME PARKS

- 248-76-201 Definitions. [Order 86, § 248-76-201, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-210 Individual mobile homes. [Order 86, § 248-76-210, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-220 Plans and specifications, and permits, for mobile home parks. [Order 86, § 248-76-220, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-230 Inspection of mobile home parks. [Order 86, § 248-76-230, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-240 Location and layout of mobile home parks. [Order 86, § 248-76-240, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-250 Toilet, lavatory, and bathing facilities. [Order 86, § 248-76-250, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-260 Construction and maintenance of community and recreational facilities. [Order 86, § 248-76-260, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-270 Water supply. [Order 86, § 248-76-270, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-280 Plumbing. [Order 86, § 248-76-280, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-290 Sewage disposal. [Order 86, § 248-76-290, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-300 Refuse disposal. [Order 86, § 248-76-300, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-310 Insect and rodent control. [Order 86, § 248-76-310, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-320 Lighting. [Order 86, § 248-76-320, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-330 Electricity and fire protection. [Order 86, § 248-76-330, filed 6/12/73.] Repealed by 80-01-024 (Order

- 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-340 Park management. [Order 86, § 248-76-340, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.
- 248-76-350 Substantial compliance—Regulations. [Order 86, § 248-76-350, filed 6/12/73.] Repealed by 80-01-024 (Order 190), filed 12/14/79. Statutory Authority: RCW 43.20.050.

WAC 248-76-201 through 248-76-350 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 248-86 WAC
FOOD AND BEVERAGE SERVICE WORKERS
PERMITS

WAC
248-86-030 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248-86-030 X-ray and serology. [Regulation .86.030, effective 3/11/60.] Repealed by 79-10-025 (Order 184), filed 9/10/79. Statutory Authority: RCW 43.20.050.

WAC 248-86-030 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-100 WAC
COMMUNICABLE AND CERTAIN OTHER
DISEASES

- WAC
- 248-100-075 Reportable diseases—List of.
- 248-100-105 Reports of local health officers—Diseases reportable by number of cases.
- 248-100-162 Repealed.
- 248-100-163 Immunization of school children against certain vaccine-preventable diseases.
- 248-100-164 Immunization of children attending day care centers against certain vaccine-preventable diseases.
- 248-100-165 Repealed.
- 248-100-175 Tuberculosis testing—Certification.
- 248-100-190 Repealed.
- 248-100-195 Filing certificates.
- 248-100-205 Preventive or curative treatment for tuberculosis.
- 248-100-335 Rubella.
- 248-100-395 Measles.
- 248-100-410 Mumps.
- 248-100-435 Poliomyelitis.
- 248-100-450 Rabies.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248-100-162 Immunization of school children. [Order 96, § 248-100-162, filed 4/5/74; Order 92, § 248-100-162, filed 1/4/74.] Repealed by 79-08-002 (Order 181), filed 7/5/79. Statutory Authority: RCW 43.20.050.
- 248-100-165 Schools and public gatherings—Impetigo, ringworm of the scalp, pediculosis. [Regulation .100.165, effective 3/11/60.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
- 248-100-190 Tuberculosis testing—Renewals of certifications. [Regulation .100.190, effective 3/11/60.] Repealed by 79-10-025 (Order 184), filed 9/10/79. Statutory Authority: RCW 43.20.050.

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) Gonorrhea
- (17) Granuloma inguinale
- (18) Hepatitis, infectious
- (19) Influenza and Epidemic Respiratory infection
- (20) Leprosy
- (21) Leptospirosis
- (22) Lymphogranuloma venereum
- (23) Malaria
- (24) Measles
- (25) Meningococcal infection
- (26) Mumps
- (27) Pertussis
- (28) Plague
- (29) Poliomyelitis
- (30) Psittacosis
- (31) Rabies
- (32) Rheumatic fever
- (33) Rocky Mt. Spotted fever
- (34) Rubella
- (35) Salmonellosis (see Dysentery)
- (36) Smallpox
- (37) Staphylococcal infections in hospitalized patients
- (38) Streptococcal infections. Scarlet fever and Septic

Sore Throat

- (39) Syphilis
 - (40) Tetanus
 - (41) Tick paralysis
 - (42) Trachoma
 - (43) Trichinosis
 - (44) Tuberculosis
 - (45) Tularemia
 - (46) Typhoid and paratyphoid fever and carrier state
- [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-075, filed 7/10/79; Regulation .100.075, 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) Mumps under 15 years of age
- (3) Scarlet fever and Strept. sore throat
- (4) Epidemic respiratory illness including influenza
- (5) Epidemic diarrhea, nausea, or vomiting
- (6) Conjunctivitis, infectious

[Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-105, filed 7/10/79; Rule .100.105, filed 6/4/63; Regulation .100.105, effective 3/11/60.]

WAC 248-100-162 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-163 Immunization of school children against certain vaccine-preventable diseases. (1) **Definitions.**

(a) "Chief administrator" means the person with the authority and responsibility for the immediate supervision of the operation of a school or, in the alternative, such other person as may be designated in writing for the purpose of carrying out the requirements of this statute by the statutory or corporate board of directors of the school district or school or, if none, such other persons or person with the authority and responsibility for the general supervision of the operation of the school district or school.

(b) "Full immunization" means immunization against the following vaccine-preventable diseases: Diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles (rubeola), rubella (German Measles), and mumps in accordance with schedules and with immunizing agents approved by the state board of health in these regulations.

(c) "Local health department" means the city, town, county, district or combined city-county health department, board of health, or health officer which provides health services.

(d) "School" means and includes each building, facility, and location at or within which any or all portions of a preschool, kindergarten and grades one through twelve program of education and related activities are conducted for two or more children by or in behalf of any public school district and by or in behalf of any private school or private institution subject to approval by the state board of education pursuant to RCW 28A.04.120(4) and 28A.02.201 through 28A.02.260.

(e) "Immunizing agents" means any vaccine or other biologic currently licensed and approved by the Bureau of Biologics, United States Public Health Service for immunization of persons against diphtheria, pertussis (whooping cough), tetanus (DTP, DT, Td), measles (rubeola), rubella (German Measles), mumps, and poliomyelitis Types I, II, and III (TOPV, IPV).

(f) "Student" means a person under eighteen years of age admitted to any preschool, kindergarten and grades one through twelve program of education in any public

school district or in any private school or private institution subject to approval by the state board of education pursuant to RCW 28A.04.120(4) and 28A.02.201 through 28A.02.260.

(g) "Transfer student" means a student who previously enrolled in grades kindergarten through twelve who moves from one school district or system to another at any time during the school year. Students transferring within a district or system are not considered transfer students for the purposes of these regulations: *Provided*, That the school transfers records within the district.

(h) "Immunization requirement" means the minimal acceptable schedule of immunizing agents as defined by the state board of health in these regulations for attendance of a child at any public or private school.

(i) "Initiation of a schedule of immunization" is defined as the process of beginning or continuing a course of immunizations. The immunizing agents administered as part of this process must have been provided not later than forty-five calendar days of the child's first day of attendance.

(2) Immunization requirements.

The Washington state board of health requires the following minimum immunization requirements for compliance with the school immunization law RCW 28A.31.118.

Effective September 1, 1979 and thereafter:

(a) Children attending kindergarten through sixth grade must present proof of the following no later than forty-five days after the child's first day of attendance:

At least 3 doses of either DTP, DT, or Td vaccine provided that the last dose was administered at or after age 4;

At least 3 doses of trivalent poliomyelitis vaccine provided that the last dose was administered at or after age 4;

One dose of live virus measles vaccine administered at or after one year of age. A student meets the measles immunization requirement as a result of having had measles (rubeola) disease. In such instances, a physician must document and certify the month and year of disease occurrence.

One dose of live virus rubella vaccine administered at or after one year of age; except for females twelve years of age or older.

One dose of live virus mumps vaccine administered at or after one year of age for students in kindergarten or first grade, whichever is the entry level.

Effective September 1, 1980 and thereafter:

(b) Students in grades seven through twelve must present proof of the following no later than forty-five days after a student's first day of attendance:

At least 3 doses of either DTP, DT, or Td vaccine provided that the last dose was administered at or after age 4;

At least 3 doses of trivalent poliomyelitis vaccine provided that the last dose was administered at or after age 4;

One dose of live virus measles vaccine administered at or after one year of age. A student meets the measles immunization requirement as a result of having had

measles (rubeola) disease. In such instances, a physician must document and certify the month and year of disease occurrence.

One dose of live virus rubella vaccine administered at or after one year of age except for females twelve years of age or older.

One or more doses of tetanus toxoid (without diphtheria toxoid) administered for wound management *will not* fulfill the DTP/DT/Td requirements.

(3) Initiation and continuation of a schedule of immunization.

(a) Attendance at a school by a child who has not received full immunization shall be conditioned upon the presentation of proof that the child's immunization schedule has been initiated according to subsection (1)(i) of these regulations.

(b) Admission in subsequent year. A student who is admitted conditionally as provided in subsection (3)(a) of this section, shall present proof of completion of the required immunization(s) as soon as possible and not later than on the student's first day of attendance in the following school year. If the student has not completed the required schedule of immunization by the first day of attendance in the following school year, there shall be no forty-five day grace period. The "chief administrator" of the school shall immediately notify the local health department of the name and address of the student along with a report of the status of the student's immunization schedule and when the student was first conditionally admitted to school. If there has been a sufficient period of time to reasonably permit the student to have completed the required immunization schedule, the health department shall issue an order of exclusion in the manner required by subsection (7) of this section. If there has not been sufficient time to complete the schedule, the health department shall notify the student's parents and the "chief administrator" of the school as to when the schedule must be completed. If the schedule is not completed by that date, the health department shall issue an order of exclusion.

(4) Documentary proof.

(a) Proof of full immunization, initiation or continuation of a schedule, or exemptions shall be documented on a Certificate of Immunization Status. Immunization data on the Certificate of Immunization Status form shall be based on a written personal immunization record given to the person immunized or to his or her parent or guardian by the physician or agency administering the immunization. This personal immunization record shall not be surrendered to school authorities and shall not substitute for the Certificate of Immunization Status form.

(b) The Certificate of Immunization Status form shall include, at least the following information required to fulfill the intent of RCW 28A.31.118.

- (i) Name of the person;
- (ii) Birthdate;
- (iii) Sex;
- (iv) Type of vaccine administered;
- (v) Date of each dose of vaccine, specifying month and year;

(vi) Signature of parent, legal guardian or adult *in loco parentis*.

(c) The Revised Certificate of Immunization Status form, DSHS 13-263 shall be provided by the department of social and health services and will be the only acceptable form for all new enrollees registering in kindergarten through sixth grade after September 1, 1979 and for new enrollees in all grades after September 1, 1980 and thereafter. For students already registered or enrolled in schools prior to enactment of these regulations, previous Certificates of Immunization Status (e.g. DSHS 13-263) or locally developed forms approved by DSHS shall be acceptable as the official Certificate of Immunization Status: *Provided*, That dates for the latest doses of DTP/Td and poliomyelitis vaccines are indicated and that dates (month and year) are provided for each dose of measles, rubella, and mumps vaccine if required. Students meet minimum immunization requirements if the last of three or more doses of DTP/Td and trivalent poliomyelitis vaccines were administered at or after age four and if requirements for measles, rubella and mumps are met.

(d) Proof in subsequent years. Once proof of full immunization or proof of exemption from immunization has been presented, no further proof shall be required as a condition to attendance at a particular school provided that the Certificate of Immunization Status form on such a child remains on file at the school.

(5) Medical exemptions.

(a) Certification of medical contraindication for one or more immunization(s) shall be provided on the Certificate of Immunization Status form, certified and signed by a licensed physician.

(b) A student who is temporarily exempt from immunization for medical reasons shall be admitted on condition that required immunizations are obtained at the termination of the duration of exemption. If the medical condition is permanent or life-long, the student shall be admitted and the Certificate of Immunization Status filed on each such student.

(6) Religious, philosophical, personal exemptions.

(a) A student may be exempt from immunization because of religious, philosophical, or personal objections. These exempt children shall be admitted to school and the fact of the exemption shall be recorded on the Certificate of Immunization Status form signed by the parent, guardian, or adult *in loco parentis*.

(b) Each school shall keep on file the Certificate of Immunization Status form for each child so enrolled.

(7) Exclusion from school.

(a) Conditions for attendance not fulfilled. Any student in attendance at a school who fails to provide documentary proof of full immunization; or proof of initiation or continuation of a schedule of immunization; or proof of either medical, religious, philosophical or personal objection; no later than forty-five calendar days after the child's first day of attendance, shall be excluded from school until an acceptable Certificate of Immunization Status form is submitted to the "chief administrator" of the school.

(b) Notification to local health department. The "chief administrator" of a school shall collect at the end of the forty-five day grace period and within five working days the names and addresses of students in schools who do not comply with the requirements of these regulations and forward the names to the local health department.

(c) Exclusion order from local health department. Upon receipt of name(s) and address(es) of student(s) failing to comply with the provisions for attendance at school from the "chief administrator" of a school, the local health department shall notify the "chief administrator" and provide the "chief administrator" with a written order to exclude the student(s) failing to comply with requirements of these regulations.

(d) Exclusion letter to parents of children failing to comply. Pursuant to the written exclusion order to the "chief administrator" from the local health department, the local health department will provide a standard exclusion notification letter to parents of children failing to comply with attendance requirements. This exclusion notification letter shall be of a form approved by the department of social and health services and signed by the local health officer. This shall serve as the written notice to parent(s) or legal guardian(s) of each child or to the adult(s) *in loco parentis* to each child, who is not in compliance with the requirements of these regulations. The notice shall fully inform such person(s) of the following:

(i) The requirements established by and pursuant to RCW 28A.31.118;

(ii) The fact that the child will be prohibited from further attendance at the school until requirements are met;

(iii) Due process for exclusion of the child pursuant to the state board of education's rules and regulations;

(iv) The immunization services that are available from or through the local health department and other public agencies.

(e) List of children excluded.

The "chief administrator" of a school shall retain a record at the school of the name, address, and date of exclusion of each child excluded from school pursuant to the requirements of these regulations for not less than three years following the date of a child's exclusion.

(f) A student in attendance in a school by virtue of presenting proof of "initiation of a schedule of immunization" or by presenting documentation of medical, religious, philosophical or personal objection may be subject to exclusion in the event of exposure to a communicable disease in a school.

(8) Records.

(a) The official proof for documentation of compliance with these regulations shall be the Certificate of Immunization Status form. The revised Certificate of Immunization Status form will be required of all new enrollees registering in kindergarten through sixth grade after September 1, 1979, and for all new enrollees in all grades after September 1, 1980, and thereafter.

If a child was enrolled in a school prior to the effective date of these regulations the Certificate of Immunization Status DSHS 13-263, or approved locally-developed forms, on file will serve as documentary proof for admittance if requirements are met.

Schools shall have on file an approved Certificate of Immunization Status form for every child enrolled. When a child withdraws, transfers or is promoted to a new school within a school district or between school districts, the chief administrator shall return the Certificate of Immunization Status to the parent, guardian or adult *in loco parentis*, or it may be transferred with the child's records to the new school.

(b) The "chief administrator" of a school shall allow agents of state and local health departments access during business hours to the health records retained on each student or child enrolled.

(c) Personal immunization record. The immunizations required by these regulations may be obtained from any private or public source desired provided that the immunization is administered and records are made in accordance with these regulations. Any person or organization administering immunizations shall furnish each person immunized, or his or her parent or legal guardian, or any adult *in loco parentis* to the child, with a written record of immunization, the content of which the state board of health has prescribed.

(9) Reporting.

(a) The "chief administrator" of a school shall file a written annual report (multiple carbonized form) with the department of social and health services and local health departments on the immunization status of students in school by November 1 of each year and on forms prescribed by the department of social and health services. In the event of a late school opening, the report will be required sixty days after the first day of school.

(b) The annual report from schools shall reflect the status of all students enrolled in September 1979 in kindergarten through sixth grade; in September 1980 the annual report will include the status of new admissions and transfer students in grades kindergarten through seven and all students in grades eight through twelve; in 1981 and thereafter the annual report will cover only new admissions and transfer students in all grades. [Statutory Authority: RCW 43.20.050. 79-08-002 (Order 181), § 248-100-163, filed 7/5/79.]

WAC 248-100-164 Immunization of children attending day care centers against certain vaccine-preventable diseases. (1) DEFINITIONS.

(a) "Chief Administrator" means the person with the authority and responsibility for the immediate supervision of the operation of a day care center or, in the alternative, such other person as may be designated in writing for the purpose of carrying out the requirements of these regulations by the statutory or corporate board of directors of the day care center, or, if none, such other persons or person with the authority and responsibility for the general supervision of the operation of the day care center.

(b) "Full immunization" means immunization against the following vaccine-preventable diseases: Diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles (rubeola), rubella (German measles), and mumps in accordance with schedules and with immunizing agents approved by the State Board of Health in these regulations. Full immunization applies only to children age four and older who meet requirements as stipulated in subsection (2) of this section.

(c) "Local health department" means the city, town, county, district or combined city-county health department, board of health, or health officer which provides health services.

(d) "Day care center" means an agency which regularly provides care for a group of thirteen or more children for periods of less than twenty-four hours and is licensed pursuant to chapter 74.15 RCW.

(e) "First day of attendance" means September 1, 1979 for all children enrolled in a day care center on or before that date and the actual date of first attendance for children enrolled thereafter.

(f) "Immunizing agents" means any vaccine or other biologic currently licensed and approved by the Bureau of Biologics, United States Public Health Service for immunization of persons against diphtheria, pertussis (whooping cough), tetanus, (DTP, DT, Td), measles (rubeola), rubella (German measles), mumps, and poliomyelitis Type I, II, and III (TOPV, IPV).

(g) "Immunization requirement" means the minimal acceptable schedule of immunizing agents as defined by the State Board of Health in these regulations for attendance of a child at a day care center.

(h) "Initiation of a schedule of immunization" is defined as the process of beginning or continuing a course of immunizations. All children who have not had three doses each of DTP/DT and polio vaccines with the last doses after the fourth birthday, and one dose each of measles, mumps and rubella vaccines are to be considered "initiating or continuing" a schedule of immunization. Children who do not meet the requirements for their age group must receive at least one dose of vaccine within forty-five calendar days of the child's first day of attendance.

(2) IMMUNIZATION REQUIREMENTS.

Children must meet the following immunization requirements for each age:

DTP/DT/Td VACCINE

AGE	REQUIREMENT
2 months	1 dose
4 months	2 doses
6 - 17 months	3 doses
18 - 47 months	4 doses
4 years and older	At least 3 doses provided that the last dose was administered at or after age 4.

TRIVALENT POLIO VACCINE - (TOPV) (IPV)

AGE	REQUIREMENT
2 months	1 dose
4 - 17 months	2 doses
18 - 47 months	3 doses
4 years and older	At least 3 doses provided that the last dose was administered at or after age 4.

MEASLES*, MUMPS, AND RUBELLA VACCINES

AGE	REQUIREMENT
Under 15 months	None
15 months or older	1 dose of each administered at or after 12 months of age

*NOTE: (1) Any child who is 15 months of age or older must have:

(a) one dose of measles vaccine by the 45th day after the child's first day of attendance, or

(b) one dose of measles vaccine within 45 days after the child becomes 15 months of age.

The above conditions do not apply to a child who is exempt for measles vaccine. Any child not meeting the measles requirement will be excluded from the day care center in the manner required by subsection (7) of this section.

(2) Measles vaccine is not recommended prior to 15 months of age unless there is an earlier threat of exposure to measles.

(3) A child meets the measles immunization requirement as a result of having had measles (rubeola) disease. In such instances, a physician must document and certify the month and year of disease occurrence.

(3) INITIATION AND CONTINUATION OF A SCHEDULE OF IMMUNIZATION.

(a) Attendance at a day care center by a child who has not received full immunization shall be conditioned upon the presentation of proof that the child has initiated or is continuing on a schedule of immunization according to subsection (1)(h) of this section.

(b) Admission in subsequent year(s). A child who is admitted conditionally as provided in subsection (3)(a) of this section, shall present proof of completion of each dose of vaccine required in subsection (2) of this section as soon as possible and not later than twelve calendar months from the time the child is admitted conditionally. This process shall be continued until the child is fully immunized. If the child has not completed the required schedule of immunization within the required time period, the "chief administrator" of the day care center shall immediately notify the local health department of the name and address of the child along with a

report of the status of the child's immunization schedule and when the child was first admitted to the day care center. If there has been a sufficient period of time to reasonably permit the child to have completed the required immunization schedule, the health department shall issue an order of exclusion in the manner required in subsection (7) of this section. If there has not been sufficient time to complete the schedule, the health department shall notify the child's parents and the "chief administrator" of the day care center as to when the schedule must be completed. If the schedule is not completed by that date, the health department shall issue an order of exclusion pursuant to subsection (7) of this section.

(4) DOCUMENTARY PROOF.

(a) Proof of full immunization, initiation or continuation of a schedule, or exemptions shall be entered by the parent on a Certificate of Immunization Status form (DSHS 13-263). Immunization data on the Certificate of Immunization Status form shall be based on a written personal immunization record given to the person immunized or to his or her parent or guardian by the physician or agency administering the immunization. This personal immunization record shall not be surrendered to day care center authorities and shall not substitute for the Certificate of Immunization Status form.

(b) The Certificate of Immunization Status form shall include at least the following information required to fulfill the intent of RCW 28A.31.118:

- (i) Name of person;
- (ii) Birthdate;
- (iii) Sex;
- (iv) Type of vaccine administered;
- (v) Date of each dose of vaccine, specifying month and year;
- (vi) Signature of parent, legal guardian or adult *in loco parentis*.

(c) The Revised Certificate of Immunization Status form (DSHS 13-263) shall be provided to licensed day care centers by the Department of Social and Health Services and will be the only acceptable form for all new registrants after September 1, 1979. For the child already registered or enrolled in a day care center prior to enactment of these regulations, previous Certificates of Immunization Status (e.g. DSHS 13-263) or locally developed forms approved by DSHS shall be acceptable as the official Certificate of Immunization Status: *Provided*, That dates for the latest doses of DTP/Td and poliomyelitis vaccines are indicated and that dates (month and year) are provided for each dose of measles, rubella, and mumps vaccine, if required.

(d) Proof in subsequent years. Once proof of full immunization or proof of exemption from the immunization law has been presented, no further proof shall be required as a condition to attendance at a particular center provided that the Certificate of Immunization Status form on such a child remains on file at the day care center.

(5) MEDICAL EXEMPTIONS.

(a) Certification of medical contraindication for one or more immunization(s) shall be provided on the Certificate of Immunization Status form, certified and signed by a licensed physician.

(b) A child who is temporarily exempt from immunization for medical reasons may be admitted on condition that required immunizations are obtained at the termination of the duration of exemption. If the medical condition is permanent or life-long, the student may be admitted and the Certificate of Immunization Status filed on each child.

(6) RELIGIOUS, PHILOSOPHICAL, PERSONAL EXEMPTIONS.

(a) A child who is exempt from immunization because of religious, philosophical, or personal objections may be admitted to a day care center and the fact of the exemption shall be recorded on the Certificate of Immunization Status form signed by the parent, guardian, or adult *in loco parentis*.

(b) Each day care center shall keep on file the Certificate of Immunization Status form for each child so enrolled.

(7) EXCLUSION FROM DAY CARE CENTER.

(a) Conditions for attendance not fulfilled. Any child in attendance at a day care center who fails to provide documentary proof of full immunization, or proof of initiation or continuation of a schedule of immunization, or proof of either medical, religious, philosophical or personal objection, within forty-five calendar days after the child's first day of attendance, shall be excluded from the day care center by the "chief administrator" of the day care center until an acceptable Certificate of Immunization Status form is submitted to the "chief administrator".

(b) Notification to local health department. The "chief administrator" of a day care center shall collect, at the end of the forty-five day grace period and within five working days, the name and address of each child who does not comply with the requirements of these regulations and forward the name(s) to the local health department.

(c) Exclusion order from local health department. Upon receipt of name(s) and address(es) of each child failing to comply with the provisions for attendance at a day care center from the "chief administrator", the local health department shall notify the "chief administrator" and provide the "chief administrator" with a written order to exclude the children failing to comply with requirements of these regulations.

(d) Exclusion letter to parents of children failing to comply. Pursuant to the written exclusion order to the "chief administrator" from the local health department, the local health department will provide a standard exclusion notification letter to parents of children failing to comply with attendance requirements. This exclusion notification letter shall be of a form approved by the Department of Social and Health Services and signed by the local health officer. This shall serve as the written notice to parent(s) or legal guardian(s) of each child or to the adult(s) *in loco parentis* to each child, who is not

in compliance with the requirements of these regulations. The notice shall fully inform such person(s) of the following:

(i) The requirements established by and pursuant to RCW 28A.31.118;

(ii) The fact that the child will be prohibited from further attendance at the day care center until requirements are met;

(iii) The immunization services that are available from or through the local health department and other public agencies.

(e) A child in attendance in a day care center by virtue of presenting proof of "initiation or continuation of a schedule of immunization" or by presenting documentation of medical, religious, philosophical or personal objection may be subject to exclusion in the event of exposure in the day care center to a communicable disease for which the child is unimmunized.

(8) RECORDS.

(a) The official proof for documentation of compliance with these regulations shall be the Certificate of Immunization Status form. The revised Certificate of Immunization Status form will be required of all new registrants after September 1, 1979.

If a child was enrolled in a day care center prior to the effective date of these regulations, the Certificate of Immunization Status form DSHS 13-263, or approved locally developed forms on file will serve as documentary proof for admittance if requirements are met.

Day care centers shall have on file an approved Certificate of Immunization Status form for every child enrolled. When a child withdraws or transfers to a new day care center, the administrator shall return the Certificate of Immunization Status form to the parent.

(b) The "chief administrator" of a day care center shall allow agents of state and local health departments access during business hours to the immunization records retained on each child enrolled.

(c) Personal immunization record. The immunizations required by these regulations may be obtained from any private or public source desired, provided that the immunization is administered and records are made in accordance with these regulations. Any person or organization administering immunizations shall furnish each person immunized, or his or her parent or legal guardian, or any adult *in loco parentis* to the child, with a written record of immunization, the content of which the State Board of Health has prescribed.

(9) REPORTING.

The "chief administrator" of a day care center shall file a written annual report (multiple carbonized form) with the Department of Social and Health Services and local health departments on the immunization status of children by November 1 of each year and on forms prescribed by the Department of Social and Health Services. [Statutory Authority: RCW 43.20.050. 79-10-031 (Order 185), § 248-100-164, filed 9/11/79.]

WAC 248-100-165 Repealed. See Disposition Table at beginning of this chapter.

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 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. Employees whose chest films are negative or indicate no active disease process may be certified for one year. Employees whose chest x-ray shows no sign of active disease at least two years after the first documented positive skin test shall be certified indefinitely.

(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 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. [Statutory Authority: RCW 43.20.050. 79-10-025 (Order 184), § 248-100-175, filed 9/10/79; 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 248-100-190 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-195 Filing certificates. The health certificate shall be filed with the school district superintendent. Whenever an employee transfers from one district to another, the school district superintendent shall return to the employee his health certificate, which shall be filed with the school district superintendent of schools in the new locality. [Statutory Authority: RCW 43.20.050. 79-10-025 (Order 184), § 248-100-195, filed 9/10/79; Order 78, § 248-100-195, filed 1/9/73; § 248-100-195, filed 10/3/67; Regulation .100.195, effective 3/11/60.]

WAC 248-100-205 Preventive or curative treatment for tuberculosis. Employees who have a positive tuberculin skin test (10mm or more of induration) and have completed a recommended course of preventive or curative treatment may be certified indefinitely by the local health officer. [Statutory Authority: RCW 43.20.050. 79-10-025 (Order 184), § 248-100-205, filed 9/10/79; Order 78, § 248-100-205, filed 1/9/73; Regulation .100.205, effective 3/11/60.]

WAC 248-100-335 Rubella. Local health departments shall report to the health services division all cases of rubella or congenital rubella syndrome. Upon identification of a presumptive case of rubella, the local health officer shall immediately act to identify and protect, by medically appropriate means, all exposed females in the childbearing years. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-335, filed 7/10/79; Regulation .100.335, effective 3/11/60.]

WAC 248-100-395 Measles. Individual case report shall be made of all cases. Suspected cases shall immediately be reported to the local health department by the most rapid means available. The local health department shall investigate suspect cases immediately upon receiving such report.

The local health department shall report to the health services division no later than the following working day all cases which satisfy the clinical criteria for a presumptive diagnosis of measles, as those criteria are defined by the state director of health.

Upon identification of a presumptive case of measles, the local health officer shall immediately act to identify and protect, by medically appropriate means, exposed susceptible persons. (Where school populations are involved see WAC 248-101-220.) [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-395, filed 7/10/79; Order 73, § 248-100-395, filed 4/11/72; Regulation .100.395, 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. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-410, filed 7/10/79; Regulation .100.410, effective 3/11/60.]

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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. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-435, filed 7/10/79; Regulation .100.435, 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, giving as a gift or 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. [Statutory Authority: RCW 43.20.050. 78-03-059 (Order 157), § 248-100-450, filed 2/22/78; Order 40, § 248-100-450, filed 10/14/70; Regulation .100.450, effective 3/11/60.]

Chapter 248-101 WAC SCHOOL DISTRICTS--CONTAGIOUS DISEASES

WAC

248-101-010 Purpose.

248-101-020	Definition.
248-101-030	Repealed.
248-101-040	Repealed.
248-101-050	Repealed.
248-101-060	Repealed.
248-101-070	Repealed.
248-101-080	Repealed.
248-101-090	Repealed.
248-101-100	Repealed.
248-101-110	Repealed.
248-101-120	Repealed.
248-101-130	Repealed.
248-101-140	Repealed.
248-101-150	Repealed.
248-101-160	Repealed.
248-101-170	Repealed.
248-101-180	Repealed.
248-101-190	Repealed.
248-101-200	Repealed.
248-101-210	Repealed.
248-101-220	Control of communicable (contagious) disease.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

SPECIFIC DISEASES

248-101-030	Chickenpox. [Order 62, § 248-101-030, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-040	Conjunctivitis. [Order 62, § 248-101-040, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-050	Diphtheria. [Order 62, § 248-101-050, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-060	Gonorrhea. [Order 66, § 248-101-060, filed 1/13/72; Order 62, § 248-101-060, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-070	Impetigo. [Order 62, § 248-101-070, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-080	Infectious mononucleosis. [Order 62, § 248-101-080, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-090	Measles. [Order 62, § 248-101-090, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-100	Meningitis (all types). [Order 62, § 248-101-100, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-110	Mumps. [Order 62, § 248-101-110, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-120	Pediculosis. [Order 62, § 248-101-120, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-130	Ringworm. [Order 62, § 248-101-130, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-140	Rubella. [Order 62, § 248-101-140, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-150	Salmonellosis and shigellosis. [Order 62, § 248-101-150, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-160	Scabies. [Order 62, § 248-101-160, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-170	Streptococcal infections. [Order 62, § 248-101-170, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-180	Syphilis. [Order 66, § 248-101-180, filed 1/13/72; Order 62, § 248-101-180, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.

248-101-190	Tuberculosis. [Order 62, § 248-101-190, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-200	Viral hepatitis. [Order 62, § 248-101-200, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-210	Whooping cough. [Order 62, § 248-101-210, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.

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, a communicable disease. 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. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-101-010, filed 7/10/79; Order 62, § 248-101-010, filed 11/1/71.]

WAC 248-101-020 Definition. As used in this portion of these regulations, these terms shall mean:

(1) "Contact" means any person who has had more than incidental association with a person, or animal, in the infectious state of a disease, or with a contaminated environment, for periods sufficient to have provided the opportunity to acquire the infection. Such association may include simultaneous occupancy of the same classroom or work area or other area such as to constitute exposure to the disease.

(2) "Exposure" means such association with a person or animal in the infectious stage of a disease, or with a contaminated environment, as to provide the opportunity to acquire the infection.

(3) "Susceptible" means a person who does not possess sufficient resistance, whether natural or induced, to a pathogenic agent or disease to prevent contracting that disease when exposed thereto.

(4) "Communicable disease (contagious disease)" means any illness, infection or infestation which arises from, or is propagated through, the transmission of a micro-organism, parasite or insect from an infected or contaminated reservoir, whether another human, animal or inanimate environmental vector, either directly or indirectly to persons who are susceptible to that illness, infection or infestation.

Communicable (contagious) diseases include, but are not limited to:

- (a) Chickenpox
- (b) Conjunctivitis
- (c) Diphtheria
- (d) Gonorrhea
- (e) Impetigo

(f) Infectious Mononucleosis
 (g) Measles
 (h) Meningitis
 (i) Mumps
 (j) Pediculosis
 (k) Ringworm
 (l) Rubella
 (m) Salmonellosis
 (n) Shigellosis
 (o) Scabies
 (p) Streptococcal Infections
 (q) Syphilis
 (r) Tuberculosis
 (s) Viral Hepatitis
 (t) Whooping Cough. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-101-020, filed 7/10/79; Order 62, § 248-101-020, filed 11/1/71.]

WAC 248-101-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-040 Repealed. Disposition Table at beginning of this chapter.

WAC 248-101-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 458-101-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-120 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-130 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-140 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-150 Repealed. See Disposition at beginning of this chapter.

WAC 248-101-160 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-170 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-180 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-190 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-200 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-101-220 Control of communicable (contagious) disease. In the event of the occurrence in a school of any communicable disease, as defined in WAC 248-101-020, the local health officer, upon a review of the circumstances of said occurrence, and after consultation, as appropriate, with the state director of health or his designee, shall take any and all actions which are in conformity with good medical practice and deemed to be appropriate and necessary to control or eliminate the spread of the disease in the school population. To that end these actions may include, but are not hereby limited to, any of the following which are medically appropriate: The closure of the affected school(s) or part(s) thereof; cessation of selected school activities or functions; or ordering the exclusions from school or from selected school activities or functions, of those persons who are infected with or are deemed to be susceptible to and exposed to the disease: *Provided*, That prior to any such action the local health officer or his/her designee shall consult with the superintendent of the school district or his/her designee on the proposed action: *Provided, Further*, That the decision of the local health officer as to the action to be taken shall be provided in writing to the board of directors and the superintendent of the school district in the form and substance of an order directing them to take action(s). Where these actions have been taken the health officer shall set the terms and conditions permitting the reopening of school or the readmittance to school or the resumption of school activities or functions. The health officer shall pursue, in consultation with the state director of health and school officials, the investigation of the source of disease and order those actions necessary to the ultimate control of the disease. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-101-220, filed 7/10/79.]

Chapter 248-102 WAC PHENYLKETONURIA

WAC
 248-102-030 Repealed.
 248-102-040 Establishment of diagnosis.
 248-102-050 Repealed.
 248-102-060 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248-102-030 Panel of consultants appointed. [Order 5, § 248-102-030, filed 10/16/68.] Repealed by 79-02-014 (Order 173), filed 1/12/79. Statutory Authority: RCW 70.83.050.
- 248-102-050 Eligibility for financial support for treatment and followup care. [Order 5, § 248-102-050, filed 10/16/68.] Repealed by 79-02-014 (Order 173), filed 1/12/79. Statutory Authority: RCW 70.83.050.
- 248-102-060 Financial support, services, and facilities not compulsory. [Order 5, § 248-102-060, filed 10/16/68.] Repealed by 79-02-014 (Order 173), filed 1/12/79. Statutory Authority: RCW 70.83.050.

WAC 248-102-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-102-040 Establishment of diagnosis. (1) Upon receipt of specimens from hospitals and maternity care facilities, the department shall perform the appropriate laboratory screening tests for abnormal levels of substances in the blood relating to the detection of congenital hypothyroidism and phenylketonuria.

(2) If levels so obtained suggest the presence of these diseases in an infant, they will not constitute a final laboratory or medical diagnosis. The department will promptly notify the attending physician, or the family of the infant tested if no attending physician can be identified.

(3) The department shall offer to the attending physician or the family assistance in arranging further diagnostic studies for the subject, and financial support for these studies, to qualified families. [Statutory Authority: RCW 70.83.050. 79-02-014 (Order 173), § 248-102-040, filed 1/12/79; Order 5, § 248-102-040, filed 10/16/68.]

WAC 248-102-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-102-060 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-116 WAC

REGISTRATION OF REPORTABLE RADIATION SOURCES

WAC

248-116-010 through 248-116-904 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248-116-010 General. [Chapter I, filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 248-116-020 Definitions. [Chapter II, filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 248-116-030 Registration procedure. [Chapter III, filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 248-116-040 Reportable radiation sources. [Chapter IV, filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.

- 248-116-050 Exemptions from registration. [Chapter V, filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 248-116-060 Records. [Chapter VI, filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 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. [Schedule A (codified as WAC 248-116-900), filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 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, (codified as WAC 248-116-901), filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 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 (codified as WAC 248-116-902), filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 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 (codified as WAC 248-116-903), filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.
- 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 (codified as WAC 248-116-904), filed 7/24/64.] Repealed by 78-10-075 (Order 165), filed 9/27/78. Statutory Authority: RCW 43.20.050.

WAC 248-116-010 through 248-116-904 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-120 WAC

REGULATIONS FOR RADIATION CONTROL

WAC

Part I through Part VII Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 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

[Pamphlet, Dept. of Health, Part I through VII, filed 10/26/66. Later promulgation see Title 402 WAC.] Repealed by 78-10-076 (Order 164), filed 9/27/78. Statutory Authority: RCW 43.20.050.

Part I through Part VII Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-136 WAC
METHADONE PROGRAMS FOR OPIATE
ADDICTION

WAC

248-136-110 through 248-136-99001 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS
CHAPTER

- 248-136-110 Purposes. [Order 864, § 248-136-110, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.
- 248-136-120 State authority. [Order 864, § 248-136-120, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.
- 248-136-130 Adjunctive services. [Order 864, § 248-136-130, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.
- 248-136-140 Incarcerated clients. [Order 896, § 248-136-140, filed 1/11/74; Order 864, § 248-136-140, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.
- 248-136-150 Clients' take-home medication. [Order 864, § 248-136-150, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.
- 248-136-160 Client caseload. [Order 864, § 248-136-160, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.
- 248-136-170 Employment and training. [Order 864, § 248-136-170, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.
- 248-136-180 Medical treatment. [Order 864, § 248-136-180, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.
- 248-136-990 Authority. [Order 864, § 248-136-990, filed 10/11/73.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 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. [Order 42, Appendix A (codified as WAC 248-136-99001), filed 10/14/70.] Repealed by 78-08-086 (Order 1322), filed 7/28/78. Statutory Authority: RCW 69.54.040. Later promulgation, see chapter 275-18 WAC.

WAC 248-136-110 through 248-136-99001 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-148 WAC
SCHOOL DISTRICTS—AUDITORY AND VISUAL
STANDARDS

WAC

248-148-020 Criteria for selection of children for screening.

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.

(5) Exclude from screening those children who have on file at the school, within the school year, a report from their physician on the status of their auditory acuity which indicates the child is under the physician's continuing care. [Statutory Authority: RCW 28A.31-.030. 78-06-085 (Order 155), § 248-148-020, filed 6/2/78; Order 63, § 244-148-020 (codified as WAC 248-148-020), filed 11/1/71.]

Chapter 248-150 WAC
REGULATIONS FOR SCOLIOSIS SCREENING

WAC

- 248-150-010 Declaration of purpose.
- 248-150-020 Examinations of school children for scoliosis—Definitions.
- 248-150-030 Criteria for selection of children for scoliosis screening.
- 248-150-040 Qualification of personnel.
- 248-150-050 Screening procedures.
- 248-150-060 Screening results—Recording and referral procedures.
- 248-150-070 Distribution of rules and procedures.
- 248-150-080 Exemptions from examinations.

WAC 248-150-010 Declaration of purpose. The following rules are adopted pursuant to chapter 47, Laws of 1979[chapter 28A.31 RCW], wherein is contained the mandate that the Superintendent of Public Instruction shall provide for and require screening for idiopathic scoliosis of school children in the state of Washington. It is the purpose of such screening to identify those children who may have a lateral curvature of the spine appearing in adolescent children. [Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-010, filed 10/31/79.]

WAC 248-150-020 Examinations of school children for scoliosis—Definitions. (1) "Superintendent" means the Superintendent of Public Instruction pursuant to Article III of the state Constitution or his/her designee.

(2) "Pupil" means a student enrolled in the public school system in the state.

(3) "Screening" means a procedure to be performed on all pupils in grades five through eight for the purpose of detecting the possible presence of the condition known as scoliosis.

(4) "Public Schools" means common schools referred to in Article IX of the state Constitution and those schools and institutions of learning having a curriculum below the college or university level as now or may be established by law and maintained at public expense.

(5) "Proper training" means instruction and training provided by, or under the supervision of, physicians licensed pursuant to chapter 18.57 or 18.71 RCW specializing in orthopedic, physiatric, or rehabilitative medicine and appropriate to perform the screening procedures referred to in Section WAC 248-150-050. [Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-020, filed 10/31/79.]

WAC 248-150-030 Criteria for selection of children for scoliosis screening. All children in grades 5 through 8 shall be screened annually. [Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-030, filed 10/31/79.]

WAC 248-150-040 Qualification of personnel. (1) Screening will be conducted by school physicians, school nurses, physical education instructors, other school personnel or persons designated by school authorities who have received proper training in screening techniques for idiopathic scoliosis.

(2) Each school district shall designate one individual of the district's staff who will be responsible for the administration of scoliosis screening. This individual's training and experience shall be appropriate to perform the following tasks:

(a) to develop an administrative plan for conducting scoliosis 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 amount of disruption. This shall include arrangement of appropriate scheduling for scoliosis screenings,

(b) to secure appropriate personnel to carry out the screening program, if such assistance is necessary, and to insure that such personnel receive proper training to conduct the necessary screening procedures,

(c) to insure that appropriate records are made, and to make recommendations appropriate to the needs of each child whose screening test is indicative of scoliosis,

(d) to disseminate information to other school personnel explaining the purpose of the program, and to acquaint them with the criteria which might denote the need for referral for scoliosis screening,

(e) to institute a procedure to evaluate the effectiveness and accuracy of the screening program. [Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-040, filed 10/31/79.]

WAC 248-150-050 Screening procedures. The screening procedures shall be consistent with nationally accepted standards for scoliosis screening procedures such as those published by the American Academy of Orthopaedic Surgeons as contained in "Spinal Screening Program Handbook." [Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-050, filed 10/31/79.]

WAC 248-150-060 Screening results--Recording and referral procedures. A record of the "screening" results must be made of each child suspected of having scoliosis and copies of the results sent to the parents or guardians of the children. The notification shall include an explanation of scoliosis, the significance of treating it at an early stage, the services generally available for treatment after diagnosis, and a method for the school to receive follow-up information from health care providers. [Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-15-060 (codified as 248-150-060), filed 10/31/79.]

WAC 248-150-070 Distribution of rules and procedures. The Superintendent shall print and distribute to appropriate school officials the rules adopted by the State Board of Health under the act and the recommended records and forms to be used in making and reporting the screening results to parents and to the Superintendent. [Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-070, filed 10/31/79.]

WAC 248-150-080 Exemptions from examinations. Any pupil shall be exempt from the screening procedure upon written request of his or her parent or guardian. [Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-080, filed 10/31/79.]

Chapter 248-554 WAC

SHELTERS FOR VICTIMS OF DOMESTIC VIOLENCE

WAC

248-554-001	Purpose.
248-554-005	Definitions.
248-554-010	Shelter homes.
248-554-015	Safe homes.
248-554-020	Shelter services--General.
248-554-030	Exemptions, separability and appeal.

WAC 248-554-001 Purpose. The purpose of this section is to specify the uniform state-wide standards in rules and regulations which address adequate food, clothing, housing, safety, security, advocacy and counseling for victims of domestic violence utilizing shelters which receive funds through the victims of domestic violence program of the department of social and health services. These minimal standards are developed and established pursuant to chapter 70.123 RCW. [Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-001, filed 12/21/79.]

WAC 248-554-005 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise:

(1) "Advocacy" means the provision of information and agency referral(s) while teaching a victim to be problem oriented in the task of developing and maintaining self-help skills.

(2) "Advocate" means a staff person within a shelter service who provides direct services to victims within shelters and who positively assists in provision of a supportive environment.

(3) "Bathing facility" means a bath tub or shower.

(4) "Bathroom" means a room containing at least one bathing facility.

(5) "Cohabitant" means a person who is married or is cohabiting with a person as a husband or wife at the present time or at some time in the past. Any person who has one or more children in common with another person, regardless of whether they have been married or have lived together at any time, shall be treated as a cohabitant.

(6) "Counseling" means a combination of advocacy and treatment.

(7) "Counselor-in-training" means an advocate who is supervised by a qualified family violence counselor and who may act as a family violence counselor in groups and in individual treatments.

(8) "Day or drop in program" means the availability of counseling services in or through a shelter service without necessarily requiring that a victim reside in a shelter.

(9) "Department" means the department of social and health services.

(10) "Domestic violence" includes but is not limited to any of the following crimes when committed by one cohabitant against another:

(a) Assault in the first degree (RCW 9A.36.010);

(b) Assault in the second degree (RCW 9A.36.020);

(c) Simple assault (RCW 9A.36.040);

(d) Reckless endangerment (RCW 9A.36.050);

(e) Coercion (RCW 9A.36.070);

(f) Burglary in the first degree (RCW 9A.52.020);

(g) Burglary in the second degree (RCW 9A.52.030);

(h) Criminal trespass in the first degree (RCW 9A.52.070);

(i) Criminal trespass in the second degree (RCW 9A.52.080);

(j) Malicious mischief in the first degree (RCW 9A.48.070);

(k) Malicious mischief in the second degree (RCW 9A.48.080);

(l) Malicious mischief in the third degree (RCW 9A.48.090);

(m) Kidnapping in the first degree (RCW 9A.40.020);

(n) Kidnapping in the second degree (RCW 9A.40.030);

(o) Unlawful imprisonment (RCW 9A.40.040).

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

(12) "Lodging unit" means one or more rooms utilized for a victim of domestic violence including those rooms used for sleeping or sitting.

(13) "May" means permissive or discretionary with the department.

(14) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(15) "Prevention" means services that provide information to community members and service providers about alternatives to violence.

(16) "Problem oriented" means a focus on the clarification of the problem(s) presented, the teaching of decision-making process, and the provision of counseling.

(17) "Program" means the victims of domestic violence program of the department.

(18) "Qualified family violence counselor" means an advocate who has been certified as a qualified family violence counselor by the Washington state shelter network or a person who has equivalent qualifications and has obtained approval in writing from the program.

(19) "Secretary" means the secretary of the Washington state department of social and health services or his/her designee.

(20) "Shall" means compliance is mandatory.

(21) "Shelter" means a place of temporary refuge, offered on a twenty-four hour, seven day per week basis to victims of domestic violence and their children.

(a) "Safe home" means a shelter that houses two or less lodging units, has a working agreement with a shelter service, and has established rates.

(b) "Shelter home" means a shelter that houses three or more lodging units, has established rates, and has a working agreement with a shelter service.

(22) "Shelter service" means the organization and/or coordination of safe homes and/or shelter homes to provide for adequate food, clothing, housing, safety, security, advocacy and counseling for victims.

(23) "Should" means a suggestion or recommendation, but not a requirement.

(24) "Staff" means persons who are paid or who volunteer services and are a part of a shelter service.

(25) "Supportive environment" means conditions, circumstances, and influences which encourage the victim to have an awareness and applicability of nonabusive egalitarian relationships, positive self-esteem, positive parenting, effective communication skills, mediation skills, nonstereotypic roles, financial independence and personal growth.

(26) "Toilet" means a room containing at least one water closet or one chemical or pit type facility for defecation fitted with a seat.

(27) "Treatment" means participation of victims in individual, family and/or group sessions within a supportive environment.

(28) "Victim" means a cohabitant who has been subjected to domestic violence and, where applicable children of this cohabitant, where appropriate.

(29) "Water closet" means a plumbing fixture for defecation, fitted with a seat and a device for flushing the bowl of the fixture with water. [Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-005, filed 12/21/79.]

WAC 248-554-010 Shelter homes. (1) Shelter homes shall comply with chapter 70.62 RCW and chapter 248-144 WAC.

(2) Shelter homes shall meet general requirements for shelters and shelter services in accordance with chapter 70.123 RCW and this chapter, WAC 248-554-025.

(3) At least one staff shall be present at all times (twenty-four hours per day) when at least one victim has contracted to reside in the shelter home.

(4) There shall be an on-site evaluation of each shelter home biennially to measure compliance with standards contained in this chapter. [Statutory Authority: Chapter 70.123 RCW, 80-01-068 (Order 1467), § 248-554-010, filed 12/21/79.]

WAC 248-554-015 Safe homes. (1) Prior to referring clients to a safe home, the shelter service shall make application to and receive approval of the safe home from the program. Departmental approval of a safe home shall be required biennially. The shelter service shall keep on file available for department review a permanent register of all safe homes for which it has requested approval. The register shall list the code number used in the application for approval and the address and name of person operating the safe home.

(2) To ensure client safety and security, identification of a safe home on the application form may be limited to a code identification contained in the shelter service's permanent register of safe homes. The department's approval or disapproval of a safe home shall be based either on an application accompanied by evidence submitted by the shelter service declaring that the safe home is in compliance with chapter 70.123 RCW and this chapter, or on the department's evaluation of the safe home. Applications and certification of compliance shall be on forms provided by the department.

(3)(a) The department shall utilize a random sampling method in selecting safe homes for inspection during biennial visits to shelter service offices.

(b) Inspections of approved safe homes shall measure their compliance with this chapter and with the shelter service certification.

(4) When there is evidence that a safe home is out of compliance with the standards as specified in this chapter, written notice shall be provided to the shelter service by the department specifying deficiencies. Safe homes may be granted a period of ninety days to comply with standards based on a written plan of correction.

(5) Upon receipt of complaints which indicate specific violations of standards, the department shall notify the shelter service and make investigations, if necessary, to determine compliance. No lodging unit shall be entered for inspection if the lodging unit is occupied by a victim at the time of inspection.

(6) The department may deny, revoke and suspend the approval and funding of a shelter service in which a safe home is out of compliance with this chapter.

(7) Safe homes shall comply with local fire codes and requirements.

(8) Shelter services operating safe homes shall insure compliance of safe homes with requirements of this chapter and shall be responsible for providing adequate

supervision for monitoring the safe home, safe home facilities and equipment in good repair and in a clean, safe and sanitary condition.

(a) Safe homes shall be maintained to protect the health, safety and well being of victims.

(b) Floor, wall and ceiling surfaces shall be clean, dry and in good repair.

(c) Equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets for the lodging units, corridors, stairways and other areas occupied or used by victims shall be clean and maintained in good repair.

(9) Rooms used by victims as bedrooms shall have a window or opening to the outdoors.

(10) The water supply used for human consumption shall be from an approved public water system as defined by chapter 248-54 WAC or, if an individual system, one approved as safe for human consumption by the local health department.

(11) Minimally, one toilet, one lavatory and one bathing facility shall be provided on the safe home premises.

(a) Pit or chemical type toilet facilities may be used in lieu of a water closet system upon written approval by the shelter service when this practice is not in conflict with local regulations and ordinances.

(b) Hot and cold water shall be provided at all lavatories and bathing facilities. Hot water shall be at least 110°F. Hot and cold water may be carried to lavatories and bathing facilities and does not need to be water running from faucets at the lavatories or bathing facilities.

(12) Lodging units shall have natural and/or mechanical ventilation capable of preventing objectionable odors and excessive condensation.

(13) Heating.

(a) Lodging units and other areas or rooms used by victims during periods requiring artificial heat shall be provided with a safe and adequate source of heat capable of maintaining a room temperature of not less than 68°F during the time of occupancy.

(b) Gas fired, wood, or oil fired space heaters and water heaters shall be vented to the outside.

(14) Natural and/or artificial lighting shall be available to provide minimum light intensities required to promote cleanliness and safety. Each lodging unit shall contain at least one lighting fixture suitable for reading. Lighting fixtures may be nonelectric provided open flames are enclosed.

(15) Food and beverages prepared by and for victims shall be prepared, served and stored in a safe and sanitary manner.

(a) Safe homes shall provide the following facilities and equipment for use by and for victims.

(i) A place suitable for dishwashing;

(ii) A refrigerator or other storage equipment maintained at a temperature of 45°F or lower, when perishable food is present;

(iii) A range or stove with cooking space or equivalent cooking space which may be a two burner gas or electric hot plate;

(iv) A washable or disposable covered waste food container.

(b) Eating and cooking utensils supplied by the safe home for use by victims shall be maintained clean and free of cracks.

(16) Appropriate measure shall be taken to prevent and control invasion by insects and rodents.

(17) Plumbing, solid waste and sewage disposal.

(a) Liquid drain lines shall be maintained in good repair.

(b) Minimally, one washable or disposable refuse container shall be provided in each lodging unit. Waste shall be disposed of in a manner which prevents odors, unhealthful, unsafe or insanitary conditions.

(c) Liquid waste shall be discharged to a municipal sewage disposal system.

(i) When connection to a municipal sewage disposal system is not feasible, an individual sewage disposal system shall not discharge on to the surface of the ground, into a ditch, nor to the waters of the state; except where such discharge meets applicable standards.

(ii) New installations, alterations, repairs or replacement of a major component on an individual disposal system shall be approved by the local health department and not create a nuisance or health hazard.

(18) Safe home operators shall establish and enforce rules designed to control or prohibit pets in the food preparation and storage areas.

(19) Bedding including but not limited to mattresses, mattress covers, mattress pads, quilts, blankets, pillows, sheets, pillow slips, and spreads for use by victims shall be kept clean and shall not be used when stained or worn so as to be unfit for further use.

(a) When bed linens are provided for victims, each bed, bunk, cot or other sleeping place shall be supplied with suitable pillow slip(s) and two sheets. After use by a victim, pillow slips, sheets, wash cloths and towels shall be laundered prior to use by another victim.

(b) Wash cloths, hand towels, bath towels, pillow slips, and sheets supplied by the safe home and used by the same victim for more than one day shall be changed as needed and minimally one time each two weeks.

(20) A means shall be provided for laundering of bed linens, towels, wash cloths, and personal clothing of resident victims.

(a) Laundry facilities may be located outside the premises of the safe home.

(b) Clean bed sheets, pillow slips, towels and other linens for use by victims shall be handled and stored in a sanitary manner.

(c) All soiled laundry and linens in the safe homes shall be handled and stored so as to prevent contamination of clean laundry and food supplies.

(21) Cleaning and housekeeping equipment and supplies shall be provided and maintained in a clean and safe condition.

(a) Containers of chemical cleaning agents and other toxic material shall be labeled and shall bear the instructions and precautions for usage as described by the manufacturer.

(b) Containers of chemical cleaning agents shall be stored and secured in places out of reach of children.

(22) Chemical and physical hazards.

(a) Chemical agents shall be stored so as to prevent accidental poisoning, contamination of foodstuffs, clothing and bedding materials. Application or utilization of chemicals such as cleaners, disinfectants, pesticides, and rodent control products shall be in accordance with manufacturers recommendations for preventing a hazard to humans.

(b) Adequate and safe handrailings shall be provided for stairways, porches and balconies used by victims, when necessary.

(c) Swimming pools, wading pools and bathing beaches shall be maintained in a manner that does not present a health hazard or nuisance. [Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-015, filed 12/21/79.]

WAC 248-554-020 Shelter services--General. (1) During the first forty-eight hours that a victim is in a shelter, the shelter shall provide food and beverage necessary and appropriate for the basic sustenance of the resident victim(s). The food and beverage provided to resident victims shall be prepared and stored in a sanitary manner.

(2) Shelters shall provide resident victims with access to adequate and basic clothing. Clothing provided for resident victims shall have been washed or cleaned and stored in a sanitary manner prior to disbursement.

(3) Bed and bedding shall be provided to resident victims when not supplied by other means.

(4) Shelter services shall provide:

(a) Locks and/or alarms on windows, doors and other building access to prevent entry by intruders.

(b) Twenty-four hour staffing of shelters and/or on-call telephone or beeper service through the shelter service.

(c) A referral to other appropriate services and/or shelter agencies when:

(i) Shelters are occupied at capacity.

(ii) Inappropriate referral has been made to a shelter.

(iii) The victim has a compound or a multiplicity of problems requiring services of another agency(s) prior to offering shelter services.

(5) There shall be sufficient numbers of advocates to staff shelter services twenty-four hours per day, seven days per week.

(6) Shelter services shall establish standards for advocacy to include:

(a) Availability of twenty-four hour per day, seven day per week advocacy to victims residing in shelters.

(b) A supportive environment that offers safety and an opportunity for victim(s) to examine events which lead to the need for shelter services.

(7) Shelter services that receive moneys for counseling shall establish standards for counseling to include:

(a) Provision of at least one qualified family violence counselor on staff or under contract with the shelter service.

(b) Counseling which may be contracted and shall include one or more of the following:

- (i) Individual counseling and/or treatment.
- (ii) Group, couple or family counseling and/or treatment.

(8) Shelter services receiving moneys for counseling shall provide:

(a) Appropriate private areas for counseling and/or treatment.

(b) Assistance with child care in a supportive environment.

(c) Limitation of numbers during any group treatment or counseling session so that the group does not exceed fifteen persons.

(9) Shelter services shall make available to its staff and to the department upon request, the following:

- (a) Personnel policies addressing:
 - (i) Nondiscrimination relating to staff.
 - (ii) Hiring, periodic performance evaluation, promotion and termination of staff.
 - (iii) Staff job descriptions and responsibilities.
 - (iv) Health requirements and records for staff which shall include minimally the following:

(A) Each staff person beginning work with a shelter or shelter service, shall have or provide documented evidence of a tuberculin skin test by the Mantoux method unless medically contraindicated. When the skin test is negative (less than ten millimeters of induration), no further testing shall be required. A positive test shall consist of ten millimeters or more of induration read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Health records including skin test results, x-rays, or exemptions to such shall be maintained in the faculty.

Exceptions:

Those with positive tests, as defined above, shall have a biannual screening in the form of a chest x-ray. Those with positive tests whose chest x-ray shows no sign of active disease at least two years after the first documented positive skin test shall be exempted from further annual testing.

Those with positive skin test who have completed the recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(B) Staff persons with a communicable disease in an infectious stage shall not work with victims.

(b) Policies on nondiscrimination related to services and clients.

(c) Program policies shall include and address:

(i) A system of referrals to available community services as well as resources and procedures for securing or facilitating the use of these services, (e.g., medical, community service offices, bilingual or bicultural agencies, pastoral care, legal consultation).

(ii) Client access to her/his files.

(iii) Confidentiality of records and counseling case work.

(iv) Description of shelter services.

(d) Administrative policies addressing:

(i) Organizational charts and/or communication and policy making procedures.

(ii) If the shelter service is a subprogram of a larger administration organization, the philosophy of the larger organization must be congruent with that of the shelter service or allow the shelter service to have autonomous decision making policies in order to maintain a supportive environment for staff and victims of domestic violence.

(iii) Fire, disaster, first aid and other emergency procedures.

(iv) Working agreements involving safe homes, shelter homes and contracted services for counseling or other services, if applicable.

(v) Financial and budget procedures.

(vi) Cooperation with other shelter services in the immediate geographic area and throughout the state of Washington.

(vii) Reporting of child abuse in conjunction and agreement with child protective services of the department.

(e) Evidence and certification of compliance with WAC 248-554-015 shall be provided by shelter services on forms furnished by the department.

(10) There shall be an on-site evaluation of each shelter service biennially to measure compliance with standards contained in this chapter. [Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-020, filed 12/21/79.]

WAC 248-554-030 Exemptions, separability and appeal. (1) Parts of regulations as stipulated in this chapter may be waived upon written application to the department provided the following criteria are met:

(a) A thorough investigation by the department to establish that such waiver may be made in an individual case without placing the safety or health of residents within a specific shelter in jeopardy.

(b) Substitution of procedures, materials, or equipment from those specified in this chapter have been demonstrated to be at least equivalent to those prescribed.

(2) If any 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.

(3) The department is not obligated to disburse funds to shelter services complying with the minimum standards as stipulated in this chapter.

(4) Appeal procedures shall be in accordance with chapter 34.04 RCW. [Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-030, filed 12/21/79.]