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248-24-002 General information. [Order 13, § 248-24-002, filed 1/2/69; Regulation .24.002, effective 3/11/60.] Repealed by Order 36, filed 10/14/70.

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Chapter 248-35
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248-35-010, 248-35-020, 248-35-030, 248-35-040, 248-35-999. [Rules .35.001 through .35.999, filed 1/25/62.] Repealed by Order 39, filed 10/14/70.

Chapter 248-44
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248-44-001 Definition. [Regulation .44.001, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.

248-44-010 Procedure on discovery of habitual users. [Regulation .44.010, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.

248-44-020 Contents of reports. [Regulation .44.020, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.

248-44-030 Protection from disclosure. [Regulation .44.030, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.

248-44-040 Duty to give information. [Regulation .44.040, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.

248-44-050 Notifying state board of health. [Regulation .44.050, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.

248-44-999 Legal authority of the state board of health. [Regulation .44.999, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.

Chapter 248-60
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248-60-001, 248-60-010, 248-60-020, 248-60-030, 248-60-040, 248-60-050, 248-60-060, 248-60-070, 248-60-080, 248-60-090, 248-60-100, 248-60-110, 248-60-120, 248-60-130, 248-60-140, 248-60-150, 248-60-160, 248-60-170. [Regulation .60.010 through .60.170, effective 3/11/60.] Repealed by Order 32, filed 11/3/69. See chapter 248-61 WAC.

Chapter 248-62
SANITATION OF PLACES OF WORK

248-62-010 Definitions. [Order 8, § 248-62-010, filed 4/29/70; Rule .62.010, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-020 Water supply. [Rule .62.020, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-030 Toilet and handwashing facilities. [Rule .62.030, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-031 Special sanitary facilities for agricultural workers. [Order 8, § 248-62-031, filed 4/29/70.] Repealed by Order 102, filed 6/10/74.

248-62-040 Lockers, showers and dressing rooms. [Rule .62.040, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-050 Lunch rooms (eating areas). [Rule .62.050, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-060 Sewage, garbage and refuse disposal. [Rule .62.060, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-070 Rodent and insect control. [Rule .62.070, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-080 Expectorating (spitting). [Rule .62.080, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-090 General sanitation. [Rule .62.090, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-100 Temporary places of work. [Rule .62.100, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

248-62-110 Responsibility. [Rule .62.110, filed 6/4/63.] Repealed by Order 102, filed 6/10/74.

Chapter 248-68
TOURIST AND RESORT CAMPS

248-68-001, 248-68-002, 248-68-010, 248-68-020, 248-68-030, 248-68-040, 248-68-050, 248-68-060, 248-68-070, 248-68-080, 248-68-090, 248-68-100, 248-68-110, 248-68-120, 248-68-130. [Regulation .68.001 through .68.130, effective 3/11/60.] Repealed by Order 71, filed 4/11/72. See chapter 248-144 WAC.

Chapter 248-76
MOBILE HOMES AND MOBILE HOME PARKS

248-76-001 Definitions. [§ .76.001, filed 6/22/67; Regulation .76.001, effective 3/11/60; subsection (3) amended by Rules (part), filed 1/25/62.] Repealed by Order 86, filed 6/12/73.

248-76-010 Requirements for parking mobile homes outside of mobile home parks. [§ .76.010, filed 6/22/67; Regulation .76.010, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-020 Permits for mobile home parks. [§ .76.020, filed 6/22/67; Regulation .76.020, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-030 Inspection of mobile home parks. [§ .76.030, filed 6/22/67.] Repealed by Order 86, filed 6/12/73.

248-76-040 Location, space and general layout. [§ .76.040, filed 6/22/67; Regulation .76.030, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-050 Service buildings. [§ 1, filed 10/3/67; § .76.050, filed 6/22/67; Regulation .76.050, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-060 Water supply. [Order 58, § 248-76-060, filed 6/8/71; § 2, filed 10/3/67; § .76.060, filed 6/22/67; § .76.060, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-070 Plumbing. [§ .76.070, filed 6/22/67.] Repealed by Order 86, filed 6/12/73.

248-76-080 Sewage disposal. [§ .76.080, filed 6/22/67; Regulation .76.070, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-090 Refuse disposal. [§ .76.090, filed 6/22/67; Regulation .76.080, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-100 Insect and rodent control. [§ .76.100, filed 6/22/67; Regulation .76.090, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-110 Electricity and fire protection. [§ .76.110, filed 6/22/67; Regulation .76.110, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

248-76-120 Park management. [§ .76.120, filed 6/22/67; Regulations .76.040, .76.120, effective 3/11/60.] Repealed by Order 86, filed 6/12/73.

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.

Chapter 248-77
SANITATION FACILITIES FOR CAMPING VEHICLES

248-77-001 Purpose. [Rules (part), filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-010 Definitions. [Rule .77.010, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-020 Notification. [Rule .77.020, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-030 Location, space, and general layout. [Rule .77.030, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-040 Supervision. [Rule .77.040, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-050 Drinking water supply. [Rule .77.050, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-060 Toilet and handwashing facilities. [Rule .77.060, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-070 Sewage disposal. [Ruled .77.070, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-080 Refuse disposal. [Ruled .77.080, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-090 Reporting of communicable disease. [Rule .77.090, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

248-77-100 Local standards. [Ruled .77.100, filed 1/25/62.] Repealed by Order 149, filed 5/19/77.

Chapter 248-80
HOTELS

248-80-010, 248-80-020, 248-80-030, 248-80-040, 248-80-050, 248-80-060, 248-80-070, 248-80-080, 248-80-090, 248-80-100, 248-80-110, 248-80-120, 248-80-130, 248-80-999. [Regulation .80.010 through .80.999, effective 3/11/60.] Repealed by Order 71, filed 4/11/72. See chapter 248-144 WAC.

Chapter 248-90
INFANT FORMULA SERVICE

248-90-001 Definitions. [Regulation .90.001, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-010 Permit required. [Regulation .90.010, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-020 Physician's order required. [Regulation .90.020, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-030 Plant facilities. [Regulation .90.030, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-040 Cleaning and sterilizing facilities for bottles and utensils. [Regulation .90.040, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-050 Water supply. [Regulation .90.050, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-060 Ingredients. [Regulation .90.060, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-070 Supervision requirements. [Regulation .90.070, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-080 Plant employees. [Regulation .90.080, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-090 Bottling and terminal sterilization. [Regulation .90.090, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-100 Cooling and refrigeration. [Regulation .90.100, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-110 Bacteriological standards. [Regulation .90.110, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-120 Labeling. [Regulation .90.120, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-130 Time limit on delivery of baby formula milk. [Regulation .90.130, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-140 Use of nipple as caps prohibited. [Regulation .90.140, effective 3/11/60.] Repealed by Order, filed 6/3/65.

248-90-201 Definitions. [Regulation .90.001, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-210 Permit for infant formula service. [Regulation .90.010, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-220 Hearings. [Regulation .90.020, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-230 Inspection of infant formula service. [Regulation .90.030, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-240 Access to infant formula service. [Regulation .90.040, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-250 Examination and standards for infant formula and infant formula ingredients. [Regulation .90.050, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-260 Substitution. [Regulation .90.060, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-270 Submission and/or approval of program, drawings and construction. [Regulation .90.070, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-280 Plant surroundings. [Regulation .90.080, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-290 Physical facilities and equipment. [Regulation .90.090, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-300 Cleaning of plant and care and handling of supplies and equipment. [Regulation .90.100, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-310 Processing of infant formula. [Regulation .90.110, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-320 Processing of infant formula—Refrigeration of infant formula. [Regulation .90.120, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-330 Processing of infant formula—Delivery of infant formula. [Regulation .90.130, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-340 Waste disposal. [Regulation .90.140, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-350 Records. [Regulation .90.150, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-360 Organization, supervision and staffing. [Regulation .90.160, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

248-90-370 Personnel hygienic practices. [Regulation .90.170, filed 6/3/65; Rules (part), effective 3/11/60.] Repealed by Order 150, filed 5/19/77.

Chapter 248-108
WIPING RAGS

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

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

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

248-108-030 Washed rags purchased from commercial laundries. [Regulation .108.030, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-040 Out-of-state shippers. [Regulation .108.040, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-050 Labeling—Required. [Regulation .108.050, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-060 Labeling—Sample label. [Regulation .108.060, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-070 Labeling—Self provided. [Regulation .108.070, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-080 Labeling—Where placed. [Regulation .108.080, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-090 Registration—Required. [Regulation .108.090, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-100 Registration—Applications for. [Regulation .108.100, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-110 Registration—Fee—Notice. [Regulation .108.110, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-120 Plant sanitation. [Regulation .108.120 through .108.140, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-130 Inspection. [Regulation .108.150, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-140 Penalties. [Regulation .108.160, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

248-108-150 Legal authority of the state board of health. [Regulation .108.999, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

Chapter 248-116
REGISTRATION OF REPORTABLE RADIATION SOURCES

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.

Chapter 248-120
REGULATIONS FOR RADIATION CONTROL

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.

Chapter 248-136
METHADONE PROGRAMS FOR OPIATE ADDICTION

248-136-010 Purposes. [Order 42, § 248-136-010, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
248-136-020 Definitions. [Order 42, § 248-136-020, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
248-136-030 Requirements for admission. [Order 42, § 248-136-030, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
248-136-040 Program requirements. [Order 51, § 248-136-040, filed 2/8/71; Order 42, § 248-136-040, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
248-136-041 Confidentiality of program information. [Order 52, § 248-136-041, filed 2/8/71.] Repealed by Order 90, filed 10/3/73.
248-136-050 Time for review. [Order 42, § 248-136-050, filed 10/14/70.] Repealed by Order 90, filed 10/3/73.
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.

Chapter 248-06 WAC
GUIDELINES FOR IMPLEMENTATION OF THE STATE ENVIRONMENTAL POLICY ACT

WAC

248-06-001 Purpose.
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248-06-815 SEPA committee.
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248-06-825 Responsibilities of the department as a consulted agency.
248-06-831 SEPA public information.
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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.

WAC 248-06-001 Purpose. Pursuant to the requirements of chapter 43.21C RCW and chapter 197-10 WAC, the department of social and health services adopts the rules contained in this chapter of the Washington Administrative Code to govern, along with chapter 197-10 WAC, the applicability of the State Environmental Policy Act (SEPA) to its functions. [Order 1148, § 248-06-001, filed 8/26/76.]

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

corresponds to WAC 197-10-180, which deals with the same subject. [Order 1148, § 248-06-003, filed 8/26/76.]

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

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

(1) Acting agency 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 department's SEPA Public Information Center.

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

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

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

WAC 248-06-410 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 248-06-520 Responsibilities of the department as an agency with environmental expertise. Refer to WAC 248-06-510. [Order 1148, § 248-06-520, filed 8/26/76.]

WAC 248-06-550 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 248-06-805 Agency guidelines consistent with SEPA guidelines. Refer to WAC 248-06-005. [Order 1148, § 248-06-805, filed 8/26/76.]

WAC 248-06-810 Future amendments to SEPA guidelines. 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 248-06-825 Responsibilities of the department as a consulted agency. Refer to WAC 248-06-510. [Order 1148, § 248-06-825, filed 8/26/76.]

WAC 248-06-831 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WAC 248-08-080 Notice and opportunity for hearing in contested cases. In any contested case, all parties shall be served with a notice not less than 20 nor more than 30 days prior to the date set for the hearing. The notice shall state the time, place, and issues involved, as required by RCW 34.04.090(1). [Regulation 08.080, effective 3/11/60.]

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

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

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

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

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

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

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

WAC 248-08-160 Subpoenas where provided by law--Issuance to parties. Upon application of counsel (or other representative authorized to practice before the agency) for any party to a contested case, there shall be issued to such party subpoenas requiring the attendance and testimony of witnesses or the production of evidence in such proceeding. The board or department may issue subpoenas to parties not so represented upon request or upon a showing of general relevance and reasonable scope of the testimony or evidence sought. [Regulation 08.160, effective 3/11/60.]

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

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

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

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

the motion upon just and reasonable conditions. [Regulation 08.200, effective 3/11/60.]

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

WAC 248-08-220 Subpoenas where provided by law--Geographical scope. Such attendance of witnesses and such production of evidence may be required from any place in the state of Washington, at any designated place of hearing. [Regulation 08.220, effective 3/11/60.]

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

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

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

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

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

WAC 248-08-280 Depositions and interrogatories in contested cases--Oral examination and cross-examination. Examination and cross-examination shall proceed as at an oral hearing. In lieu of participating in the oral examination, any party served with notice of taking a deposition may transmit written cross interrogatories to the officer who, without first disclosing them to any

person, and after the direct testimony is complete, shall propound them seriatim to the deponent and record or cause the answers to be recorded verbatim. [Regulation 08.280, effective 3/11/60.]

WAC 248-08-290 Depositions and interrogatories in contested cases--Recordation. The officer before whom the deposition is to be taken shall put the witness an oath and shall personally or by someone acting under his direction and in his presence, record the testimony by typewriter directly or by transcription from stenographic notes, wire or record recorders, which record shall separately and consecutively number each interrogatory. Objections to the notice, qualifications of the officer taking the deposition, or to the manner of taking it, or to the evidence presented or to the conduct of the officer, or of any party, shall be noted by the officer upon the deposition. All objections by any party not so made are waived. [Regulation 08.290, effective 3/11/60.]

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

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

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

WAC 248-08-320 Depositions and interrogatories in contested cases--Fees of officers and deponents. Deponents whose depositions are taken and the officers taking the same shall be entitled to the same fees as are paid for like services in the superior courts of the state of Washington, which fees shall be paid by the party at whose instance the depositions are taken. [Regulation 08.320, effective 3/11/60.]

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

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

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

the interrogatories and another copy to the deponent. [Regulation 08.350, effective 3/11/60.]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) **Ordinary course.** That a fact exists or does not exist, upon proof of the existence or nonexistence of another fact which in the ordinary and usual course of

affairs, usually and regularly co-exists with the fact presumed;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The simplification of the issues;

(2) The necessity of amendments to the pleadings;

(3) The possibility of obtaining stipulations, admissions of facts and of documents;

(4) The limitation of the number of expert witnesses;

(5) Such other matters as may aid in the disposition of the proceeding. [Regulation 08.430, effective 3/11/60.]

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

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

(1) That all documentary evidence which is to be offered during the taking of evidence be submitted to the hearing examiner and to the other parties to the proceeding sufficiently in advance of such taking of evidence to permit study and preparation of cross-examination and rebuttal evidence;

(2) That documentary evidence not submitted in advance, as may be required by subsection (1), be not received in evidence in the absence of a clear showing that the offering party had good cause for his failure to produce the evidence sooner;

(3) That the authenticity of all documents submitted in advance in a proceeding in which such submission is required, be deemed admitted unless written objection thereto is filed prior to the hearing, except that a party will be permitted to challenge such authenticity at a later time upon a clear showing of good cause for failure to have filed such written objection. [Regulation 08.450, effective 3/11/60.]

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

WAC 248-08-470 Expert or opinion testimony and testimony based on economic and statistical data--Number and qualifications of witnesses. That the hearing examiner or other appropriate officer in all classes of cases where practicable make an effort to have the interested parties agree upon the witness or witnesses who are to give expert or opinion testimony, either by selecting one or more to speak for all parties or by limiting the number for each party; and, if the interested parties cannot agree, require them to submit to him and to the other parties written statements containing the names, addresses and qualifications of their respective opinion or expert witnesses, by a date determined by him and fixed sufficiently in advance of the hearing to permit the other interested parties to investigate such qualifications. [Regulation 08.470, effective 3/11/60.]

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

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

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

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

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

WAC 248-08-530 Rules of evidence--Tentative admission--Exclusion--Discontinuance--Objections. When objection is made to the admissibility of evidence, such evidence may be received subject to a later ruling. The officer conducting the hearing may, in his discretion, either with or without objection, exclude inadmissible evidence or order cumulative evidence discontinued. Parties objecting to the introduction of evidence shall

state the precise grounds of such objection at the time such evidence is offered. [Regulation 08.530, effective 3/11/60.]

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

WAC 248-08-550 Petitions for rule making, amendment or repeal--Requisites. Where the petition requests the promulgation of a rule, the requested or proposed rule must be set out in full. The petition must also include all the reasons for the requested rule together with briefs of any applicable law. Where the petition requests the amendment or repeal of a rule presently in effect, the rule or portion of the rule in question must be set out as well as a suggested amended form, if any. The petition must include all reasons for the requested amendment or repeal of the rule. [Regulation 08.550, effective 3/11/60.]

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

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

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

(1) Issue a nonbinding declaratory ruling; or

(2) Notify the person that no declaratory ruling is to be issued; or

(3) Set a reasonable time and place for hearing argument upon the matter, and give reasonable notification to the person of the time and place for such hearing and of the issues involved.

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

(1) Issue a binding declaratory rule; or

(2) Issue a nonbinding declaratory ruling; or

(3) Notify the person that no declaratory ruling is to be issued. [Regulation 08.580, effective 3/11/60.]

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

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

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

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

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

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

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

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

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

(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.]

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

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

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

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

WAC 248-08-715 Hearing examiners. Such hearings shall be conducted by one or more examiners appointed by the director, who shall be known as a hearing examiner or hearing examiners. The functions of all hearing examiners shall be conducted in an impartial manner. Any such examiner may at any time withdraw if he deems himself disqualified; or, upon the filing in good faith by any party of a timely and sufficient affidavit of personal bias or disqualification of any such examiner, the department shall determine the matter as a part of the record and decisions in the hearing. [Regulation 08.715, effective 3/11/60.]

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

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

WAC 248-08-730 Record of testimony and proceedings. A full and complete record or transcript shall

be kept of all proceedings, and all testimony shall be recorded but need not be transcribed unless further appeal is taken to the superior court, as provided by RCW 18-.20.070 or 18.51.130. The transcript of testimony and exhibits, together with all papers and requests filed in the proceedings, shall constitute the exclusive record for decision in accordance with the law. [Regulation 08.730, effective 3/11/60.]

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

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

RULES OF PRACTICE AND PROCEDURE RELATING TO THE LICENSING OF HOSPITALS

WAC 248-08-750 Meaning of words. The words used in these rules and defined in section 2, chapter 267, Laws of 1955 (RCW 70.41.020) or RCW 71.12.455, whichever is appropriate, as now or hereafter amended, shall have the same meaning as therein given, and as interpreted by the substantive regulations adopted pursuant thereto. [Statutory Authority: RCW 43.20.050. 81-01-001 (Order 204), § 248-08-750, filed 12/4/80; Regulation 08.750, effective 3/11/60.]

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

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

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

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

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

WAC 248-08-780 Record of testimony and proceedings. A full and complete record or transcript shall be kept of all proceedings, and all testimony shall be recorded, but need not be transcribed, unless further appeal is taken to the superior court, as provided by RCW 70.41.140 or 71.12.500. The transcript of testimony and exhibits, together with all papers and requests filed in the proceedings, shall constitute the exclusive record for decision in accordance with law. Upon payment in advance of all costs, such record shall be made available to any interested party and/or to any party to the hearing in advance of the expiration of time for appeal as provided by law. [Statutory Authority: RCW 43.20.050. 81-01-001 (Order 204), § 248-08-780, filed 12/4/80; Regulation 08.780, effective 3/11/60.]

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

(a) proposed findings and conclusions, or

(b) exceptions to the oral decision or recommended decision of the examiner or examiners, and

(c) supporting reasons for such exception or proposed findings or conclusions.

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

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

(a) findings and conclusions, as well as the reasons or basis therefor, upon all the material issues of fact, law, or discretion presented on the record; and

(b) the decision of the board upon the denial, suspension or revocation of the license or provisional license. [Regulation 08.785, effective 3/11/60.]

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

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

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

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

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

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

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

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

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

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

WAC 248-08-840 Decisions. All decisions shall become part of the record and shall include a statement of (1) findings and conclusions, as well as the reasons or basis therefor, upon all the material issues of fact, law, or discretion presented on the record; and (2) the decision of the examiner affirming, modifying or setting aside the order of the department, which decision, when rendered, shall become the decision of the department as required by law. [Regulation 08.840, effective 3/11/60.]

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

Chapter 248-10 WAC
NONDISCRIMINATION

WAC

248-10-010 Nondiscrimination.

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

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NURSING HOMES

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-14-055 Compliance with equivalent federal rules and regulations. [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.] Repealed by 80-06-086 (Order 1509), filed 5/28/80. Statutory Authority: RCW 18.51.070.

248-14-190 Plant operation—Maintenance. [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.] Repealed by 80-06-086 (Order 1509), filed 5/28/80. Statutory Authority: RCW 18.51.070.

248-14-210 Plant operation—Laundry. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.210, effective 3/11/60.] Repealed by 80-06-086 (Order 1509), filed 5/28/80. Statutory Authority: RCW 18.51.070.

248-14-220 Furniture, equipment, and supplies. [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.] Repealed by 80-06-086 (Order 1509), filed 5/28/80. Statutory Authority: RCW 18.51.070.

248-14-280 Records—Medications. [Order 65, § 248-14-280, filed 1/13/72; Regulation 14.280, effective 3/11/60.] Repealed by Order 94, filed 1/9/74.

248-14-999 Legal authority of the state board of health. [Regulation 14.999, effective 3/11/60.] Repealed by 80-06-086 (Order 1509), filed 5/28/80. Statutory Authority: RCW 18.51.070.

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) "Department" – means the state department of social and health services.

(8) "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.

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

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

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

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

(13) 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.

(14) "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.

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

(16) "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.

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

(18) "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.

(19) "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.

(20) "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.

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

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

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

(24) "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.

(25) "New construction" shall include any of the following, started after adoption of these rules and regulations by the department.

(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.

(26) "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.

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

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

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

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

(31) "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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(46) "Unit–dose drug distribution system" – means a system whereby a pharmacist dispenses drugs in unit doses so the selection and issuance of individual doses of drugs for administration are pharmacy based and controlled.

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

(48) "Water closet" – means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water. [Statutory Authority: RCW 18.51.070. 80–06–086 (Order 1509), § 248–14–001, filed 5/28/80. 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 department. [Statutory Authority: RCW 18.51.070. 80–06–086 (Order 1509), § 248–14–020, filed 5/28/80. 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 department: "department of social and health services lic. no. _____" [Statutory Authority: RCW 18.51.070. 80–06–086 (Order 1509), § 248–14–050, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79–12–018 (Order 1455), filed 11/15/79; Regulation 14.050, effective 3/11/60.]

WAC 248–14–060 Exemptions. (1) The department 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 community program development, or his designee may upon written application:

(a) Exempt the space, occupancy, and certain equipment requirements of this section for an existing building constructed prior to January 1, 1980, or space and certain equipment for new intermediate care facilities for the mentally retarded for as long as the department considers appropriate if the department finds that the requirements would result in unreasonable hardship on the facility, the exemption serves the particular needs of the residents, and the exemption does not adversely effect the health and safety of the residents.

(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 community program development, 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 community program development and the nursing home. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-060, filed 5/28/80. 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 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 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, but not to exceed twelve months. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-065, filed 5/28/80. 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. (1) When a change of a nursing home ownership is contemplated, the owner/operator (seller) and the prospective buyer shall each notify the department at least fifteen days prior to the proposed date of transfer.

(2) Notification shall be in writing and shall contain the following information:

(a) Name of the present owner and buyer.

(b) Name and address of the nursing home being transferred.

(c) Date of proposed transfer.

(d) Kind of transfer, i.e. sale, lease, rental, etc.

(3) 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.

(4) Nothing in this section shall relieve a person proposing to acquire a nursing home of the responsibility to meet applicable certificate of need requirements under chapter 70.38 RCW and chapter 248-19 WAC, and requirements under Section 1122 of the Social Security Act. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-090, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.090, effective 3/11/60.]

FACILITY AND EQUIPMENT

WAC 248-14-100 New construction physical plant--Approval of plans. (1) When new construction is contemplated, preliminary plans shall be submitted, in duplicate to the 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 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 department 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 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) A 3" x 5" sample 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: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-100, filed 5/28/80. 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 New construction physical plant site. (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.

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

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

(4) 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. [Statutory Authority: RCW 18.51-.070. 80-06-086 (Order 1509), § 248-14-110, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.110, effective 3/11/60.]

WAC 248-14-115 Communication. (1) **Telephones.** A telephone shall be accessible for patient use.

(2) **Call systems.** There shall be an electrical signaling system with a call button or cord provided at the bedside of each patient and call buttons or cords for all toilets and bathrooms. Except that this regulation may not apply in facilities certified exclusively for the care of the mentally retarded or those with related conditions. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-115, filed 5/28/80.]

WAC 248-14-120 New construction required rooms and areas. (1) **Corridors and doors.** 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.

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. Except that this regulation shall not apply in facilities certified exclusively for the care of the mentally retarded or those with related conditions. 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. 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 shall not be used in exterior windows in patient rooms.

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. 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.

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.

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) 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.

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.

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.

(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) 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.

(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.

(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. 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.

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. 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:

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

(e) Equipment storage. Adequate storage space for wheelchairs, walkers, patient lifts, and other equipment shall be provided.

(f) Garbage can area. 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) 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. Except that this regulation may not apply in facilities certified exclusively for the care of the mentally retarded or those with related conditions.

(h) There shall be proper facilities for housekeeping, with service sink and storage space.

(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. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-120, filed 5/28/80. 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 New construction required rooms and areas--Floors, walls, and ceilings. (1) Surfaces. Floors, walls and ceilings of all rooms shall have easily cleanable surfaces.

(a) All uncarpeted floors shall be smooth nonabsorbent 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 nonpatient 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 nonimpervious carpet with or without a separate pad may be installed in nonpatient occupied areas.

(e) Installation of carpet material.

(i) Bonded pad carpet must be cemented to the floor with waterproof cement.

(ii) Edges of carpet must be covered and cove or base shoe used at all wall junctures. Seams are to be bonded together with manufacturer-recommended cement.

(iii) Safety of patients or occupants shall be assured during installation. Rooms must be well ventilated and not be used by occupants or patients during installation. The room may not be returned to use until the room is free of volatile fumes and odors from adhesives. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-130, filed 5/28/80. 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 New construction 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.

All toilets and bathrooms shall be vented by a mechanical exhaust system. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-140, filed 5/28/80. 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 New construction 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. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-150, filed 5/28/80. 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 New construction required rooms and areas--Lighting. (1) General illumination shall be provided in every usable room[.]

(2) A reading light shall be provided for each patient except that such lights may not be required at each bed in a facility certified exclusively for the care of the mentally retarded or those with related conditions. Lighting fixtures for reading shall provide at least thirty foot-candles of light on the reading surface, and light bulbs shall be shaded with an incombustible shade so as to prevent glare.

(3) An adequate number of approved electrical outlets shall be provided.

(4) 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.

(5) A night light controlled by a switch at the entrance door shall be provided in each patient room.

(6) The following lighting intensities shall be provided:

Location	Light Level (Foot-Candles)
Corridors and interior ramps	20
Exit stairways and landings, on floor	5

Location	Light Level (Foot-Candles)	
Nurses station (general), administrative 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: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-160, filed 5/28/80. 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 New construction 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 department. 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 shall be 110° F. (plus or minus 10° F.). Minimum recommended pressure is 15 pounds per square inch.

(3) 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: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-170, filed 5/28/80. 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 New construction required rooms and areas--Plumbing, toilet, and lavatory facilities. (1) 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) 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. There shall be at least one lavatory for every 8 patients.

(3) Dispensers for single use towels shall be provided at each lavatory and sink.

(4) Every home shall provide adequate and conveniently located toilet and lavatory facilities for its employees separate from patient facilities.

(5) 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) 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: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-180, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.180, effective 3/11/60.]

WAC 248-14-200 New construction--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. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-200, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.200, effective 3/11/60.]

FOOD SERVICE

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.]

ADMINISTRATION

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.

(a) An organizational chart of the facility showing major operating programs, staff divisions, supervisory and administrative personnel, and their lines of authority, responsibility and communication is kept current. The person who has the authority and responsibility to act on behalf of the administrator in his/her absence, is designated and available during normal business hours.

(b) Appropriate personnel are trained and assisted to do purchase, supply, and property control functions.

(c) Recommendations by consultants are submitted in writing to the administrator and are considered.

(2) Only those individuals shall be admitted whose needs can be met. Needs may be met by the facility, the facility cooperating with community resources, or with other providers of care affiliated or under contract with the facility.

(3) The administrator shall ensure:

(a) That health related services are delivered as necessary, by appropriately qualified staff and consultants, and in accord with facility policies and procedures and 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) That there shall be an operative electrical signaling system with a call button or cord provided at the bedside of each resident and call buttons or cords for all toilets and bathrooms. Except that this regulation may not apply in facilities certified exclusively for the care of the mentally retarded or those with related conditions.

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

(4) 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.

(5) Physical plant alterations or changes in physical plant utilization which effect compliance with other regulations are submitted to the department for prior approval.

(6) A copy of each citation for a violation of nursing home regulations shall be prominently posted until the violation is corrected as determined by the department.

(7) All cases of suspected abuse or neglect shall be reported to the department or the law enforcement agency. [Statutory Authority: RCW 18.51.070. 81-01-014 (Order 1573), § 248-14-235, filed 12/8/80; 80-06-086 (Order 1509), § 248-14-235, filed 5/28/80. 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. Personnel sufficient in numbers and qualifications shall be available to meet the requirements of this chapter.

(1) Relief duty and vacation replacements for each service area 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 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) If consultants or pool personnel are utilized, evidence of appropriate licensure and/or certification are obtained prior to or at the time of their assignment to duties and are kept on file.

(4) 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.

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

(6) Each employee shall have on employment and annually thereafter a tuberculin skin test by the Mantoux method. Positive reactors shall have a chest x-ray within ninety days. A record of test results, x-rays, or exemptions to such will be kept in the facility.

Exemptions:

(a) Positive reactors shall have an annual screening in the form of a chest x-ray.

(b) Positive reactors 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.

(c) Positive reactors who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(7) 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: RCW 18-.51.070. 80-06-086 (Order 1509), § 248-14-240, filed 5/28/80. 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 and disaster preparedness, 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: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-245, filed 5/28/80. 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 248-14-247 Residents' rights. Written policies and procedures shall be implemented regarding the following rights for each resident:

(1) Information.

(a) Each resident or his legally delegated representative shall be fully informed, before or at the time of admission, of his rights and responsibilities and of all rules governing resident conduct.

(b) If policies on residents' rights and responsibilities and rules governing conduct are amended, each resident shall be informed of the changes.

(c) Each resident or responsible party shall acknowledge in writing receipt of the information and any amendments to it.

(d) Each resident shall be fully informed in writing of all services available in the home and of the charges for these services, including any other services not paid for by Medicaid or not included in the home's basic rate per day.

(2) Medical condition and treatment – Each resident or responsible party shall:

(a) Be fully informed by a physician, or his/her designee, of his health and medical condition unless the physician documents that informing the resident is medically contraindicated;

(b) Be given the opportunity and be encouraged to participate in planning his total care and medical treatment;

(c) Be given a qualified opportunity to refuse treatment; and

(d) Each resident shall provide an informed written consent before participating in experimental research and treatment.

(3) Transfer and discharge. Each resident shall be transferred or discharged only for:

(a) Medical reasons; his welfare or that of the other residents; or nonpayment except as prohibited by the Medicaid program.

(b) Internal transfers are conducted, except in emergencies, with prior notification of the patient and responsible person, and consistent with facility policies.

(4) Exercising rights. Each resident shall be:

(a) Encouraged and assisted to exercise his rights as a resident and as a citizen; and

(b) Encouraged to submit complaints or recommendations concerning the policies and services of the home to staff or to outside representatives of the resident's choice or both, free from restraint, interference, coercion, discrimination, or reprisal.

(5) Financial affairs. Each resident shall be offered management of his personal financial affairs. If a resident requests assistance from the nursing home in managing his personal financial affairs:

(a) The request shall be in writing; and

(b) Recordkeeping requirements of RCW 74.42.130 shall be met.

(6) Privacy.

(a) Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality.

(b) Each resident shall be given privacy during treatment and care of personal needs.

(c) Each resident's records, including information in an automatic data bank, shall be treated confidentially.

(d) Each resident shall give written consent before information may be released from his record to someone not otherwise authorized by law to receive it.

(e) If both husband and wife are residents of the nursing home, they shall be permitted to share a room, if mutually requested, unless medically contraindicated and documented.

(7) Work. No resident may be required to perform services for the home, except as appropriately goal-related in the plan of care.

(8) Freedom of association and correspondence. Each resident shall:

(a) Communicate, associate, and meet privately with individuals of his choice, unless this infringes upon the rights of another resident; and

(b) Send and receive personal mail unopened.

(9) Activities. Each resident shall be encouraged to participate in social, religious, and community group activities.

(10) Personal possessions. Each resident may elect to retain and use his personal possessions and clothing as space and regulations permit.

(11) Delegation of rights and responsibilities.

(a) The nursing home shall have written policies and procedures that provide that rights and responsibilities of a resident are delegated to the resident's legal guardian on his behalf if the resident is adjudicated incompetent under state law (chapter 11.88 RCW).

(b) The facility shall have written policies and procedures to initiate recommendation of guardianship proceedings when the patient appears to be incapable of understanding his or her rights and responsibilities. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-247, filed 5/28/80.]

RESIDENT CARE SERVICES

WAC 248-14-250 Physician services. (1) 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.

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

(3) The patient shall be seen by the attending physician on or immediately prior to admission and as required by federal regulations.

(4) 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.

(5) 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.

(6) Self-administration of medications is ordered when appropriate. [Statutory Authority: RCW 18.51-.070. 80-06-086 (Order 1509), § 248-14-250, filed 5/28/80. 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.

(c) When all residents in the facility require intermediate nursing care or care for mental retardation or related conditions, there shall be at least one licensed nurse on duty eight hours every day and additional licensed staff on any 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) History and continuing assessments.

(b) Current comprehensive written care plans.

(c) Nursing orders.

(d) Ongoing documentation of delivery of appropriate services.

(e) Progress notes evaluating problems, approaches, goals and resident responses.

(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 physical 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.

(d) A restraint may be used as a time–out device within the context of a planned behavior modification program only in a certified IMR:

(i) when the program is approved by the human rights committee,

(ii) during conditioning sessions,

(iii) in the presence of a qualified trainer, and

(iv) for periods of less than one hour.

(4) Resident call lights shall be responded to promptly. [Statutory Authority: RCW 18.51.070. 80–06–086 (Order 1509), § 248–14–260, filed 5/28/80. 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 248–14–264 Specialized rehabilitative and habilitative services. (1) Specialized rehabilitative and habilitative services are provided or arranged for with qualified outside resources for each resident whose comprehensive plan of care requires the provision of these services.

(2) The specialized personnel shall be qualified therapists, qualified therapists' assistants, or mental health professionals. Other support personnel under appropriate supervision may perform related duties.

(3) These services shall be designed to maintain and improve the resident's ability to function independently, prevent, as much as possible, advancement of progressive disabilities; and restore maximum function. [Statutory Authority: RCW 18.51.070. 80–06–086 (Order 1509), § 248–14–264, filed 5/28/80.]

WAC 248–14–266 Social services. (1) Social services shall be provided or arranged for with qualified outside resources, for each resident whose comprehensive plan of care requires the provision of social services.

(2) A staff member qualified by training or experience shall be responsible for arranging for social services and integrating these services with other elements of the plan of care. [Statutory Authority: RCW 18.51.070. 80–06–086 (Order 1509), § 248–14–266, filed 5/28/80.]

WAC 248–14–268 Activities program. (1) An activities program designed to encourage each resident to maintain or attain normal activity and achieve an optimal level of independence shall be provided.

(2) A staff member qualified by experience or training in directing group activities shall be responsible for the activities program.

(3) Adequate recreation areas with sufficient equipment and materials to support the program shall be provided. [Statutory Authority: RCW 18.51.070. 80–06–086 (Order 1509), § 248–14–268, filed 5/28/80.]

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 handwashing 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.]

ENVIRONMENT AND OPERATIONS

WAC 248-14-510 Sanitation and infection control. (1) A person is designated for monitoring the incidence of infection and the implementation of infection control policies and procedures.

(2) The facility shall provide areas, equipment, and supplies to properly implement facility policies and procedures.

(3) All single-service supplies and equipment shall be used once and discarded.

(4) All disposable supplies and equipment shall be used as specified by the manufacturer.

(5) Patient care equipment, furniture, and utensils shall be cleaned, disinfected, or sterilized, according to use.

(6) Chemicals and equipment used for cleaning, disinfecting, and sterilization shall be used in accordance with manufacturer's directions.

(7) Linen.

(a) Linen and personal clothing shall be handled in a manner that prevents cross-contamination.

(b) Soiled linen and personal clothing shall be processed in a manner that renders them clean and sanitary.

(i) The time/temperature of at least one hot water cycle to disinfect linen shall be fifteen minutes at 140 degrees F. or five minutes at 160 degrees F.

(ii) Chemical or hot water disinfection of personal clothing shall be provided.

(c) Clean linen and personal clothing shall be transported in a manner that prevents contamination.

(d) Clean linen and personal clothing shall be stored in a manner that prevents contamination.

(8) The methods of storage, transport, and disposal of garbage and refuse shall ensure a clean environment.

(9) The methods of storage, transport, and disposal of infectious wastes shall ensure a sanitary environment.

(10) All bathtubs and therapy tanks shall be cleaned and disinfected between patient use.

(11) Hand cleaning supplies and drying equipment/material shall be readily available at each sink.

(12) If bathing facilities are used for storage, provisions are made to render the bathing facilities clean and sanitary prior to patient use. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-510, filed 5/28/80.]

WAC 248-14-520 Housekeeping. (1) A designated person is responsible for the housekeeping program.

(2) Procedures shall itemize areas to be cleaned and sanitized and frequency of service.

(3) Housekeeping supplies, and equipment shall be provided and available for use.

(4) The facility shall be clean and sanitary.

(5) If carpets are used, a comprehensive carpet care procedure must be developed and followed. The written procedure for the carpeting shall assure that:

(a) All carpeting in patient areas is kept clean and free of objectionable odors.

(b) Carpets contaminated with infectious discharge or waste shall be cleaned and disinfected. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-520, filed 5/28/80.]

WAC 248-14-530 Pest control. (1) Effective rodent and insect control procedures shall be implemented.

(2) All foundation openings shall be effectively closed or screened.

(3) Pest control chemicals shall be used in accordance with manufacturer's specifications, and approved for use by the environmental protection agency, or the food and drug administration, or the United States department of agriculture.

(4) All building openings used for ventilation shall be screened. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-530, filed 5/28/80.]

WAC 248-14-540 Safety. (1) A safe environment for all residents, personnel, and public shall be maintained.

(2) Hot water at patient lavatories, baths, and showers shall be maintained at temperature of 110 degrees F., plus or minus 10 degrees F., except in special training programs when:

(a) The use of the hot water taps is supervised; and

(b) The purpose is to train residents; and

(c) Is part of the resident record.

(3) Signs shall be used to designate areas of hazard.

(4) Reference material regarding medication administration, adverse reactions, toxicology, and poison control center information shall be available to facility staff.

(5) Poisons and other nonmedicinal chemical agents whose containers carry a warning label shall be stored in a separate locked storage when not in use by staff. This storage shall be apart from drugs used for medicinal purposes.

(6) Equipment and supplies shall be stored in a manner that does not jeopardize the safety of patients, staff, and the public.

(7) Any mobile drug storage cabinet shall be a closed cabinet with locks to prevent access to drugs when the cabinet is unattended by a person qualified to dispense medications.

(8) Handrails shall be provided in all corridors: Except that this regulation may not apply in facilities certified exclusively for the care of the mentally retarded or those with related conditions.

(9) Portable electric appliances used for heating and cooking shall be used or stored in designated areas.

(10) Electrical outlets are available for the number of electrical appliances in use. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-540, filed 5/28/80.]

WAC 248-14-550 Patient rooms and areas. (1) All lockable toilets and bathrooms shall have readily available a means of unlocking from the outside. Locks shall be operable from the inside by a single effort.

(2) The maximum approved bed capacity of each patient room shall not be exceeded.

(a) The maximum number of beds per room shall not exceed the following:

6 beds by July 1, 1981
5 beds by July 1, 1983
4 beds by July 1, 1985

(b) Patient rooms shall be arranged to allow not less than three feet between beds.

(3) Dining/day rooms shall be available to all patients.

(4) The utility rooms shall maintain separated clean and soiled functions.

(5) Storage.

(a) Stored equipment shall be accessible as necessary to meet patient needs.

(b) Equipment in patient rooms not used on a daily basis shall be stored in storage areas.

(c) Clean and sterile items shall be stored separately from soiled items.

(d) There shall be, for each patient, separated, enclosed, storage facilities for patient clothing and personal belongings. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-550, filed 5/28/80.]

WAC 248-14-560 Equipment. (1) Maintenance.

(a) A person shall be designated responsible for preventive and emergency maintenance.

(b) Electrical, mechanical, structural, and plumbing equipment and systems shall be maintained on a routine basis so as to render the equipment and systems in an operable condition.

(c) Floors, walls, ceilings, and equipment surfaces must be maintained in a cleanable condition.

(d) Temperatures in living areas shall be maintained at comfortable levels.

(e) The water supply shall be maintained potable and not cross-connected.

(i) Water pressure at all taps shall be at a pressure of not less than 15 p.s.i.

(ii) Hot and cold water shall be available at all bathing, shower, and lavatory fixtures.

(2) The call system shall be accessible to unattended patients in bed, at bedside, and in toilet/bathing areas, unless the patient is physically or mentally unable to use the device properly or unless the resident is in a normalization program in an IMR.

(3) Ventilation in all rooms and areas shall control smoke and odors and prevent condensation.

(4) Linen.

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

(b) Worn and damaged linen shall be repaired or replaced.

(c) There shall be an available supply of clean linen such that linen needs can be met without delay.

(5) Lighting.

(a) Lighting shall be adequate for the functions being conducted in each area of the facility.

(b) All lights shall be provided with a noncombustible shield.

(c) Emergency lighting facilities or equipment shall be available.

(6) Patient furniture and equipment needs shall be determined at the time of admission and routinely thereafter to ensure patient comfort. Justification for deviation from the normal environment provided by the facility needs to be documented in the patient's health record.

(a) A bed with a firm, protected mattress.

(b) A bedside cabinet with a drawer for storage of small personal articles and a separate drawer or enclosed compartment for storage of patient care utensils.

(c) Comfortable seating that provides for proper body alignment and support.

(d) A reading light.

(7) A telephone shall be accessible for patient use. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-560, filed 5/28/80.]

Chapter 248-15 WAC
ADVANCED LIFE SUPPORT TECHNICIAN-- RULES AND REGULATIONS

WAC

248-15-010 Declaration of purpose.
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248-15-030 Physician's trained mobile intravenous therapy technician—Airway management technician—Mobile intensive care paramedic, selection, general training, and knowledge standards.
248-15-040 Physician's trained mobile IV therapy technician—Training and knowledge standards.
248-15-050 Physician's trained mobile airway management technician—Training and knowledge standards.
248-15-060 Physician's trained mobile intensive care paramedic—Training and knowledge standards.
248-15-070 Testing.
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248-15-110 Appeal, revocation, suspension or modification of certificate.

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 multicounty 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 ($NaHCO_3$).

(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) Rhythmaticity;

(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) Paroxygmal 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 assessible 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 aviserations;

(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 tempro–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) Diapophysis
(H) Metaphysis;

(v) Describe the functions of capsules, synovialmembrane, 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;
(iv) 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 breach 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 prehospital 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 248-16 WAC
BOARDING HOMES

WAC

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248-16-010 Interpretation of adjectives and adverbs. [Order 116, § 248-16-010, filed 5/23/75; Regulation .16.010, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.

248-16-020	Compliance with local regulations. [Regulation .16.020, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-025	License expiration dates. [Order 68, § 248-16-025, filed 1/13/72.] Repealed by Order 147, filed 6/29/77.
248-16-100	Electrical and lighting utilities. [Regulation .16.100, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-125	Exemptions. [Order 48, § 248-16-125, filed 12/11/70; Order 24, § 248-16-125, filed 6/27/69; Order 15, § 248-16-125, filed 1/2/69.] Repealed by Order 147, filed 6/29/77.
248-16-200	Structural hazards. [Regulation .16.200, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-210	Plans and specification for construction. [Regulation .16.210, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-220	Medical care. [Order 16, § 248-16-220, filed 1/2/69; Regulation .16.220, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.

WAC 248-16-001 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Ambulatory resident" means a resident who physically and mentally is capable of walking unaided or is capable of independent mobility with the use of a cane, crutches, a walkerette, a walker, a wheelchair or artificial limb. "Ambulatory resident" shall not be interpreted to include a person who needs the assistance of another person in order to get into and out of bed, to transfer to a chair or water closet or to move from place to place and it shall be interpreted to mean a person who is able to walk or traverse a normal path to safety unaided.

(2) "Area" (except when used in reference to a major section of a boarding home) means a portion of a room which contains the equipment essential to carry out a particular function and is separated from other facilities of the room by a physical barrier or adequate space.

(3) "Bathing facility" means a bathtub or shower and it does not include sitz baths or other fixtures designated primarily for therapy.

(4) "Bathroom" means a room containing at least one bathing facility.

(5) "Board" as used in subsection 2, of section 2, chapter 253, Laws of 1957, RCW 18.20.020(2) means the provision of daily meal service and lodging.

(6) "Domiciliary care" means the care offered an individual in his or her place of lodging which includes the assumption of a general responsibility for the safety and well-being of the individual and provision of assistance in the activities of daily living, as needed.

(7) "Facilities" means a room or area and/or equipment to serve a specific function.

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

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

(10) "General health supervision" means provision of the following services in accordance with an individual's particular needs:

(a) Encouraging a resident to self-administer medically prescribed drugs and treatments;

(b) Encouraging a resident to follow any modified diet and rest or activity regimen which has been medically prescribed for him or her;

(c) Encouraging and assisting a resident to keep appointments for health care services, such as appointments with physicians, dentists, visiting nurse service or clinics;

(d) Encouraging a resident to see his or her physician if the resident manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment seem indicated.

(11) "Infirmity" means a disability which materially limits normal activity but does not cause an individual to need inpatient medical or nursing care of a type provided by institutions licensed under the provisions of chapters 18.46, 18.51, 70.41 or 71.12 RCW. An infirmity may be based on conditions including, but not limited to, physical handicap, mental illness, developmental disability, chemical addiction or habituation or mental confusion, disability or disturbance.

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

(13) "Lodging" means the regular provision of living accommodations.

(14) "Medication service" means the procurement and administration of drugs in accordance with the orders of a physician or other health care practitioner who is legally authorized to prescribe drug therapy and acting within the scope of his or her license in prescribing such therapy.

(15) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New buildings(s) to be used as a boarding home;

(b) Addition(s) to existing building(s) to be used as a boarding home;

(c) Alteration(s) other than minor alteration(s) to a boarding home.

"Minor alterations" means any structural or functional modification within an existing boarding home which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department, however, this does not constitute a release from applicable requirements contained in chapter 248-16 WAC.

(16) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor, thereof.

(17) "Resident" means an individual who receives domiciliary care.

(18) "Room" means a space set apart by floor to ceiling partitions on all sides with all openings provided with doors or windows.

(19) "Sit down shower" means a shower which has a molded seat, fold-down type of seat, or an equivalent means for sitting and is designed for bathing while in a sitting position.

(20) "Through traffic" means traffic for which the origin and destination are outside the room or area which serves as a passageway.

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

(22) "Water closet" means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water. [Order 147, § 248-16-001, filed 6/29/77; Order 97, § 248-16-001, filed 4/5/74; § 248-16-001, filed 10/3/67; Emergency Regulation filed 8/4/67; Regulation .16.001, effective 3/11/60; Subsec. 6, Rule 1 and Subsec. 7, Rule 2, filed 5/31/61.]

WAC 248-16-030 Application for license, information required. (1) An application for a boarding home license shall be submitted on forms furnished by the department.

(2) The applicant shall submit such additional information as the department may require for proper administration of chapter 248-16 WAC. [Order 147, § 248-16-030, filed 6/29/77; § 248-16-030, filed 10/3/67; Emergency Regulation, filed 8/4/67; Regulation .16.030, effective 3/11/60.]

WAC 248-16-035 Qualifications of administrator. (1) There shall be an administrator who is at least 21 years of age and manages the boarding home effectively.

(2) Any administrator who has not been an administrator of a boarding home licensed under chapter 248-16 WAC prior to the implementation of these regulations shall have at least a high school education or equivalent.

(3) At any time the administrator is not on duty or on call, there shall be on duty or on call an individual to whom the administrator has delegated the authority and responsibility to act in his or her place. Any individual to whom the administrator's authority and responsibility are delegated shall be at least 21 years of age and not a resident of the boarding home. [Order 147, § 248-16-035, filed 6/29/77; § 248-16-035, filed 10/3/67; Emergency Regulation, filed 8/4/67.]

WAC 248-16-040 Licensure, denial, suspension or revocation. (1) Disqualified applicants. Before granting a license, the department shall consider the ability of each person named in the application to operate the home in accordance with the law and chapter 248-16 WAC. Such persons shall be considered separately and jointly as applicants and if any one be deemed disqualified by the department in accordance with chapter 18.20 RCW or chapter 248-16 WAC, the license may be denied, suspended or revoked.

(a) Any individual engaging in drug abuse or excessive use of alcohol shall be disqualified even though boarding home premises are adequate.

(b) Individuals convicted of a felony shall be disqualified by reason of such conviction if such conviction is reasonably related to the competency of the person to exercise responsibilities for ownership, operation and/or administration of a boarding home and the department determines, after investigation, that such person has not been sufficiently rehabilitated subsequent to such conviction to warrant public trust.

(c) Individuals who, in this state or elsewhere, have been denied a license to operate a hospital, nursing home, boarding home or other facility for the care of children or ill, aged or infirm persons, or who have had a license to operate such a facility suspended or revoked shall not be granted a license until they affirmatively establish to the department by clear, cogent and convincing evidence their ability to operate the boarding home for which the license is sought in full conformity with all applicable laws and rules and regulations.

(2) A boarding home license shall be denied, suspended or revoked for failure to comply with the provisions of chapter 18.20 RCW or any of the following reasons:

(a) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(b) Permitting, aiding, or abetting the commission of any illegal act on the boarding home premises;

(c) Cruelty or indifference to the welfare of the residents;

(d) Insufficient personnel to care properly for the number and types of residents;

(e) Misappropriation of the property of the residents; and

(f) Failure or inability to exercise fiscal responsibility and accountability in respect to an individual resident, the department or the business community. [Order 147, § 248-16-040, filed 6/29/77; Order 79, § 248-16-040, filed 1/9/73; Regulation .16.040, effective 3/11/60.]

WAC 248-16-045 Personnel. (1) There shall be sufficient staff, who are not of the resident population, to provide the services needed by residents and properly maintain the boarding home.

(2) At least one staff member who is capable of assisting residents shall be in a boarding home at all times when residents are present, or may return, to the facility.

(3) There shall be a written job description for each position classification within the boarding home: *Provided, however,* That this requirement shall not apply to a boarding home having a capacity for 20 or less residents which is owned and administered by one and the same individual or husband/wife partnership.

(4) A planned orientation shall be provided to each new employee to acquaint him or her with the: Organization of the boarding home; the physical plant layout; his or her particular duties and responsibilities; the policies, procedures and equipment which are pertinent to those duties and responsibilities; and the emergency procedures which boarding home staff will carry out.

(5) Each employee shall be provided needed training for the performance of the specific functions, duties, and procedures for which he or she is responsible.

(6) Upon employment, each person shall have or provide documented evidence of a tuberculin test by the Mantoux method unless medically contraindicated.

When this skin test is negative (less than 10 mm of induration) no further tuberculin skin testing shall be required. A positive test will consist of ten mm or more of induration read at 48–72 hours. Positive reactors shall have a chest x-ray within 90 days of the first day of employment. Health records including skin test results, x-rays, or exemptions to such shall also be maintained in the facility. Exceptions:

(a) Those with positive tests (as defined above) shall have an annual screening in the form of a chest x-ray.

(b) 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.

(c) Those with positive tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(7) Employees with a communicable disease in an infectious stage shall not be on duty in the boarding home.

(8) For each employee there shall be a personnel record (on file) which includes the employee's education or training and work experience. [Statutory Authority: RCW 43.20.050. 80-02-003 (Order 191), § 248-16-045, filed 1/4/80; Order 147, § 248-16-045, filed 6/29/77; § 248-16-045, filed 10/3/67; Emergency Regulation, filed 8/4/67.]

WAC 248-16-050 Location. Boarding homes shall not be located where excessive noise, odors, dust, smoke, or traffic would adversely affect the boarders' health and/or safety. [Regulation .16.050, effective 3/11/60.]

WAC 248-16-052 Advertising. Any advertisement of a boarding home or for residents to be housed in any boarding home as defined in chapter 18.20 RCW and subject to chapter 248-16 WAC, whether such advertisements be classified or display or by radio, television or other means, shall fairly represent the physical plant and services offered by the facility. Copies of all advertisements or the text of verbal communications for the previous year shall be submitted to the department with the annual application for the renewal of the boarding home license. [Order 147, § 248-16-052, filed 6/29/77.]

WAC 248-16-055 New construction. (1) When new construction is contemplated, the following shall be submitted to the department for review:

(a) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations;

(b) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, the water supply and sewage disposal systems, grade and location of building(s) on the site; and plans of each floor of the building(s), existing and proposed, which designate the function of each room and show all fixed equipment. The preliminary plans shall be accompanied by a general description of construction and materials.

(2) Duplicate sets of final plans (which are drawn to scale) and specifications shall have been submitted to and approved by the department before construction is started. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(a) Plot plan;

(b) Plans of each floor of the building(s) which designate the function of each room and show all fixed equipment and the planned location of beds and other furniture in residents' sleeping rooms;

(c) Interior and exterior elevations, building sections and construction details;

(d) A schedule of floor, wall and ceiling finishes, and the types and sizes of doors and windows;

(e) Plumbing, heating, ventilating, and electrical systems; and

(f) Specifications which fully describe workmanship and finishes.

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

(4) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review. Only those changes which have been approved by the department may be incorporated into the construction project. [Order 147, § 248-16-055, filed 6/29/77.]

WAC 248-16-056 Change of ownership. (1) When a change of boarding home ownership is contemplated, the licensee (seller) and the prospective licensee (buyer) shall each notify the department at least fifteen days prior to the proposed date of transfer. Notification shall be in writing and shall contain the following information:

(a) Full names of the present licensee and the prospective licensee;

(b) Name and address of the boarding home concerned;

(c) The date of the proposed transfer; and

(d) The kind of transfer which is to be made (i.e., sale, lease, rental, etc.).

(2) Possession or ownership of a boarding home shall not be transferred until the transferee's application for a boarding home license has been approved by the department. [Order 147, § 248-16-056, filed 6/29/77.]

WAC 248-16-058 Required approval for occupancy after completion of new construction. Prior to occupancy and use of a building or any room or other portion of a building which constitutes the whole or part of new construction project, a boarding home shall have obtained written authorization for such occupancy from the department. [Order 147, § 248-16-058, filed 6/29/77.]

WAC 248-16-060 Communication systems. There shall be at least one "nonpay" telephone in each boarding home; and if conditions require there shall be additional telephones or extensions to summon help in case of fire or other emergency, so located as to be easily accessible from all parts of the building(s). A telephone, which may be a "pay-phone", shall be accessible for personal use by the boarders. [Order 147, § 248-16-060, filed 6/29/77; Regulation .16.060, effective 3/11/60.]

WAC 248-16-070 Water supply. Water used for domestic purposes in boarding homes shall meet the standards of the department. In the event that an unsafe or nonpotable water supply is used for irrigation, fire protection or other purpose, it shall be adequately color-coded or labeled so as to lessen any chance of its being used for domestic purposes. Cross connections of any kind are prohibited. Hot and cold water under pressure shall be readily available at all times. Hot water at lavatories, bathtubs and showers shall not exceed 120° fahrenheit. [Order 147, § 248-16-070, filed 6/29/77; Regulation .16.070, effective 3/11/60.]

WAC 248-16-080 Sewage and liquid waste disposal. All sewage and liquid wastes shall be discharged into a public sewerage system where such system is available and is acceptable to the department; otherwise sewage and liquid wastes shall be collected, treated and disposed of in an independent sewerage system which meets the requirements of the department. Discharge of sewage or liquid wastes directly on the surface of the ground, or into bodies of water, or directly into ground water is prohibited. [Order 147, § 248-16-080, filed 6/29/77; Regulation .16.080, effective 3/11/60.]

WAC 248-16-090 Garbage and refuse disposal. (1) **Storage pending disposal.** There shall be provided and maintained, in a suitable location, a sufficient number of garbage containers of watertight construction, made of nonabsorbent material and provided with handles and tight-fitting covers; and all garbage shall be kept therein pending its removal and disposal. Garbage containers shall be washed at frequent intervals. The premises shall at all times be maintained in a clean, sanitary condition; and rodents, flies and other insects shall be excluded therefrom, and their breeding places eliminated.

(2) **Disposal.** Garbage and refuse shall be disposed of at sufficiently frequent intervals so as not to create a nuisance. Final disposal shall be by an authorized garbage collection agency or by some other method satisfactory to the department. [Order 147, § 248-16-090, filed 6/29/77; Regulation .16.090, effective 3/11/60.]

WAC 248-16-110 Heating system. (1) **Heating plant capacity.** Boarding homes shall be equipped with an approved heating system capable of maintaining a comfortable, healthful temperature during the coldest weather conditions ordinarily encountered in the home's particular area.

(2) **Room temperatures.** Temperature shall be maintained at a comfortable level. [Order 147, § 248-16-110, filed 6/29/77; Regulation .16.110, effective 3/11/60.]

WAC 248-16-120 Boarders' rooms and room furnishings. (1) **Sleeping rooms, occupancy limitations.** Sleeping rooms, if for one person only, shall contain not less than 80 square feet of usable floor space; and if for more than one person, not less than 70 square feet of usable floor space for each person: *Provided, however,* That no portion of a room having less than 7 feet 6 inches ceiling height may be counted as part of the required area. No more than 4 persons may be housed in any one sleeping room in any boarding home established after adoption of these rules and regulations.

Doors or entry ways to sleeping rooms shall be legibly numbered or lettered in conformance with the numbering or lettering systems shown on approved floor plans.

(2) **Sleeping rooms, restriction on location, access.** Only rooms having unrestricted direct access to a hallway, livingroom, or other acceptable common-usage area shall be used as sleeping rooms. No beds are to be permitted in corridors, halls, livingrooms, dining rooms, or kitchens. A basement room may not be used as a sleeping room if the floor in such room is more than 3 feet 6 inches below the ground abutting the exterior wall of such room measured horizontally for a distance of 10 feet.

(3) **Sleeping rooms, window requirements.** Sleeping rooms shall be outside rooms with a window area of clear glass not less than one-eighth of the floor area, except in basement rooms where the window area shall be not less than one-fifth of the floor area. Rooms shall not be considered to be outside rooms if such required window area opens into a window-well, enclosed porch, light-shaft, ventilation-shaft, or other enclosure of a similarly confining nature. Windows shall operate freely.

(4) **Sleeping rooms, lighting requirements.** Each sleeping room shall have adequate and satisfactory artificial light, and at least one duplex electric convenience outlet for each two beds. Electric cords shall not be strung from a ceiling fixture. There shall be an electric wall switch in each sleeping room to control at least one light in the room. Bedside lamps and night lights shall be provided if residents request same.

(5) **Sleeping rooms, storage and protection of personal articles.** Each resident shall be provided with sufficient storage facilities, either in or immediately adjacent to his or her sleeping room, to adequately store a reasonable quantity of clothing and personal possessions. Hardware on closet doors shall be of a type to prevent persons being locked in.

(6) **Sleeping rooms, furniture and furnishings.** Each resident shall be provided with a comfortable bed, not less than 36 inches wide, with springs and mattress in good condition. All beds shall be spaced at least 3 feet apart. This may be a standard household bed, studio couch, or day-bed, but may not be a folding bed, rollaway bed, cot, or davenport. Each sleeping room shall be provided with at least one suitable chair for each resident occupying said room. There shall be at least one incombustible waste basket in each sleeping room. If

carpets or other floor coverings are used, they shall either be securely fastened to the floor or have nonskid backing, and shall not be permitted to become hazardous because of curling edges or tattered sections: *Provided, however,* That nothing in this regulation shall be interpreted to prohibit a resident from providing his or her own furniture, as long as the use of that furniture is consistent with the health and safety of residents.

(7) **Cooking in rooms.** (a) Cooking or any use of coffee makers or other heating equipment or appliances for the preparation of food or beverages shall be permitted in any room or area of the boarding home which has been approved for such usage by the state fire marshal and the department.

(b) Staff of the boarding home shall ascertain if a resident has the functional ability to use cooking facilities safely. When a resident becomes unable to use cooking facilities safely, appropriate action (e.g., disconnecting or removing stove or appliances, or transfer of a resident to different accommodations) shall be taken immediately to ensure that the resident does not have access to, or use of, cooking facilities at any time that a responsible person is not in constant attendance. [Order 147, § 248-16-120, filed 6/29/77; Regulation .16.120, effective 3/11/60.]

WAC 248-16-130 Toilet and bathing facilities. (1) **Toilet and bathing facilities, number and types required.** Toilet and bathing facilities shall be provided in accordance with the following requirements for all persons who reside in the facility, including staff and staff's family members if they do not have private toilet and bathing facilities for their exclusive use.

(a) There shall be water closets and lavatories available to both sexes in the ratio of one water closet and one lavatory for each 8 persons or fraction thereof. Any toilet containing more than one water closet shall be reserved for use by one sex only. Not more than one required water closet shall be in any room containing a bathing facility. There shall be a lavatory in each room containing a water closet, except when the toilet opens into the resident's room, then the lavatory may be in the resident's room.

(b) There shall be at least one bathing facility for every 12 persons or fraction thereof. Any bathroom containing more than one bathing facility shall be reserved for use by one sex only. A bathroom containing only one bathing facility and not more than one water closet may be used by both sexes. Bathtubs shall be available to boarders of both sexes in the ratio of one bathtub per 48 boarders or fraction thereof who do not have bathtubs in bathrooms opening directly into their sleeping rooms. At least one-half of the total required bathing facilities shall be either bathtubs or sit-down showers.

(2) **Toilet and bathing facilities, access to.** Except for facilities serving individual rooms, toilets (water closets) shall be so located as to be reasonably accessible from a common hall or area, to all boarders residing on the floor served. Except for facilities serving individual rooms, bathtubs and showers shall be so located as to be reasonably accessible, from a common hall or area, to all boarders served, without traveling more than one story up or down. No toilet or bathroom for boarder use shall be so located that access thereto requires passage through the establishment's kitchen, pantry, food preparation, food storage, or dishwashing areas: *Provided, however,* That this restriction shall not be construed as prohibiting the use of a toilet room adjacent to the above named areas by personnel engaged in the food services of the home. In no case shall it be necessary for an occupant of one bedroom to pass through any other bedroom to reach a water closet or bath, nor to pass through a room containing a water closet or bath to reach a bedroom.

(3) **Toilet and bathing facilities, construction and accessories.** Toilet and bathroom floors shall be of water-resistant material, smooth enough to be easily cleaned yet not highly glossed or slippery. Walls shall be washable to height of splash or spray. Suitable grab-bars shall be installed at toilets, tubs and showers in such numbers and locations that accidental falls will be minimized. Plumbing fixtures shall be of sanitary design and in good repair. All toilet seats shall be constructed of nonabsorbent material, shall be free from cracks, and kept clean. In new construction they shall be of open front type in public water closets.

All toilet rooms and bathrooms shall be adequately lighted, and be provided with a suitable mirror for each lavatory.

All toilet rooms and bathrooms shall be adequately ventilated to the outside air. [Order 147, § 248-16-130, filed 6/29/77; Order 99, § 248-16-130, filed 6/10/74; Order 97, § 248-16-130, filed 4/5/74; Regulation .16.130, effective 3/11/60.]

WAC 248-16-140 Food storage, preparation and service. (1) All food service facilities and practices shall be in compliance with chapter 248-84 WAC, Rules and Regulations of the State Board of Health governing Food Service Sanitation except that in boarding homes with ten or less occupants a separate handwashing sink in the kitchen may be omitted with department approval.

(2) **Food services, number of meals.** A minimum of three meals in each 24-hour period shall be provided, except that when a specific written request has been made to, and approved in writing by, the department, deviation may be made from this minimum. The time interval between breakfast and the evening meal shall be not less than ten (10) hours.

(3) **Food services, quality of food.** The diet shall be well-balanced, palatable, properly prepared, and attractively served, and sufficient in quality and quantity to meet the Dietary Allowances of the Food and Nutrition Board, National Research Council. If modified diets are to be served, they shall be prepared and served to meet the physician's prescription which is given in writing and signed by the physician, and shall meet the Dietary Allowances of the Food and Nutrition Board, National Research Council. Nutrient concentrates shall be served only on the written approval of a physician.

(4) **Menus.** Menus for the general (or house) diets and for the modified diets shall be prepared one week in advance and shall be retained for inspection for at least one year.

(5) **Food services, dining areas.** An adequate, approved dining area shall be provided. [Order 147, § 248–16–140, filed 6/29/77; § 248–16–140, filed 10/3/67; Emergency Regulation, filed 8/4/67; Regulation .16.140, effective 3/11/60.]

WAC 248–16–150 Day room. Suitable day room or living room space, comfortably furnished, adequately heated and adequately lighted, shall be provided which has space adequate for the usual functions of daily living and which includes an area for social and diversional activities. Floor space requirements shall be related to the number of residents as follows: 1 to 50 beds, inclusive, 10 square feet per bed; 51 beds and over, 5 square feet per bed in addition to the first 500 square feet; except that no boarding home shall provide less than 150 square feet. In arriving at the total square footage available for day room or living room usage, solariums, enclosed sun porches, recreation rooms, dining rooms, etc., may be included as part of the required floor space. Residents' rooms, entry–ways, corridors and hallways shall not be considered as day room or living room space. [Order 147, § 248–16–150, filed 6/29/77; § 248–16–150, filed 10/3/67; Emergency Regulation, filed 8/4/67; Regulation .16.150, effective 3/11/60.]

WAC 248–16–160 Laundry room. Unless all laundry is sent out, every boarding home shall be provided with a laundry room equipped with adequate laundry facilities. The laundry room and storage and sorting areas shall be located in rooms not used for food storage, preparation or serving. [Regulation .16.160, effective 3/11/60.]

WAC 248–16–162 Laundry service. The boarding home shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods. [Order 147, § 248–16–162, filed 6/29/77.]

WAC 248–16–170 Storage spaces. Adequate storage space shall be provided for excess supplies, unused equipment, stored personal possessions of residents, linens and similar items. Storage space shall be such that it does not constitute a fire or accident hazard, and will not be in the way of residents or staff. A separate storage space which can be locked shall be provided for disinfectants and for poisonous compounds. [Regulation .16.170, effective 3/11/60.]

WAC 248–16–180 Stairs. All stairways used by boarders shall have nonskid treads of not less than nine inches wide and have risers not more than eight inches high. Stairways with triangular or winding treads shall not be approved. [Regulation .16.180, effective 3/11/60.]

WAC 248–16–190 Guard rails, hand rails. Hand rails may be required in halls and corridors if conditions indicate a need therefor. All inside and outside stairs shall be equipped with sturdy hand rails on each side. [Regulation .16.190, effective 3/11/60.]

WAC 248–16–202 Maintenance and housekeeping. (1) The boarding home structure, its component parts, facilities, equipment and furnishings shall be kept clean and in good repair and maintained in the interest of residents' safety and well–being. No hazard shall exist from structural conditions.

(2) All bedrooms occupied or used by residents shall be kept in a sanitary condition at all times. It shall be the responsibility of the administrator or his or her designee to supervise the maintenance of bedrooms. If a resident is unable to care for his or her own room, such maintenance shall be provided by staff of the boarding home. [Order 147, § 248–16–202, filed 6/29/77.]

WAC 248–16–213 Admission, placement and retention of residents. (1) Prior to admission of an applicant for residency in a boarding home, the boarding home shall have obtained sufficient information about the applicant's current ability to function to determine if the applicant can be properly placed (housed) in the boarding home.

(2) Admission of individuals as residents shall be limited to those who can be accommodated by the physical plant facilities, space, furniture, equipment, staff and program of domiciliary care in accordance with these rules, regulations and standards, chapter 248–16 WAC.

(3) Only persons who are ambulatory, as defined in WAC 248–16–001 shall be admitted and retained as residents.

(4) Accommodations for individuals who, though capable of independent mobility with the use of a cane, crutches, a walkerette, a walker, a wheelchair or artificial limb, are not capable of walking unaided shall be restricted to sections (or areas) of a boarding home which have been specifically approved for occupancy by such individuals by the state fire marshal, unless the state fire marshal has approved the entire boarding home for occupancy by such individuals.

(5) The following shall not be admitted or retained as residents:

(a) Persons who are manifesting overt behavior which is assaultive, suicidal, or otherwise destructive in nature;

(b) Persons who are not ambulatory, as defined in WAC 248–16–001;

(c) Persons who are in need of inpatient care in a hospital, a nursing home, or other facility licensed under the provisions of chapters 70.41, 71.12 or 18.51 RCW;

(d) Persons who need nursing care over and above the following:

(i) Simple nursing care, of a type ordinarily given in a private home by lay persons, to one who has a mild, temporary illness which does not exceed fourteen days in duration;

(ii) Visiting nurse service from a community health agency;

(iii) Medication service as defined in WAC 248-16-001.

(6) A person needing medication service shall not be admitted or retained as a resident unless the boarding home makes provision for medication services in accordance with these regulations, chapter 248-16 WAC.

(7) At the time of admission, the boarding home administrator or his or her designee shall make definite arrangements with the resident regarding the physician to be called in case the resident becomes ill or, in the case of a resident who is opposed to medical treatment because of religious affiliation, the individual to be called if the resident becomes ill. [Order 147, § 248-16-213, filed 6/29/77.]

WAC 248-16-215 Services to be provided. (1) Each resident shall be provided with at least one comfortable pillow and adequate, clean, light weight, warm bedding, and at least two clean sheets, a pillow case, towels and washcloths each week.

(2) Each resident shall be treated in a manner that respects his or her individual identity and human dignity and fosters constructive self-esteem.

(3) A resident's rights to observe the tenets of his or her faith shall be respected. A resident's care shall be adapted to accommodate the resident's religious beliefs and practices insofar as is reasonable.

(4) A resident shall be regularly observed for changes in physical, mental and emotional functioning which may reveal that he or she has unmet needs for services or that his or her condition has changed to the extent that transfer to a facility providing another type or level of service is indicated. When observations reveal the resident has need for services which the boarding home does not provide, the administrator or his or her designee shall bring such observations to the attention of the resident and any individual or agency who is responsible for the resident. The administrator or designee shall provide assistance, as indicated, in planning and carrying out action (e.g., referral, transfer, etc.) through which the resident may receive the type or level of service needed.

(5) Basic domiciliary care services shall be conducted so as to promote each resident's independence to the highest degree compatible with individual safety and welfare. Residents shall be encouraged to participate as fully as their conditions permit in activities in both the boarding home and the community. The following services shall be provided to a resident when he or she has need for such services:

(a) General health supervision, as defined in WAC 248-16-001;

(b) Guidance, supervision or assistance to a resident in personal hygienic care, dressing, grooming, and other activities of personal care which are not directed primarily toward the treatment of disease or disability;

(c) Reminding, guiding or assisting a resident in the maintenance of functional aids or equipment which he or she uses (e.g., glasses, hearing aids, canes, crutches, walker, wheelchair, etc.);

(d) Reminding, guiding or assisting a resident in the maintenance of clothing and other personal effects;

(e) Reminding, guiding or assisting a resident in maintaining his or her own living quarters in a manner conducive to safety and comfort; and

(f) Encouraging, guiding or assisting a resident to participate in social, recreational, diversional, vocational, church or other activities within the boarding home and the community in accordance with his or her interests, tolerance and abilities.

(6) Whenever a resident becomes ill or sustains a significant injury, the administrator or designee shall immediately notify the physician or other individual designated by the resident, unless the resident is able to notify such physician or other individual. During a period that an ill or injured resident remains in the boarding home, the boarding home shall be responsible for providing temporary care. [Order 147, § 248-16-215, filed 6/29/77; Order 116, § 248-16-215, filed 5/23/75; § 248-16-215, filed 10/3/67; Emergency Regulation, filed 8/4/67.]

WAC 248-16-222 First aid services. (1) Staff having the responsibility for resident care services shall have basic first aid training and shall be oriented to written emergency policies.

(2) There shall be written policies to guide the action of resident care staff should a resident present a medical emergency.

(3) An adequate first aid kit and a first aid manual shall be kept in a specific location in the boarding home and readily available to all staff who have responsibility for resident care services. [Order 147, § 248-16-222, filed 6/29/77.]

WAC 248-16-223 Notification regarding change in residents' condition. A resident's next of kin, guardian or other individual or agency responsible for the resident shall be notified as rapidly as possible should a serious change in the resident's condition, transfer of the resident to a hospital or death of a resident occur. [Order 147, § 248-16-223, filed 6/29/77.]

WAC 248-16-226 Safety measures. (1) Any accident or incident which jeopardized the health or life of a resident shall be investigated to ascertain the circumstances of the accident or incident and appropriate measures instituted to prevent similar occurrences in the future insofar as is possible.

(2) There shall be provision for staff members to gain rapid access to any bedroom, toilet, shower, bathroom or other room occupied by residents should an emergency need arise. This provision shall be made known to all staff members who have a responsibility for resident care.

(3) Methods for the cleaning, disinfecting or sterilizing, handling and storage of supplies and equipment used in services to residents shall be such as to prevent the transmission of infection. [Order 147, § 248-16-226, filed 6/29/77.]

WAC 248-16-227 Self-administration of drugs (medications) by residents. Self-administration of drugs by a resident shall be in accordance with the following:

(1) The resident shall be physically and mentally capable of administering his own drug properly.

(2) Prescription drugs, over-the-counter drugs purchased independently by the resident and other medicinal materials used by a resident shall be kept so they are not available to other residents. [Order 147, § 248-16-227, filed 6/29/77.]

WAC 248-16-228 Medication services. A boarding home which makes provision for medication service to a resident shall comply with the following requirements:

(1) Supervision of Medication Service.

(a) A registered nurse shall be responsible for planning, directing and supervising the medication service to residents.

(b) The registered nurse responsible for the direction and supervision of a resident's medication service shall review a resident's condition and drug therapy regimen at regular intervals. This review shall be documented and shall include appropriate instruction in self medication.

(c) Any drug administered to a resident shall be documented in the resident's health record.

(2) Administration of Drugs (Medicines). There shall be written orders, signed by a physician or other legally authorized practitioner acting within the scope of his or her license, for all drugs administered to a resident.

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

(4) Only persons licensed to prescribe or administer medications may relay physicians' orders to a pharmacy to obtain drugs (medicines).

There shall be written policies and procedures which provide for the procurement, storage, control, use, retention, release, and disposal of drugs and biologicals in accordance with applicable federal and state laws and regulations: *Provided*, That nothing in this section shall require that a boarding home make provision for medication services and that if such services are provided, they are to be provided by health care professionals or health care agencies in conformity with RCW 18.20-.160. [Order 147, § 248-16-228, filed 6/29/77.]

WAC 248-16-230 Register and health records. (1) Resident register. There shall be a permanent, current register of all individuals admitted as residents in a boarding home. This shall contain the following data for each resident: Date of admission, full name, and date of birth, and the address at which the resident lived prior to admission.

(2) Record system.

(a) A systematic secure method of identifying and filing residents' records so each record can be located readily shall be provided.

(b) Entries in residents' records shall be either typewritten or written legibly in ink.

(c) A resident's record shall include the following data:

(i) Full name and former address of the resident;

(ii) Date of admission and date of discharge;

(iii) Name, address and telephone number of next of kin, or other responsible person;

(iv) Name, address and telephone number of the resident's personal physician;

(v) Dates and descriptions of all illnesses or accidents and changes in functional abilities which the individual had while a resident of the boarding home including action(s) taken;

(vi) A signed written prescription by the resident's physician for any modified diet provided for the resident. [Order 147, § 248-16-230, filed 6/29/77; Order 116, § 248-16-230, filed 5/23/75; § 248-16-230, filed 10/3/67; Emergency Regulation, filed 8/4/67; Regulation .16.230, effective 3/11/60; Subsection 1, filed 5/31/61.]

WAC 248-16-900 Exemptions. The state board of health, may in its discretion, exempt a boarding home from complying with parts of these rules pursuant to the procedure set forth in WAC 248-08-595. [Order 147, § 248-16-900, filed 6/29/77.]

WAC 248-16-999 Legal authority of the state board of health. RCW 18.20.090 [Section 9, chapter 253, Laws of 1957.] [Regulation .16.999, effective 3/11/60.]

Chapter 248-17 WAC
AMBULANCE RULES AND REGULATIONS

WAC

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WAC 248-17-010 Declaration of purpose. The primary purpose of this chapter is to promote safe and adequate prehospital care for victims of motor vehicle accidents, suspected coronary illnesses and other acute illness or trauma through the development of rules and regulations for the licensing and inspection of facilities and personnel providing emergency medical care. To accomplish these purposes, this chapter sets out standards governing, among other matters, the following: The licensing of ambulances, first aid vehicles, ambulance operators, ambulance directors, first aid vehicle operators, and first aid directors; the training and certification of advanced first aid qualification and of emergency medical technicians; communication equipment and emergency medical communications and liability insurance. [Order 1150, § 248-17-010, filed 9/2/76.]

WAC 248-17-020 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Ambulance" means an emergency vehicle designed and used to transport the ill and injured and to provide facilities and equipment to treat patients before and during transportation.

(2) "First aid vehicle" means a vehicle primarily designed and used to carry first aid equipment and individuals trained in first aid or emergency medical procedures.

(3) "Emergency medical technician" means a person who has successfully completed a prescribed course of instruction and who has achieved a demonstrable level of performance and competence to treat victims of severe injury or other emergent conditions.

(4) "Advanced first aid" means a course of instruction recognized by the American Red Cross, Department of Labor and Industry, the U.S. Bureau of Mines, or Fire Services training program.

(5) "Standard first aid" means such a prescribed course of instruction recognized and offered by the American Red Cross, Department of Labor and Industries, the U.S. Bureau of Mines, or Fire Services training program.

(6) "Ambulance driver" means that person who drives an ambulance.

(7) "Ambulance attendant" means that person who has responsibility for the care of patients both before and during transportation.

(8) "Ambulance operator" means a person who owns one or more ambulances and operates them as a private business.

(9) "Ambulance director" means a person who is a director of a service which operates one or more ambulances provided by a volunteer organization or governmental agency.

(10) "First aid vehicle operator" means a person who owns one or more first-aid vehicles and operates them as a private business.

(11) "First aid director" means a person who is a director of a service which operates one or more first aid vehicles provided by a volunteer organization or governmental agency.

(12) "Communications system" means a radio or landline network connected with a dispatch center which makes possible the alerting and coordination of personnel, equipment and facilities.

(13) "Department" means the Department of Social and Health Services.

(14) "Shall" means compliance is mandatory.

(15) "Should" means a suggestion or recommendation, but not a requirement.

(16) "Committee" means the Emergency Medical and Ambulance Review Committee. [Order 1150, § 248-17-020, filed 9/2/76.]

WAC 248-17-030 License(s) required. (1) After July 1, 1976, no person or governmental unit shall operate an ambulance or first aid vehicle without possessing all licenses required by this chapter. Under this chapter the following must be licensed: Ambulances, first aid vehicles, ambulance operators, ambulance directors, first aid vehicle operators, and first aid directors.

(a) Application for ambulance operators, first aid vehicle operators, ambulance director and first aid director licenses and renewals, fees: An application for license shall be made to the department upon forms provided by it, and shall contain such information as the department reasonably requires which may include affirmative evidence of ability to comply with standards, rules and regulations as are lawfully prescribed hereunder. An application for renewal of license shall be made to the department upon forms provided by it and submitted thirty days prior to the date of expiration of the license. Each application for license or renewal thereof shall be accompanied by a triennial fee of ten dollars: *Provided*, That no fee shall be required from ambulance directors or first aid vehicle directors.

(b) Application for ambulance license first aid vehicle license and renewals, fees. An application for license shall be made to the department upon forms provided by it, and shall contain such information as the department reasonably requests which may include affirmative evidence of ability to comply with standards, rules and regulations as are lawfully prescribed hereunder. An application for renewal of license shall be made to the department upon forms provided by it, and submitted thirty days prior to the date of expiration of the license. Each application for license or renewal thereof shall be accompanied by an annual fee of five dollars: *Provided*, That no fee shall be required for vehicles operated by ambulance directors or first aid vehicle directors.

(c) Licenses shall not be transferable. [Order 1150, § 248-17-030, filed 9/2/76.]

WAC 248-17-040 License expiration dates. Ambulance Operator – Ambulance Director – First Aid Operator – First Aid Vehicle Director. The department shall issue an ambulance operator, ambulance director, first aid vehicle operator or first aid vehicle director's license initially and reissue licenses as often thereafter as necessary to stagger license expiration dates throughout a

three-year period so as to cause approximately one-third of the total number of ambulance operator, ambulance director, first aid vehicle operator and first aid vehicle director licenses to expire on the last day of each year; but no license issued pursuant to this chapter shall exceed three years in duration: *Provided*, That when the triennial license renewal date of a previously licensed operator or director is set by the department on a date less than thirty-six months after date of initial issue, credit will be allowed at the first renewal of a license for that period covered by the previous license fee which falls short of the full 36-month period. [Order 1150, § 248-17-040, filed 9/2/76.]

WAC 248-17-050 License expiration dates. Ambulance and First Aid Vehicle. The department shall issue an ambulance and first aid vehicle licenses initially and reissue licenses as often thereafter as necessary to stagger license expiration dates throughout a one-year period so as to cause approximately one-twelfth of the total number of ambulance and first aid vehicle licenses to expire on the last day of each month but no license issued pursuant to this chapter shall exceed twelve months in duration: *Provided*, That when the annual license renewal date of a previously licensed ambulance or first aid vehicle is set by the department on a date less than twelve months prior to the expiration date, the license fee shall be prorated on a monthly basis and a credit be allowed at the first renewal of a license for any period of one month or more covered by the previous license. [Order 1150, § 248-17-050, filed 9/2/76.]

WAC 248-17-060 Denial, suspension, revocation of license——Hearings. The department is authorized to deny, suspend or revoke any license issued pursuant to this chapter in any case in which it finds that there has been a failure to comply with the requirements of the Emergency Medical Care and Transportation Services Act, chapter 18.73 RCW, and with the standards, rules, and regulations established pursuant to this law. The department shall issue an order to the applicant or licensee giving notice of any denial, revocation, or suspension, which order shall become final thirty days after the date of mailing: *Provided*, That the applicant or licensee does not, within thirty days from the date of mailing of the department's order of denial, revocation, or suspension of license, make written application to the department for a hearing. Upon receipt of such a written application for a hearing, the department shall proceed to conduct a hearing on the denial, suspension, or revocation of license. Such hearings shall be conducted in accordance with the Administrative Procedure Act, chapter 34.04 RCW and with the rules of practice and procedure issued by the department thereunder. [Order 1150, § 248-17-060, filed 9/2/76.]

WAC 248-17-070 Ambulance vehicle and equipment. (1) Identification. All ambulance vehicles shall be clearly identified by appropriate emblems and markings on the front, side and rear of the vehicle. Physical characteristics:

(a) Tires, spare tire, tire changing tools shall meet the following requirements:

(i) Tires shall be in good condition with not less than 2/32 usable tread, appropriately sized to support the weight of the vehicle when loaded.

(ii) One inflated spare tire shall be furnished and stored in a protected area which provides access without removal of the patient.

(iii) Tire changing tools shall be furnished. Minimum tools shall include a jack, jack handle, and wheel-nut wrench. The jack shall be capable of raising any wheel of the loaded ambulance to an adequate height.

(b) The electrical system shall be to accepted automotive standards in design, workmanship and material. There shall be reasonable access for checking and maintenance.

(i) Interior lighting in the driver compartment shall be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or his line of vision from instrument panel, switch panel, or other areas which may require illumination while the vehicle is in motion.

(ii) Interior lighting in the patient compartment shall be adequate throughout the compartment, and provide an intensity of 20 foot-candles at the level of the patient. Lights should be controllable from the patient compartment and the driver compartment.

(iii) Exterior lights shall comply with the appropriate section of Federal Motor Vehicle Safety Standard 108, and include body-mounted flood light(s) over the rear door which provide adequate loading visibility.

(iv) Warning lights (emergency) shall be provided in accordance with RCW 46.37.380, as administered by the State Commission on Equipment.

(c) The exhaust system shall be designed to permit the engine to be idled while vehicle is standing with maximum of 25 PPM CO exhaust fumes entering the vehicle. Air pollution produced by the vehicle must comply with Federal standards as established for the calendar year in which the motor vehicle is completed.

(d) Windshield wipers and washers shall be dual, electric, multi-speed, and maintained in good condition.

(e) Battery and Generated System:

(i) The battery shall have a minimum 70 ampere hour rating. It must be located in a ventilated area sealed off from the vehicle interior, and completely accessible for checking and removal.

(ii) The generating system shall be capable of supplying the maximum built-in DC electrical current requirements of the ambulance. Extra fuses shall be provided.

(f) Seat belts shall comply with Federal Motor Vehicle Safety Standards 207, 208, 209, and 210. Restraints shall be provided in all seat positions in the vehicle, including the attendant station.

(g) Mirrors shall be provided on the left side and right side of the vehicle. The location of mounting must be such as to provide maximum rear vision from the driver's seated position. There may be an interior rear-view mirror to provide the driver with a view of occurrences in the patient compartment.

(h) One ABC 2-1/2 pounds fire extinguisher shall be provided.

(i) Ambulance Body.

(i) The length of the patient compartment shall be at least 112 inches in length, measured from the partition to the inside edge of the rear loading doors. This length shall provide at least 20 inches, and not more than 30 inches, of unobstructed space at the head of the primary patient, measured from the technician's seat back rest to the forward edge of the cot.

(ii) The width of the patient compartment, after cabinet and cot installation, shall provide at least 9 inches of clear walkway between cot(s) or the squad bench. It is recommended that at least 25 inches width of kneeling space along side the primary cot be provided, measured at the floor for a height of 9 inches, from the forward leading edge (corner) half of the length back of the primary cot.

(iii) The height of the patient compartment shall be at least 53 inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment.

(iv) There shall be secondary egress from the curb side of the patient compartment.

(v) The back doors shall open in a manner to increase the width for loading patients without blocking existing working lights of the vehicle.

(vi) Steps may be provided at door openings if the floor is more than 18 inches above the ground. Steps shall be of a design to prevent the accumulation of mud, ice or snow, and shall have a non-skid surface.

(vii) The floor shall be at the lowest level permitted by clearances. It shall be flat and unencumbered in the access and work area. There shall be no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting and/or unsanitary conditions.

(viii) Floor covering shall be applied to the top side of the floor surface. It shall withstand washing with soap and water or disinfectant without damage to the surface. All joints in the floor covering shall have the minimum void between matching edges and shall be cemented with a suitable water and chemical proof cement to eliminate the possibility of joints loosening or lifting.

(ix) All interior fasteners, latches, hinges, etc., should be of a flush-type design. When doors are open, the hinges, latches, and door checks shall not protrude into the access area. All hangers or supports for equipment or other items should be flush with the surrounding surface when not in use. The finish of the entire patient compartment must be impervious to soap and water and disinfectants to permit washing and sanitizing.

(x) Exterior surfaces shall be smooth, with appurtenances kept to a minimum.

(xi) Restraints shall be provided for all litters if the litter is floor supported on its own support wheels, a means shall be provided to secure it in position.

These restraints shall permit quick attachment and detachment for quick transfer of patient.

(j) Ambulance Vehicle Maintenance. Mechanical and electrical equipment shall be in good working order. The mechanical condition of the vehicle brakes, tires, regular and special electrical equipment (lights and warning devices), windshield wipers, heating and cooling units, safety belts, and window glass, shall be considered as basic in the determination of mechanical adequacy.

(2) Medical equipment and supplies shall be provided as follows:

(a) Resuscitation Equipment.

(i) An oxygen supply of at least 3,000 liters shall be provided and be accessible for replacement, preferably from outside the patient compartment working space. The tanks must be securely mounted and restrained.

The oxygen cylinder should be accessible from inside the vehicle, preferably from the technician's seat at the head of the patient, and also from the site where the cylinder change is accomplished.

(ii) A portable oxygen unit of 300-liter capacity shall be carried. It shall be equipped with a yoke, pressure gauge, flow meter (not gravity dependent), delivery tube, nasal prongs and venturi flow-through oxygen mask. The unit shall be capable of delivering an oxygen flow of at least 10 liters/minute. An extra 300-liter capacity cylinder shall be available for reserve.

(iii) Portable suction shall be provided.

(iv) Suction shall be provided in the patient compartment which shall be powerful enough to provide an airflow of over 30 liters per minute at the end of the delivery tube and a vacuum of over 300 mm Hg to be reached within 4 seconds when the tube is clamped. The suction force shall be controllable for use on children and intubated patients. Glass suction bottles shall not be used.

(v) Space near the patient's head shall be provided for the following required equipment and supplies:

(aa) Self-inflating bag-valve mask unit capable of delivering 50 percent concentration oxygen.

(bb) Venturi or flow-through oxygen mask inhalation unit capable of delivering 25 - 35 percent oxygen.

(cc) Rigid pharyngeal suction tip.

(dd) Suction rinsing water bottle.

(ee) Oral pharyngeal tubes (airways). Two each infant, child, adult.

(ff) Tongue Blades (six).

(gg) Towels.

(hh) Pediatric mask for bag-valve mask unit.

(ii) Sterile suction tips and catheters for naso-tracheal suctioning.

(jj) Clear mouth - face ventilating mask.

(b) Basic Equipment and Supplies which shall be carried.

(i) Each ambulance shall be provided with one made-up adjustable wheeled litter. Space requirements in the patient compartment for the wheeled litter is based on size of the litter and access space necessary to patient care in transit.

(ii) Folding collapsible litters of sufficient number to accommodate patient-carrying capacity of the ambulance.

(iii) Linen supplies (in addition to made-up litter described in (i)).

(aa) One spare pillow.

(bb) Two pillow cases.
(cc) Two spare sheets.
(dd) Four blankets.
(ee) Four towels.
(iv) Emesis basins.
(v) Disposable tissues.
(vi) Bed pan.
(vii) Urinal.
(viii) Disposable drinking cups.
(ix) Two sand bags, minimum 4" X 6", filled, or comparable material.
(x) Aneroid blood pressure manometer.
(xi) Stethoscope.
(c) For immobilization of fractures: The following equipment and supplies shall be provided:
(i) One lower extremity traction splint.
(ii) Boards, metal splints, or cardboard splints for upper and lower extremities, fractures immobilization to include at least:
2 splints each for arm fractures
2 splints each for leg fractures
Inflatable lower extremity splints may be provided, but not substituted.
(iii) Ten triangular bandages.
(iv) Long backboard. Straps are recommended.
(v) Cervical collars, 1 each, small, medium and large.
(d) Wound dressing. The following supplies shall be provided:
(i) 24 sterile gauze pads 4" X 4".
(ii) 6 universal dressings, 8" X 30".
(iii) 12 soft–roller self–adhering bandages, assorted sizes.
(iv) 2 rolls 1" adhesive tape.
(v) 2 sterile burn sheets.
(vi) Bandage scissors.
(vii) 1" adhesive bandages.
(viii) 2 dressings for sucking chest wounds.
(ix) Safety pins.
(e) Poison Control. The following supplies and information shall be provided: 2 oz. Ipecac, location and number of nearest recognized Poison Control Centers, drinking water, and snake bite kits when appropriate.
(f) Emergency Childbirth. An obstetric kit shall be provided, sterile, and packaged in one unit. The following items may be substituted, if maintained in sterile condition:
(i) 1 large bandage scissors.
(ii) 2 umbilical cord clamps.
(iii) 18 inch umbilical cord tape.
(iv) 10 – 4 X 4 gauze sponges.
(v) 2 baby blankets.
(vi) 4 safety pins.
(vii) 2 "peri" pads (sanitary napkins).
(viii) 2 towels.
(ix) 1 ear syringe.
(x) 1 sterile sheet.
(xi) 2 pair sterile gloves.
(g) Medical equipment shall be in good working order. The condition of medical equipment, which includes oxygen cylinders, resuscitators, suction units, splints, backboards, and other mandatory equipment shall be considered as basic in the determination of mechanical adequacy. [Order 1150, § 248–17–070, filed 9/2/76.]

WAC 248–17–080 Extrication equipment. Each ambulance shall carry equipment for extricating the injured from automobiles and other trapped conditions. Extrication equipment shall include:
(1) One 12–inch wrench, with adjustable open end.
(2) One screwdriver, 12–inches long, with regular blade.
(3) One screwdriver, 12–inches long, with Phillips blade.
(4) One hacksaw with 12 blades.
(5) One pair pliers, 10–inch, vise–grip type.
(6) One 5–pound hammer with 15–inch handle.
(7) One axe.
(8) One 24–inch wrecking bar.
(9) One crowbar, 51–inches, with pinch point.
(10) One bolt cutter with 1–1/4 inch jaw opening.
(11) One shovel.
(12) One double action tin snip, 8–inches minimum.
(13) Two ropes, each 50 feet long, with breaking strength equal to 3/4" manila rope.
(14) One ABC 2–1/2 pound fire extinguisher.
(15) A commercial extrication device (K–Bar–T tool or similar) may be substituted for Items (8) and (9). [Order 1150, § 248–17–080, filed 9/2/76.]

WAC 248–17–090 Variances. Each ambulance vehicle shall be exempted from carrying comparable extrication equipment when documented proof is offered that extrication services are available within ten minutes upon request in the service area of the licensee. [Order 1150, § 248–17–090, filed 9/2/76.]

WAC 248–17–100 Radio communications equipment——Ambulance vehicle. (1) Ambulance vehicles shall be equipped with mobile radio equipment which meet the following basic requirements:
(a) The equipment shall provide direct two–way radio communications between the ambulance vehicle and the system control point of the vehicle.
(b) Equipment shall provide direct two–way radio communication with the hospital(s) within the service area of the vehicle. Appropriate encoding and selective signaling devices shall be incorporated into the mobile radio.
(c) Radio equipment shall provide optimum system operations within a 20–mile radius of the vehicle base of operation.
(d) Equipment shall provide control (microphone and loudspeaker) capabilities in the driver's compartment.
(2) Equipment shall be operated in conformance with Federal Communication Commission rules and regulations.
(3) Mobile equipment shall be kept in good working order. [Order 1150, § 248–17–100, filed 9/2/76.]

WAC 248–17–110 First aid vehicle and equipment. (1) First aid vehicles shall meet the following requirements:

(a) A portable oxygen unit of 300–liter capacity equipped with a yoke, pressure gauge, flow meter (not gravity dependent), delivery tube, nasal prongs and venturi flow–through oxygen mask. The unit shall be capable of delivering an oxygen flow of at least 10 liters per minute. An extra 300–liter capacity cylinder shall be available on the first aid vehicle.

(b) Self–inflating bag–valve mask unit capable of delivering 50 per cent concentration oxygen.

(c) Venturi or flow–through oxygen mask inhalation unit capable of delivering 25–35 per cent oxygen.

(d) Portable suction with non–glass suction bottles.

(e) Rigid pharyngeal suction tip.

(f) Oral pharyngeal tubes (airways), two each, infant, child and adult sizes.

(g) Six tongue blades.

(h) Towels.

(i) Pediatric mask for bag–valve mask unit.

(j) Sterile suction tips and catheters for nasal–tracheal suctioning.

(k) Clear mouth–face ventilating mask.

(l) Four blankets.

(m) One each aneroid blood pressure manometer and stethoscope.

(n) One lower extremity traction splint.

(o) Boards, metal splints or cardboard splints for upper and lower extremities to include at least two splints for arm fractures and two splints for leg fractures. Inflatable splints may be provided, but not substituted.

(p) Ten triangular bandages.

(q) Long backboard.

(r) Cervical, collars, one each: small, medium and large.

(s) 24 sterile gauze pads, 4 X 4.

(t) 6 universal dressings, 8 X 30.

(u) 12 soft–roller, self–adhering bandages, assorted sizes.

(v) 2 rolls 1" adhesive tape.

(w) 2 sterile burn sheets.

(x) Bandage scissors.

(y) 1–inch adhesive bandages, 12 each.

(z) Two dressings for sucking chest wounds. [Order 1150, § 248–17–110, filed 9/2/76.]

WAC 248–17–120 Extrication equipment. (1) Each first aid vehicle shall carry equipment for extricating the injured from automobiles and other trapped conditions. Extrication equipment shall include:

(a) One 12–inch wrench, with adjustable open end.

(b) One screwdriver, 12–inches long, with regular blade.

(c) One screwdriver, 12–inches long, with Phillips blade.

(d) One hacksaw with 12 blades.

(e) One pliers, 10–inch, vise grip type.

(f) One 5–pound hammer with 15–inch handle.

(g) One axe.

(h) One 24–inch wrecking bar.

(i) One crowbar, 51–inches, with pinch point.

(j) One bolt cutter with 1–1/4 inch jaw opening.

(k) One shovel.

(l) One double action tin snip, 8–inches minimum.

(m) Two ropes, each 50 feet long, with breaking strength equal to 3/4" manila rope.

(n) One ABC 2–1/2 pounds fire extinguisher.

(o) A commercial extrication device (K–T tool or similar) may be substituted for Items h and i. [Order 1150, § 248–17–120, filed 9/2/76.]

WAC 248–17–130 Variances. Each first aid vehicle shall be exempt from carrying extrication equipment when documented proof is offered that extrication services are available within ten minutes upon request in the service area of the licensee. [Order 1150, § 248–17–130, filed 9/2/76.]

WAC 248–17–140 Radio communications equipment. First Aid Vehicle. (1) First aid vehicles shall be equipped with mobile radio equipment which meet the following requirements.

(a) Equipment shall provide direct two–way radio communications between the first aid vehicle and the system control point of the vehicle.

(b) Equipment shall provide optimum system operation within a 20–mile radius form the vehicle base of operation.

(c) Equipment shall be operated in conformance with Federal Communications Commission rules and regulations.

(2) Mobile equipment shall be kept in good working order. [Order 1150, § 248–17–140, filed 9/2/76.]

WAC 248–17–150 Variances from the requirements of this chapter. The Secretary may, upon written application by an ambulance operator, ambulance director, first aid vehicle operator, or first aid director, grant variances from compliance with the provisions of this chapter of the Washington Administrative Code. Variances from the provisions of this chapter shall be granted only when compliance can be expected to create prohibitive costs or cause substantial reduction or loss of existing service. Variances may be granted for a period of not more than one year. The variance may be renewed by the Secretary upon approval by the committee. [Order 1150, § 248–17–150, filed 9/2/76.]

WAC 248–17–160 Ambulance operator, ambulance director record requirements. (1) Each ambulance operator or ambulance director shall have an organized record system which shall include the following minimum data:

(a) Records showing training levels of ambulance personnel.

(b) Records showing make and model of each ambulance.

(c) Records of each ambulance run which shall include, but not be limited to:

(i) Name of driver.

(ii) Name of attendant.

(iii) Date and time of medical emergency.

(iv) Length of time of ambulance in service.

(d) Types of injury/illness in the following categories:

(i) General trauma.
(ii) Heart emergencies.
(iii) Burn emergencies.
(iv) Head and/or spinal.
(v) Psychiatric emergencies.
(vi) Childbirth/infant emergencies.
(vii) Poison/drug emergencies.
(e) Name of hospital(s) where patient was delivered. [Order 1150, § 248-17-160, filed 9/2/76.]

WAC 248-17-170 Liability insurance. Each ambulance operator or ambulance director shall provide proof of current liability insurance coverage of ambulance vehicle(s) operated: *Provided*, That this requirement shall not apply to self-insured public bodies. [Order 1150, § 248-17-170, filed 9/2/76.]

WAC 248-17-180 First aid vehicle operator, first aid vehicle director requirements. (1) Each first aid vehicle operator or first aid vehicle director shall have an organized record system which shall include the following minimum data:
(a) Records of each emergency response which shall include, but not be limited to:
(i) Records showing training levels of personnel.
(ii) Name(s) of responding personnel.
(iii) Date and time of emergency.
(iv) Length of time first aid vehicle is in service.
(v) Name of service providing transportation (if needed).
(2) Each first aid vehicle operator or first aid vehicle director shall provide written information showing method(s) of coordination with transportation (ambulance) services which provide additional patient care. [Order 1150, § 248-17-180, filed 9/2/76.]

WAC 248-17-190 Personnel requirements. Any ambulance operated by an ambulance operator or ambulance director shall operate with sufficient personnel for adequate patient care, at least one of whom shall be an emergency medical technician under standards promulgated by the secretary. The emergency medical technician shall have responsibility for its operation and for the care of patients both before they are placed aboard the vehicle and during transit. If there are two or more emergency medical technicians operating the ambulance, a nondriving emergency medical technician shall be in command of the vehicle. The emergency medical technician in command of the vehicle shall be in the patient compartment and in attendance to the patient.

The driver of the ambulance shall have at least a certificate of advance first aid qualification recognized by the secretary.

Any first aid vehicle operated by a first aid vehicle operator or first aid director shall provide at least one person currently trained and certified in advanced first aid. That person shall be in attendance to the patient. [Order 1150, § 248-17-190, filed 9/2/76.]

WAC 248-17-200 Advanced first aid training. (1) A person shall be designated certified in advanced first aid upon successful completion of an advanced first aid training program provided by the American Red Cross, Department of Labor and Industry, or Fire Services Training, Commission for Vocational Education. No fees shall be required, other than fees charged by the provider. [Order 1150, § 248-17-200, filed 9/2/76.]

WAC 248-17-210 Emergency medical technician training. (1) Unless indicated otherwise by WAC 248-17-220 a person shall be designated certified as an emergency medical technician by the department upon completion of the following requirements:
(a) Each applicant shall have successfully completed a basic first aid training program as a prerequisite for entry into the emergency medical technician training program, and
(b) shall complete seventy-one hours of classroom training, and
(c) shall complete ten hours of in-hospital observation and training, and
(d) shall successfully complete a written and practical examination at the conclusion of the training program. Both the examination and the training program must be approved by the Department of Social and Health Services.
(e) A physician, endorsed by the committee, shall be responsible for overall supervision of the training program.
(2) Certification shall be valid for three years from the date of certification.
(3) Recertification shall be granted upon presenting written evidence of participation in a minimum of twenty hours of physician-directed or supervised training during the course of the three years the certification is in effect, and successful completion of written and practical tests which must be approved by the department.
(4) A fee of $1.00 shall be required for certification or recertification: *Provided*, That no fee shall be required for active volunteer personnel. [Order 1150, § 248-17-210, filed 9/2/76.]

WAC 248-17-220 Revocation, suspension or modification of certificate. (1) Grounds for denial, revocation, or suspension of an emergency medical technician certificate include but are not limited to proof that such emergency medical technician:
(a) Has been guilty of misrepresentation in obtaining the certificate;
(b) Has engaged or attempted to engage in, or represented himself as entitled to perform, any service not authorized by the certificate;
(c) Has demonstrated incompetence or has shown himself otherwise unable to provide adequate service; or
(d) Has violated or aided and abetted in the violation of any provision of chapter 18.73 RCW or the rules and regulations promulgated thereunder.

(e) Has demonstrated unprofessional conduct in the course of providing services. [Order 1150, § 248-17-220, filed 9/2/76.]

WAC 248-17-230 Appeal, revocation, suspension or modification of certificate. (1) No certificate issued pursuant to this chapter shall be revoked or suspended without formal written notification to the respondent from the Head, Emergency Medical Services. Such written notification shall state the cause of the revocation or suspension and shall advise the respondent of the right to appeal the revocation or suspension.

(2) No certificate of an emergency medical technician shall be denied, revoked, or suspended without formal written notification to the applicant or holder of the certificate from the department. The denial, revocation, or suspension shall become final thirty days after the date of mailing: *Provided*, That the applicant or holder of the certificate does not within thirty days from the date of mailing of the department's order of denial, revocation or suspension make written application to the department for a hearing. Upon receipt of a written application for a hearing, the department shall proceed to conduct a hearing in accordance with the requirements of the Administrative Procedure Act, chapter 34.04 RCW and the rules of practice and procedure issued by the department thereunder. [Order 1150, § 248-17-230, filed 9/2/76.]

WAC 248-17-240 Inspections and investigations. Periodically the department shall inspect licensed ambulances at the location of the ambulance station and licensed first aid vehicles at the location of the first aid vehicle station. Inspections shall include adequacy and maintenance of mechanical equipment and supplies and the mechanical condition of the vehicle, including mechanical and electrical equipment. [Order 1150, § 248-17-240, filed 9/2/76.]

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-18-050 Physical plant and operation—Water supply. [Regulation 18.050, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

(e) Has demonstrated unprofessional conduct in the course of providing services. [Order 1150, § 248-17-220, filed 9/2/76.]

WAC 248-17-230 Appeal, revocation, suspension or modification of certificate. (1) No certificate issued pursuant to this chapter shall be revoked or suspended without formal written notification to the respondent from the Head, Emergency Medical Services. Such written notification shall state the cause of the revocation or suspension and shall advise the respondent of the right to appeal the revocation or suspension.

(2) No certificate of an emergency medical technician shall be denied, revoked, or suspended without formal written notification to the applicant or holder of the certificate from the department. The denial, revocation, or suspension shall become final thirty days after the date of mailing: *Provided*, That the applicant or holder of the certificate does not within thirty days from the date of mailing of the department's order of denial, revocation or suspension make written application to the department for a hearing. Upon receipt of a written application for a hearing, the department shall proceed to conduct a hearing in accordance with the requirements of the Administrative Procedure Act, chapter 34.04 RCW and the rules of practice and procedure issued by the department thereunder. [Order 1150, § 248-17-230, filed 9/2/76.]

WAC 248-17-240 Inspections and investigations. Periodically the department shall inspect licensed ambulances at the location of the ambulance station and licensed first aid vehicles at the location of the first aid vehicle station. Inspections shall include adequacy and maintenance of mechanical equipment and supplies and the mechanical condition of the vehicle, including mechanical and electrical equipment. [Order 1150, § 248-17-240, filed 9/2/76.]

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-18-050 Physical plant and operation—Water supply. [Regulation 18.050, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-200 Patient care services—Orders, techniques, and procedure. [Order 91, § 248-18-200, filed 10/3/73; Regulation 18.200, effective 3/11/60; Subsec. 8, effective 1/11/61.] Repealed by Order 119, filed 5/23/75.

248-18-210 Patient care services—Specialized. [Order 83, § 248-18-210, filed 4/9/73; Regulation 18.210, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-340 Pharmacy—Definitions. [Regulation 18.340, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-350 Pharmacy—Functions. [Regulation 18.350, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-360 Pharmacy—Organization, administration and staffing. [Regulation 18.360, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-370 Pharmacy—Facilities. [Regulation 18.370, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-380 Pharmacy—Purchase, storage, labeling, and control, of drugs. [Regulation 18.380, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-390 Pharmacy—Bulk compounding of pharmaceuticals. [Regulation 18.390, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-400 Pharmacy—Distribution or issuance of drugs. [Regulation 18.400, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-410 Pharmacy—Handling of narcotics, barbiturates and tax free alcohol. [Regulation 18.410, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-420 Pharmacy—Access to pharmacy. [Regulation 18.420, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-430 Pharmacy—Responsibilities of pharmacist. [Regulation 18.430, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-450 Records and reports—Facilities. [Regulation 18.450, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-460 Records and reports—Medical records. [Regulation 18.460, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-470 Records and reports—Patient's basic medical records. [Regulation 18.470, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-480 Records and reports—Other records and reports. [Regulation 18.480, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.

248-18-535 Nursing unit—Special design features of specialized facilities. [Regulation 18.560, § 4, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-540 Nursing unit—Patient room and equipment. [Regulation 18.560, §§ 5-6, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-545 Nursing unit—Patient toilet and bathing facilities. [Regulation 18.560, § 7, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-550 Nursing unit—Miscellaneous facilities and equipment. [Regulation 18.560, §§ 8-28, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-570 Surgery suite—Major operating room. [Regulation 18.590, § 2, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.

248-18-575 Surgery suite—Minor operating room. [Regulation 18.590, § 3, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.

248-18-580 Surgery suite—Fracture room. [Regulation 18.590, § 4, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.

248-18-585 Surgery suite—Cystoscopy facilities. [Regulation 18.590, § 5, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.

248-18-590 Surgery suite—Scrub-up area. [Regulation 18.590, § 6, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.

248-18-595 Surgery suite—Miscellaneous. [Regulation 18.590, §§ 7-16, filed 1/25/62.] Repealed by Order 107, filed 1/13/75.

248-18-620 Newborn nursery facilities—Full term nursery unit. [Order 19, § 248-18-620, filed 2/11/69; Regulation 18.610, § 2, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-625 Newborn nursery facilities—Premature nursery unit. [Regulation 18.610, § 3, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-630 Newborn nursery facilities—Observation (or suspect) nursery unit. [Regulation 18.610, § 4, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-635 Newborn nursery facilities—Facilities for janitors, maids and nursery personnel. [Regulation 18.610, §§ 5-6, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-715 General design requirements—Building codes. [Regulation 18.770, § 1, filed 1/25/62.] Repealed by Order 50, filed 12/17/70.

248-18-720 Specific design requirements—Vector control. [Regulation 18.770, § 2, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-725 Specific design requirements—Elevators. [Regulation 18.770, § 3, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-730 Specific design requirements—Stairways, ramps and corridors. [Regulation 18.770, §§ 4, 5, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-735 Specific design requirements—Doors, windows and screens. [Order 106, § 248-18-735, filed 1/13/75; Order 83, § 248-18-735, filed 4/9/73; § 248-18-735, filed 10/3/67; Regulation 18.770, §§ 6-8, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-740 Specific design requirements—Floor finishes, wall surfaces and ceiling. [Order 9, § 248-18-740, filed 1/2/69; Regulation 18.770(9), filed 8/4/67; Regulation 18.770, §§ 9-11, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-745 Specific design requirements—Plumbing and sewerage. [Regulation 18.770, § 12, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-750 Specific design requirements—Heating. [Regulation 18.770, § 13, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-755 Specific design requirements—Ventilation. [Regulation 18.770, § 14, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-760 Specific design requirements—Incineration facilities. [Regulation 18.770, § 15, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-765 Specific design requirements—Electrical systems and emergency electrical service. [Order 83, § 248-18-765, filed 4/9/73; Regulation 18.770, §§ 16-17, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-770 Specific design requirements—Miscellaneous. [Order 83, § 248-18-770, filed 4/9/73; Regulation 18.770, §§ 18-23, filed 1/25/62.] Repealed by Order 119, filed 5/23/75.

248-18-800 Single license to cover two or more buildings—When permissible. [§ 248-18-800, filed 12/6/67.] Repealed by Order 119, filed 5/23/75.

248-18-810 Hospital license to cover attached nursing home building—When permissible. [Order 50, § 248-18-810, filed 12/17/70.] Repealed by Order 119, filed 5/23/75.

WAC 248-18-001 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Accredited" means approved by the Joint Commission on Accreditation of Hospitals or the Bureau of Hospitals of the American Osteopathic Association.

(2) "Acute cardiac care unit" means an intensive care unit for patients with heart problems.

(3) "Agent", when used in a reference to a medical order or a procedure for a treatment, means any power, principle or substance, whether physical, chemical or biological, which is capable of producing an effect upon the human body.

(4) All adjectives and adverbs such as adequate, approved, qualified, reasonable, reputable, satisfactory, sufficiently, or suitable, used in these rules and regulations to qualify a person, a procedure, equipment or building shall be as determined by the Washington State Department of Social and Health Services.

(5) "Board" means the Washington State Board of Health.

(6) "Department" means the Washington State Department of Social and Health Services.

(7) "He, him, his or himself" means a person of either sex, male or female, and does not mean preference for nor exclude reference to either sex.

(8) "Hospital" means any institution, place, building or agency which provides accommodations, facilities, and services over a continuous period of twenty–four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this act does not include hotels, or similar places furnishing only food and lodging, or simply domiciliary care; nor does it include clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty–four hours or more; nor does it include nursing homes, as defined and which come within the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital, or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this act or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denomination.

(9) "Intensive care unit" means a special physical and functional unit for the segregation, concentration and close or continuous nursing observation and care of patients who are critically, seriously or acutely ill and in need of intensive, highly skilled nursing service.

(10) "Legend drugs" are those drugs bearing the manufacturer's legend, "Federal law prohibits dispensing without a prescription".

(11) "Licensed practical nurse", abbreviated L.P.N., means a person duly licensed by the Washington State Board of Practical Nurse Examiners to practice practical nursing.

(12) "May" means permissive or discretionary with the Department.

(13) "Medical staff" means those physicians appointed by the governing authority to practice in the hospital.

(14) "New construction" means any of the following started after adoption of these rules and regulations:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversion of existing buildings or portions thereof for use as hospitals;

(d) Alterations other than minor alterations to existing hospitals except where an exemption has been granted by the Secretary of the State Department of Social and Health Services or his designee under WAC 248–18–010(4)(b).

(15) "Nursing home unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but who are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(16) "Patient" means a person who is receiving (or has received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the hospital.

(17) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(18) "Pharmacy" refers to the central area in a hospital where drugs are stored and are issued to hospital departments or where prescriptions are filled.

(19) "Pharmacist" refers to one currently registered as a pharmacist in the state of Washington under the provisions of chapter 18.64 RCW.

(20) "Physician" means a doctor of medicine or a doctor of osteopathy duly licensed in the State of Washington.

(21) "Physician's Assistant" means a person who is not a physician but is practicing medicine in accordance with the provisions of chapter 18.71A RCW and the rules and regulations promulgated thereunder or in accordance with provisions of chapter 18.57A RCW and the rules and regulations promulgated thereunder.

(22) "Prescription" means an order for drugs for a specific patient given by a duly licensed physician, dentist or other person legally authorized to write prescriptions, transmitted to a pharmacist for dispensing to the specific patient.

(23) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of mental patients (a part of which may be "open" and a part locked), as distinguished from "seclusion rooms" which are part of the general nursing unit in which psychiatric care and treatment are not the primary service.

(24) "Referred outpatient diagnostic service" means a service which is: provided to a person who is receiving his medical diagnosis, treatment and other health care services from one or more sources outside the hospital; limited to diagnostic tests and examinations which do

not involve the administration of a parenteral injection, the use of a local or general anesthesia or the performance of a surgical procedure; and ordered by a health care practitioner, legally permitted to order such tests and examinations, to whom the hospital reports the findings and results of the tests and examinations.

(25) "Registered nurse" means a graduate or professional nurse duly licensed under the provisions of the law regulating the practice of registered nursing in the State of Washington and is practicing in accordance with the rules and regulations promulgated thereunder.

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

(27) "Restraint" means any apparatus used for the purpose of preventing or limiting free body movement. This shall not be interpreted to include a safety device as defined herein.

(28) "Safety device" means a device used to safeguard a patient who because of his developmental level or condition is particularly subject to accidental self-injury.

(29) "Shall" means compliance is mandatory.

(30) "Should" means a suggestion or recommendation, but not a requirement.

(31) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering and involving any of the following: Incision, excision, or curettage of tissue or an organ; suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture; extraction of tissue including the premature extraction of the products of conception from the uterus; an endoscopic examination with use of a local or general anesthesia; or assisting a woman during the birth of a child and expulsion of the afterbirth.

(32) "Tuberculous patient" means a person who is receiving diagnostic or treatment services because of suspected or known tuberculosis. [Order 135, § 248-18-001, filed 12/6/76; Order 119, § 248-18-001, filed 5/23/75; Order 106, § 248-18-001, filed 1/13/75; Order 91, § 248-18-001, filed 10/3/73; Order 83, § 248-18-001, filed 4/9/73; Order 50, § 248-18-001, filed 12/17/70; Regulation 18.001, effective 3/11/60.]

WAC 248-18-010 Exemptions. (1) If a hospital that is required to be licensed under this act, does not normally provide a particular service or department, the section or sections of these regulations relating to such service or department will not be applicable.

(2) The state board of health may, in its discretion, exempt certain hospitals from complying with parts of these regulations which pertain to health and sanitation, when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the safety or health of the patients in the hospitals involved in jeopardy.

(3) The secretary of the department of social and health services or his designee may, upon written application:

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

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

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

All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the department and the hospital. [Order 142, § 248-18-010, filed 2/8/77; Order 119, § 248-18-010, filed 5/23/75; Order 50, § 248-18-010, filed 12/17/70; Order 22, § 248-18-010, filed 6/27/69; Order 10, § 248-18-010, filed 1/2/69; Regulation 18.010, effective 3/11/60; Subsection (3), filed 2/17/61.]

WAC 248-18-015 License expiration dates. The department shall issue hospital licenses initially and reissue hospital licenses as often thereafter as necessary to stagger license expiration dates throughout the calendar year so as to cause approximately one-twelfth of the total number of hospital licenses to expire on the last day of each month, but no license issued pursuant to this chapter shall exceed twelve months in duration: *Provided*, That, when the annual license renewal date of a previously licensed hospital is set by the department on a date less than twelve months prior to the expiration date of a license in effect at the time of issuance, the license fee shall be prorated on a monthly basis and a credit be allowed at the first renewal of a license for any period of one month or more covered by the previous license. If there is failure to comply with the provisions of chapter 70.41 RCW or this chapter, the department may, in its discretion, issue a provisional license to permit the operation of the hospital for a period of time to be determined by the department, but not to exceed twelve months. [Order 119, § 248-18-015, filed 5/23/75; Order 69, § 248-18-015, filed 1/13/72.]

WAC 248-18-017 Single license to cover two or more buildings--When permissible. When an applicant and the hospital facility for which such application is submitted meet the licensure requirements of chapter 70.41 RCW and chapter 248-18 WAC, the department may issue a single hospital license to include two or more buildings, provided such buildings are connected by an enclosed and heated passageway which has been

approved by the department. Such passageway shall be so constructed as to permit the transfer of patients, equipment, and supplies between the buildings. [Order 119, § 248-18-017, filed 5/23/75.]

WAC 248-18-018 Hospital license to cover attached nursing home building--When permissible. A building meeting the requirements of chapter 248-14 WAC and which has been approved by the department as a nursing home may be licensed as a part of a hospital by means of a hospital license rider provided:

(1) The hospital makes application for license of the nursing home facility as a part of the hospital;

(2) The hospital and nursing home facility organization, administration and operation are integrated;

(3) The nursing home facility is connected to the hospital by an enclosed, heated passageway which has been approved by the department for the transport of patients, equipment and supplies; and

(4) The hospital establishes and maintains a mechanism whereby placement and retention of patients in the nursing home facility are reviewed by a professional group representative of the hospital's administrative, medical and nursing staffs to assure that use of the nursing home facility is limited to patients who require nonacute, convalescent or chronic care only.

And further provided that where requirements of chapter 248-14 WAC affecting only the maintenance and operation of the nursing home facility are in conflict with chapter 248-18 WAC, then such conflicts may be resolved by each hospital individually: *Provided*, That maintenance and operation of the facility meet either chapter 248-14 WAC or chapter 248-18 WAC. [Order 119, § 248-18-018, filed 5/23/75.]

WAC 248-18-020 Approval of plans. (1) Plans and specifications for new construction other than minor alterations, shall be prepared by or under the direction of an architect duly registered in the state of Washington. It is strongly recommended that a narrative description of any proposed construction or alterations be submitted to the department prior to the preparation of any preliminary drawings.

(2) All new construction, other than minor alterations, shall be done in accordance with at least the specific minimum requirements of the board covering new construction in hospitals, including submission of preliminary plans and the submission and approval of final working drawings and specifications.

(3) Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes. [Order 119, § 248-18-020, filed 5/23/75; Regulation 18.020, effective 3/11/60.]

WAC 248-18-025 Required approval for occupancy after completion of new construction. (1) Prior to occupancy and use of a building or any room or other portion of a building which constitutes the whole or part of a new construction project, a hospital shall have obtained written authorization for such occupancy from the Department.

(2) The hospital shall notify the Department when either of the following has been substantially completed: an entire new construction project, or any room or other portion of a new construction project which the hospital plans to occupy before the entire new construction project is finished. Upon receipt of such notification, the Department shall confer with an appropriate representative of the hospital for mutual determination of the date(s) upon which the new construction project or the room or other portion of the project is to be inspected to determine if approval for occupancy may be granted.

(3) The Department shall authorize occupancy if the new construction has been completed in accordance with chapter 248-18 WAC and the Department has received written approval of such occupancy from the State Fire Marshal.

(4) The Department may authorize occupancy of a building or any room or other portion of a building when the new construction is deficient in relation to chapter 248-18 WAC: *Provided*, That the Department has determined, after thorough investigation and consideration, that the deficiencies will not impair services to patients or otherwise jeopardize the safety or health of patients, the hospital has provided written assurance of completion or correction of deficient items within a period of time acceptable to the Department, and the Department has received written approval of such occupancy from the State Fire Marshal. [Order 123, § 248-18-025, filed 3/18/76.]

WAC 248-18-030 Organization and staff--Medical staff. (1) Rules, regulations and policies covering the activities of the medical staff shall be established.

(2) It is recommended that the organization and functions of the medical staff be in accordance with the standards of the joint commission on accreditation of hospitals or the bureau of hospitals of the American Osteopathic Association.

(3) Each person admitted to the hospital shall be under the professional care of a member of the medical staff.

(4) Arrangements shall be made to have a physician on call at all times for emergencies. [Order 119, § 248-18-030, filed 5/23/75; Regulation 18.030, effective 3/11/60.]

WAC 248-18-035 Infection control program. The hospital shall have a continuing infection control program. The responsibility for the infection control program shall be vested in an infection control committee which shall include the hospital administrator or his designee and representatives of the medical staff and the nursing department.

(1) The infection control committee shall establish and maintain:

(a) A current system for discovering, reporting, investigating and reviewing infections among patients and personnel and maintaining records on such infections;

(b) A current system for surveillance of food handling practices, care and handling of medical supplies and equipment, laundry, housekeeping and maintenance in relation to potential for transmission of infection;

(c) Current written policies and procedures designed to ensure adherence to recognized standards of medical asepsis in all patient care services;

(d) Current written policies and procedures designed to ensure observance of recognized standards of isolation technic [technique] in the care of any patient with a known or suspected communicable disease (including infected lesions or wounds); and

(e) A current system for reporting communicable diseases in accordance with regulations of the State Board of Health, chapter 248-100 WAC.

(2) The infection control committee shall meet on a regular basis not less than quarterly and shall hold special meetings when necessary to meet their responsibilities in dealing with infection control problems.

Written minutes of all meetings of the infection control committee shall be kept on file. [Order 119, § 248-18-035, filed 5/23/75; Order 107, § 248-18-035, filed 1/13/75.]

WAC 248-18-040 Personnel. (1) There shall be sufficient qualified personnel to properly operate each department of the hospital.

(2) The department of nursing shall be under the direction of a registered nurse. There shall be an adequate number of registered nurses on duty at all times.

(3) All nonprofessional employees performing nursing service functions shall be under the direct supervision of a registered nurse.

(4) Each employee shall have on employment and annually thereafter a tuberculin skin test by the Mantoux method. A positive test will consist of 10 mm of induration, or greater, read at 48-72 hours. Positive reactors shall have a chest x-ray within 90 days. A record of test results, x-rays, or exemptions to such will be kept in the facility.

Exceptions:

(a) Positive reactors (as defined above) shall have an annual screening in the form of a chest x-ray.

(b) Positive reactors 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.

(c) Positive reactors who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(d) An employee who states 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.

(5) Employees with a communicable disease in an infectious stage shall not be on duty. [Statutory Authority: RCW 43.20.050. 80-02-003 (Order 191), § 248-18-040, filed 1/4/80; Order 121, § 241-18-040, filed 9/18/75; Order 119, § 248-18-040, filed 5/23/75; Order 91, § 248-18-040, filed 10/3/73; Order 76, § 248-18-040, filed 1/9/73; Regulation 18.040, effective 3/11/60.]

WAC 248-18-055 Water supply. (1) There shall be an adequate supply of hot and cold water under pressure which conforms to the quality standards of the department.

(2) Hot water supplied for bathing and handwashing purposes shall be at a safe temperature. [Order 119, § 248-18-055, filed 5/23/75.]

WAC 248-18-060 Plumbing. The water supply plumbing, the fixtures, and the waste and drainage system of the hospital shall be 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 248-18-070 Staff facilities. (1) Adequate and conveniently located toilet and lavatory facilities shall be provided for employees separate from patient facilities.

(2) Paper towels in a satisfactory dispenser or some other acceptable type of single use towels and a satisfactory receptacle for used towels shall be provided at all plumbing fixtures used for handwashing.

(3) Dressing rooms for surgical, delivery, and nursery department personnel should be provided within these areas to facilitate changing to scrub uniforms. [Order 119, § 248-18-070, filed 5/23/75; Regulation 18.070, effective 3/11/60.]

WAC 248-18-080 Storage. There shall be a sufficient amount of suitable storage space throughout the hospital for all supplies and equipment. [Order 119, § 248-18-080, filed 5/23/75; Regulation 18.080, effective 3/11/60.]

WAC 248-18-090 Heating. All heating systems shall be 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 248-18-100 Lighting and wiring. All usable rooms and areas of the hospital shall be lighted adequately by natural and/or artificial light. Appropriate electrical service shall be provided in all areas of the hospital adequate to meet the electrical demand of the equipment or fixtures used in these areas. [Order 119, § 248-18-100, filed 5/23/75; Regulation 18.100, effective 1/11/61.]

WAC 248-18-110 Emergency light and power. (1) Flashlights or battery-operated lamps shall be available to employees 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 248-18-120 Ventilation. All patient rooms, all rooms in which personnel routinely work and the rooms which, because of use, might have objectionable odors and/or excessive condensation shall be adequately ventilated by windows, ducts or mechanical means. [Order 119, § 248-18-120, filed 5/23/75; Regulation 18.120, effective 1/11/61.]

WAC 248-18-130 Corridors and doors. (1) Corridor and door widths shall be adequate to permit the free movement of patients on standard size wheeled stretchers.

(2) Doors shall not swing into the corridors so as to constitute a hazard. [Order 119, § 248-18-130, filed 5/23/75; Regulation 18.130, effective 3/11/60.]

WAC 248-18-135 Carpets. (1) Carpets may be used in the following nonpatient occupied areas: Administrative areas; lobbies, lounges; waiting area; chapels, nurses' station; dining rooms; corridors; 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 248-18-140 Stairways, ramps, and elevators. (1) When vertical transportation of patients is necessary, adequate elevators or ramps shall be provided.

(2) All stairways and ramps shall have nonskid surfaces.

(3) Stairways and ramps shall have handrails on both sides.

(4) Open stairs and ramps shall have adequate protection. [Order 119, § 248-18-140, filed 5/23/75; Regulation 18.140, effective 3/11/60.]

WAC 248-18-150 Maintenance. (1) The hospital, 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 248-18-180 Food and food service. Food service sanitation standards in both new and existing hospitals shall be governed by chapter 248-84 WAC. [Order 119, § 248-18-180, filed 5/23/75; § 248-18-180, filed 12/6/67; Regulation 18.180, effective 3/11/60.]

WAC 248-18-190 Patient care services, general. (1) Nursing Services Facilities.

(a) Nurses' station. A nurses' station of adequate size with chart desk and telephone shall be provided in a suitable location on each nursing unit.

(b) Utility room or space. On each nursing unit an adequate, properly equipped, utility space or area shall be provided for the preparation, cleaning and storage of nursing supplies and equipment which is carried out on the nursing unit. This utility space shall be so arranged as to provide for separation of clean and soiled supplies and equipment.

(c) Toilet and bathing facilities.

(i) There shall be at least one water closet, lavatory and bathing facility reserved for patient use on each patient floor, and such additional toilets, lavatories, and bathing facilities to adequately meet the needs of the patients on each nursing unit.

(ii) Grab bars properly located and securely mounted shall be provided at patient bathing facilities and water closets.

(iii) Some means of signalling by the patient while in the toilet room or bath room shall be provided in a proper location.

(iv) A lavatory shall be provided in or convenient to every toilet room.

(v) Paper towels in a satisfactory dispenser or some other acceptable type of single use towel and a satisfactory receptacle for used towels shall be provided at all lavatories.

(d) Isolation room or unit.

(i) There shall be a suitable room or unit which shall be used to carry out isolation technic [technique] for care of the patients with known or suspected communicable diseases, including patients with wound infections.

(ii) This room or unit shall contain a lavatory with elbow, knee or foot faucet control.

(e) Seclusion room. When special accommodations are provided for seriously disturbed patients, the layout, design of details, equipment, and furnishings shall be such that patients may be under close observation and will not be afforded opportunities for hiding, escape, injury to self or others, or suicide.

(f) Storage and handling of drugs.

(i) Medicines, poisons, and other drugs shall be stored in a specifically designated and well illuminated medicine cupboard, closet, cabinet, or room accessible only to persons authorized to administer or dispense drugs. Separate compartments shall be provided for the storage of drugs for internal use and those for external use.

(ii) A separate locked drawer, compartment, cabinet, or safe shall be provided for the storage of narcotics.

(iii) Suitable facilities including ample light, running water and sufficient work area shall be provided for the preparation of dosages for patients.

(iv) All drugs shall be plainly labeled with the name of the drug, the strength and the date of issue. Individual prescriptions shall be labeled with the prescription number, the patient's name, the name of the drug, the strength, the date of issue, and the name of the physician who prescribed the drug.

(g) Patient room facilities.

(i) All patient rooms shall be outside rooms with adequate windows of clear glass.

(ii) Single rooms shall contain at least 80 square feet and multi-bed rooms shall contain at least 70 square feet per adult bed and youth bed or crib, 60 square feet per crib of 5 feet or less in length, and 40 square feet per bassinet for pediatric bassinets.

(iii) Rooms shall have at least 7-1/2 foot ceiling height over the required area.

(iv) No room, the floor of which is more than 3 feet, 6 inches below grade, shall be used for the accommodation of patients.

(v) There shall be at least 3 feet between beds.

(vi) Rooms shall be arranged so as to permit the movement of a wheeled stretcher to the side of each bed.

(vii) There shall be sufficient and satisfactory storage space for clothing, toilet articles and other personal belongings of patients.

(viii) Sufficient electrical outlets shall be provided to permit the use of bed lamps, radios and other electrical equipment as required.

(h) Patient room furnishings.

(i) A hospital type bed with suitable mattress, pillow and necessary coverings shall be provided for each patient.

(ii) There shall be a bedside stand or cabinet and chair for each patient.

(iii) Means for signalling nurses shall be provided within easy reach of each bed when appropriate.

(iv) A sufficient number of cubicle curtains or screens shall be available to assure privacy for patients when indicated.

(v) A properly designed bed lamp shall be provided at each bed when appropriate.

(2) Supplies and equipment for patient care.

(a) There shall be sufficient equipment and supplies for patient care.

(b) Each patient shall be provided with individual bedside utensils.

(c) All supplies and equipment used in patient care shall be properly cleaned and/or sterilized between use for different patients.

(d) Methods for cleaning, handling and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use.

(e) After discharge of a patient, the bed, mattress, cover, bedside furniture, and equipment shall be properly cleaned.

(f) Mattresses, blankets, and pillows, assigned to patients, shall be in a sanitary condition. The mattress, blankets and pillows used for a patient with an infection shall be sanitized in an acceptable manner before they are assigned to another patient.

(3) Orders, techniques, and procedures.

(a) Written orders signed by a member of the medical staff shall be required for all medications and treatments given to patients.

(b) A recognized standard procedure for the administration of medications shall be established and carried out. This procedure shall be written and readily available to all personnel responsible for medications.

(c) A standard isolation technique shall be established and practiced in caring for patients with known or suspected communicable diseases.

(d) There shall be a reliable method for personal identification of each patient.

(e) A recognized standard procedure for the handling and administration of blood shall be established to insure the safety of the patient. This procedure shall be written and readily available to all personnel responsible for the administration of blood.

(f) There shall be provision for personnel to gain immediate access to patient rooms, toilets, showers, and bathrooms should any emergency occur to a patient in any one of these areas.

(g) The hospital shall establish safety policies and procedures for the care of the patients who because of their age or condition are not responsible for their acts.

(h) Adequate nursing care shall be provided to all patients.

(i) There shall be written policies governing smoking by personnel, patients, visitors and others within the hospital. Policies shall be designed to prohibit smoking where or when smoking may cause discomfort to a patient or constitute a safety hazard. [Order 119, § 248–18–190, filed 5/23/75; Regulation 18.190, effective 3/11/60.]

WAC 248-18-202 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, at the discretion of the department, be permitted to use one operating room for surgical operations and obstetrical deliveries provided the hospital has only 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. 80-09-053 (Order 201), § 248-18-220, filed 7/14/80; 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 248-18-222 Birthing rooms. (1) Definitions.

(a) "Birthing room" means a room designed, equipped and arranged to provide for the care of a woman and newborn and to accommodate her support persons during the complete process of vaginal childbirth (three stages of labor and recovery of woman and newborn).

(b) "Rooming in" means an arrangement for a mother and infant to remain together during the hospital stay with provision for family interaction.

(2) In those hospitals, where labor and birth are planned and permitted to occur in the same room, (by hospital policy), birthing room(s) shall be provided and shall comply with the following regulations:

(a) A birthing room shall be adequate and appropriate to provide the equipment, staff, supplies, emergency procedures and short term rooming in required for the physical and emotional care of a woman, her support person(s), and the newborn during labor, delivery and the immediate post-partum period.

(b) Usable floor area shall be sufficient to accommodate patient, furnishings, staff, her support persons, equipment, and movement necessary for the care of the woman and newborn.

(c) A lavatory equipped with a gooseneck spout and wrist, knee, or foot faucet control shall be located within the birthing room or within the immediate vicinity of the birthing room.

(d) A designated lavatory and water closet shall be conveniently located for use of patient and her support person(s).

(e) A bathing facility shall be available for patient use.

(f) There shall be an enclosed cabinet(s) or cart(s) readily accessible for storage of necessary linens, instruments, supplies, medications and equipment used in the care of the woman and newborn.

(g) There shall be wardrobe unit(s) or closet(s) in the vicinity for the belongings of the patient and her support person(s).

(h) Adequate portable or fixed work surface area shall be maintained for use in the birthing room.

(i) There shall be a nurse signaling device accessible and operating for each patient. There shall be an adequate and appropriate device for use of staff and within reach to summon emergency back-up personnel when needed.

(j) Emergency power for lighting and operation of equipment shall be immediately available.

(k) Floors, walls, cabinets, ceilings and furnishings shall be easily cleanable. Carpets shall not be permitted.

(3) Adequate and appropriate size and type of equipment and supplies for woman and newborn shall be readily available and shall include:

(a) A bed suitable for labor, birth and recovery.

(b) Separate oxygen with flow meters and masks or equivalent for mother and newborn.

(c) Mechanical suction for a woman and De Lee or bulb suction for newborn.

(d) Resuscitation equipment to include resuscitation bags and masks, endotracheal tubes, laryngoscopes and oral airways.

(e) Provision to monitor and maintain optimum body temperature of newborn. A radiant heat source shall be available for unstable newborns. An appropriate newborn incubator shall be available.

(f) Newborn bed.

(g) General lighting source and provision for examination lights.

(h) A clock with a sweep second hand visible from room(s).

(i) Newborn scale.

(j) Provision for soiled linen and waste material which shall be enclosed or covered during transport.

(4) Written operational policy, procedures and means for implementation shall be available and shall include:

(a) Definition of the patients who may be admitted to birthing room(s).

(b) Definition of patients who shall not be admitted to birthing room(s).

(c) Identification of the woman or newborn whose conditions are determined to be inappropriate for continued care in a birthing room(s).

(d) Definition of visitors and support persons who may be admitted to the birthing room(s).

(e) A written plan for consultation, emergency transfer and/or transport of an infant to a newborn nursery or neo-natal intensive care nursery.

(f) A written plan for consultation, emergency transfer and/or transport of a woman to an appropriate obstetrical department or patient care area.

(g) Prophylactic treatment of eyes of the newborn in accordance with RCW 70.24.040, WAC 248-100-295 now or as hereafter amended.

(h) A blood specimen for detection of congenital metabolic disorders immediately prior to discharge or release from the hospital in accordance with RCW 70.83.020, WAC 248-102-010, now or as hereafter amended.

(i) Assignment and utilization of personnel from the birthing room(s) to other areas of the hospital and from other areas of the hospital to the birthing room(s).

(j) Infection control, e.g., screening of visitors/support person(s).

(5) Medical direction and supervision.

(a) The medical services provided in birthing room(s) shall be directed by a physician member(s) of the active medical staff who has experience in obstetrics and the immediate newborn period and whose functions and scope of responsibility shall be as delineated by the medical staff.

(b) Hospital birthing rooms shall be under the supervision of a registered nurse or licensed midwife prepared through education and experience in obstetrical and newborn nursing and family orientation to birthing.

(6) There shall be review and revision of policies, procedures and functions in the birthing room(s) as needed and, in addition, at least one such review every three years by an appropriate interdisciplinary committee, including medical staff and nursing services, with a report to the executive committee of the medical staff and to the administration.

(7) Record keeping shall include the following:

(a) Adequate and specific notes describing newborn and maternal status during labor, birth and recovery.

(b) Completion of birth certificate.

(c) Verification of initial identification of the newborn.

(d) Documentation that the metabolic screening specimen was obtained and forwarded as specified in RCW 70.83.020, chapter 248-102 WAC, now or as hereafter amended.

(e) Medical records, register(s) and index(es) as described in WAC 248-18-440(3), (6), and (7). [Statutory Authority: RCW 43.20.050. 80-03-085 (Order 195), § 248-18-222, filed 3/4/80.]

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.

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

(ii) Anesthesia and social services shall be available.

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

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

(k) 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 248-18-225 Acute cardiac care unit. (1) There shall be an electrocardiographic monitor with an oscilloscope and audio alarm system for each bed used for acute cardiac care within the unit.

(2) There shall be emergency medical supplies and equipment, including a direct current defibrillator, in a location that makes it possible to bring them to any patient within the acute cardiac care unit within 60 seconds.

(3) In each patient room, there shall be an emergency signal device which registers at a location from which additional assistance is always available. (Such an emergency signal device is recommended for each bed.)

(4) Patient beds shall have removable head boards.

(5) Emergency electrical service shall be provided for patient room lighting and operation of monitoring equipment and other critical patient care equipment in the acute cardiac care unit. The emergency electrical service shall be automatic and not require any manual action to put it into operation after failure of the regular electrical service.

(6) The following additional equipment is required at the nurses' station: a "slave" oscilloscope with an electrocardiogram rate meter and a direct writing strip recorder connected to each patient's oscilloscope.

(7) There shall be written policies and procedures pertinent to patient care within the acute cardiac care unit. Policies and procedures shall be made known and readily available to all physicians, nurses and other personnel who have responsibility for services within the unit, shall be observed in the care of patients, and shall be kept current by periodic review and revision.

(a) There shall be a written policy which ensures that at all times a representative of the medical staff serves as medical director of the acute cardiac care unit. The functions and responsibilities of the medical director shall be delineated.

(b) There shall be written policies defining physicians' responsibilities for patients within the acute cardiac care unit.

(c) There shall be written policies governing the admission, transfer or discharge of patients in the acute cardiac care unit. These policies shall establish criteria and priorities for admission and transfer of patients and provide for a physician's examination of each patient immediately prior to admission to the acute cardiac care unit or as soon as possible thereafter.

(d) There shall be written medical policies and orders to guide the action of nurses and other personnel when a medical emergency is imminent or arises and a physician is not present. These shall: delineate the circumstances for which particular policies and orders are to be followed; provide for a physician to be called as rapidly as possible; delineate the minimum qualifications or training of persons who may execute particular medical orders; and, be approved in writing by appropriate representatives of the medical, nursing and administrative staffs. An order for the administration of a drug or

other treatment during a medical emergency shall include: a description of the treatment which includes the name of each drug or other agent; the dosage, concentration or intensity of a drug or other agent; the route or method of administration; and, where pertinent, the time interval, frequency or duration of administration. There shall be written procedures, approved in writing by a representative of the medical staff, for any use of defibrillators, pacemakers, respirators and other special medical equipment by non-physician personnel.

(e) There shall be written policies and procedures governing the care and maintenance of equipment used in the care of patients. These shall be designed to ensure that equipment is safe and operable at all times.

(f) There shall be written policies and procedures governing special diagnostic and therapeutic services to patients in the acute cardiac care unit. These shall establish the working relationships between the acute cardiac care unit and the other services and delineate the role and functions of personnel of other diagnostic and treatment services in the care of patients in the acute cardiac care unit, on both a regular and emergency basis.

(g) There shall be written policies and procedures governing other support services for the acute cardiac care unit such as housekeeping, dietary, and routine building maintenance.

(8) At all times, there shall be on duty in the hospital at least two nursing personnel who have responsibility for the care of patients in the acute cardiac care unit, and who can reach the bedside of any patient in the acute cardiac care unit within 60 seconds. At least one of these nursing personnel shall be a registered nurse who has received training on the safe and effective use of the specialized equipment and procedures employed in cardiac monitoring, other care of the acutely ill cardiac patient, and cardio-pulmonary resuscitation.

(9) There shall be a written job description for each position classification for personnel caring for patients within the acute cardiac care unit.

(a) Each job description shall include: the job title, the definition of the position with direct line and working relationships, a summary of the duties and responsibilities, and the minimum qualifications.

(b) Qualifications listed in a job description shall include the education, training, experience, knowledge and special abilities required for the position.

(c) The appropriate job description shall be explained to each employee and shall be used thereafter as one of the bases for evaluating his performance.

(d) Job descriptions shall be reviewed and revised so they are kept current.

(10) There shall be a planned educational program for each employee having a responsibility for services in the acute cardiac care unit, to develop the competencies needed to perform the duties and responsibilities assigned to him.

(a) A planned, supervised orientation shall be provided to each new employee to acquaint him with the organization of the hospital, the physical plant layout, his particular duties and responsibilities and the policies, procedures and equipment pertinent to his work.

(b) A planned, on-the-job training program shall be provided to any employee who has not been prepared for his basic job responsibilities through completion of a recognized, formal educational program.

(c) Each employee shall be provided training for the performance of the specific functions, duties and procedures for which he is responsible, but lacks adequate training or experience.

(d) A continuing education program shall be provided for personnel to enable them to maintain and improve their skills as well as to learn new techniques.

(e) A record shall be maintained of the orientation, on-the-job training and continuing education provided for an employee. The data contained in this record shall be sufficient to allow determination of whether or not the employee has received the training or education necessary to safe and effective performance of his functions and duties. [Order 119, § 248-18-225, filed 5/23/75; Order 83, § 248-18-225, filed 4/9/73.]

WAC 248-18-230 Nursing home unit. (1) A day room (lounge, solarium, dining room, and/or recreation room) shall be provided on each floor having a nursing home unit. This shall be an outside room.

(2) There shall be suitable outdoor space for patient recreation.

(3) Handrails shall be provided on both sides of all corridors.

(4) A sufficient number of toilets, lavatories and bathing facilities shall be provided.

(5) Separate toilet rooms shall be provided for each sex.

(6) Patient bathrooms and toilets shall be arranged to accommodate wheelchair patients.

(7) A shower stall in which a chair on wheels may be used or an elevated island tub should be provided.

(8) A suitable chair with arms shall be provided for each patient who is not bedfast.

(9) The diet for the long-term patient shall be varied and high in protein, calcium, iron, and vitamins unless a special diet is ordered by the physician.

(10) Every patient room shall be an outside room permitting entrance of natural light. The clear glass window area through which patients can see the outdoors shall be not less than one-eighth of the entire floor area. Rooms, any portion of which are below grade at required windows, shall have the clear window area equal to not less than one-fifth the entire floor area of the room. [Order 119, § 248-18-230, filed 5/23/75; Regulation 18.230, effective 3/11/60; subsec. 10, effective 1/11/61.]

WAC 248-18-240 Psychiatric unit. (1) The layout, design of details, equipment, and furnishings of a psychiatric unit shall be such that patients may be under close observation and will not be afforded opportunities for hiding, escape, injury to self or others, or suicide.

(2) Separate toilet rooms shall be provided for men and women.

(3) Adequate space suitably equipped shall be provided for a day room, a dining area, and occupational therapy. If large enough and properly arranged, one area may serve for more than one of these purposes.

(4) A treatment room shall be provided within the unit.

(5) Adequate provision shall be made for interviews with patients and/or their families in privacy.

(6) There should be suitable outdoor space for patient recreation. [Order 119, § 248-18-240, filed 5/23/75; Regulation 18.240, effective 3/11/60.]

WAC 248-18-245 Care of tuberculosis patients. (1) Any hospital which provides inpatient services to both tuberculous and 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 laminocraphy.

(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 248-18-250 Surgery suite. (1) There shall be an operating room (or rooms) properly equipped and of adequate size to accommodate the equipment and personnel required and allow for aseptic technique.

(2) The surgical suite shall be located in a segregated area out of the line of traffic of visitors and personnel from other departments.

(3) The arrangement of the rooms and areas within the surgical suite shall be such as to prevent traffic through the operating room(s).

(4) Adequate scrub-up facilities providing hot and cold running water and equipped with knee, foot, or elbow faucet control shall be provided in or adjacent to the operating room.

(5) There shall be adequate provision for washing instruments and equipment, which are to be cleaned within the surgery suite.

(6) The surgery suite shall be under the supervision of a registered nurse. [Order 119, § 248-18-250, filed 5/23/75; Regulation 18.250, effective 3/11/60.]

WAC 248-18-260 Sterilizing and supply service. (1) The hospitals shall make adequate provisions within the hospital for proper sterilization of supplies, equipment, utensils, and solutions.

(2) Sterilizers and autoclaves of the proper type and necessary capacity for adequate sterilization shall be provided and maintained in a satisfactory condition.

(3) Standard procedures for the sterilization of the various types of supplies, equipment, utensils, and solutions shall be established and carried out. These procedures shall be written and readily available to all personnel responsible for sterilization procedures.

(4) The hospital shall adopt a recognized method of checking sterilizer performance.

(5) Clean and sterilized supplies and equipment shall be kept separate from soiled and contaminated supplies and equipment. [Order 119, § 248-18-260, filed 5/23/75; Regulation 18.260, effective 3/11/60.]

WAC 248-18-270 Use of medical gases, combustible anesthetics. In rooms where combustible anesthetic (cyclopropane, divinyl ether, ethyl chloride, ethyl ether, and ethylene) agents are used, the installation, maintenance, and use of equipment and other precautions observed by personnel shall be in accordance with 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 248-18-285 Emergency care services. The hospital shall have a well defined system for providing emergency care services. The nature and scope of the hospital's emergency care services should be in accord with the community's needs and the hospital's capabilities.

(1) The hospital shall provide the following basic, outpatient emergency care services.

(a) Assessment of a person's condition to determine the nature, acuity, and severity of the person's immediate medical need.

The condition of each person, who comes or is brought to the hospital for emergency medical care, shall, upon arrival, be assessed by a registered nurse, physician, or physician's assistant for the purpose of determining the

nature and urgency of the person's medical need and the timing and place of the person's care and treatment.

(b) Immediate diagnosis and treatment of any life threatening cardiac arrythmia, respiratory insufficiency or shock.

(c) Appropriate transfer or referral of a patient who needs medical care services not provided by the hospital. Prior to transfer of an emergency patient to another health care facility, the hospital shall:

(i) Perform the emergency procedures needed to minimize aggravation of the patient's condition during transport to the other health care facility; and

(ii) Ascertain that the means by which the patient is to be transported to the other health care facility are suitable for the patient.

(2) A hospital shall not be required to comply with WAC 248-18-285(3)(h), WAC 248-18-285(4)(a) and (d), WAC 248-18-285(5)(a) and WAC 248-18-285(6)(a) if the hospital does not offer outpatient emergency care services regularly and only provides the outpatient emergency services required under WAC 248-18-285(1) to the occasional emergency patient who comes or is brought to the hospital by chance.

(3) The hospital shall have, in effect, written policies and procedures which supplement and are coordinated with the hospital's basic policies and are specific to emergency care services. These policies and procedures shall be: reviewed and revised as necessary to keep them current and, in any case, at least annually; dated and approved in writing by appropriate representatives of the hospital's administrative, medical, and nursing staffs; and made known and readily available to physicians, nurses, and other persons having a responsibility for emergency care services. Policies and procedures pertaining to emergency care services shall include the following.

(a) Policies on the scope and extent of the emergency care services to be provided.

(i) The hospital shall establish the conditions under which treatment is to be provided in the emergency care area, the types of procedures that are to be performed in another area of the hospital (e.g., surgery) rather than the emergency area, the conditions under which a patient is to be admitted as an inpatient, the conditions under which a patient is to be transferred to another health care facility, the conditions under which a patient is to be referred to a private physician or another health care facility, and the conditions under which arrangements should be made for a patient to return to the hospital for treatment.

(ii) A patient shall not be transferred to another health care facility until the other health care facility has been contacted and has consented to accept the patient.

(iii) A record containing the following data shall be sent with an emergency patient who is transferred to another health care facility: patient identification data, identification of the patient's illness or injury, treatment given to the patient, and an appraisal of the patient's condition upon transfer.

(b) Policies and procedures which prescribe the course of action to be taken when the number of emergency patients, who have arrived or are expected, constitute an overload for the emergency service facilities and staff on hand.

The hospital shall establish who is to be notified when an overload of emergency patients occurs, the conditions under which arrangements are to be made for care of some emergency patients at other hospitals, the conditions under which additional physicians, nurses, and other persons are to be summoned, the methods by which necessary, additional supplies and equipment are to be obtained, and the conditions under which rooms and areas outside the emergency service area of the hospital are to be used for emergency care and treatment.

(c) Medical policies, standing emergency medical orders, and written medical procedures to guide the action of nurses and other personnel when a person presents a medical emergency and a physician is not present.

(i) Medical policies shall delineate the circumstances under which particular medical policies are to be followed, provide for a physician to be called as rapidly as possible, and establish the minimum qualifications or training of persons who may execute particular emergency medical orders.

(ii) There shall be written procedures, approved in writing by a representative of the medical staff, for any use of defibrillators, respirators or other special medical equipment and for the performance of the special, emergency medical procedures listed in WAC 248-18-285(4)(c).

(iii) A standing medical order for administration of a drug or other treatment during a medical emergency shall include: a description of the treatment which includes the name of any drug or other agent; the dosage, concentration or intensity of any drug or other agent; the route or method of administration; where pertinent, the time interval, frequency, or duration of administration; and the signature of a representative of the medical staff.

(d) Policies which delineate medical staff responsibilities for emergency care services as related to assigned clinical privileges, physician coverage of emergency care services, and physician participation in the training of personnel.

(e) Policies regarding the notification of an emergency patient's next of kin or legal guardian.

(f) Policies relevant to obtaining consent for treatment from an emergency patient or other person who may legally give consent for treatment of the patient.

These shall include instructions regarding action to be taken when the condition of an emergency patient and the absence of another person legally able to act on behalf of the patient make it impossible to gain an informed consent for critically needed treatment or consent for critically needed treatment is refused.

(g) Policies and procedures pertaining to the care and handling of persons whose conditions require special medical or medico-legal consideration.

(i) Policies and procedures shall prescribe the course of action to be followed in the care of persons who manifest severe emotional disturbances, are under the influence of alcohol or other drugs, are victims of suspected child abuse, are victims of other suspected criminal acts, have a contagious disease, have been contaminated by radioactive material, are diagnosed dead on arrival, or present other conditions requiring special directions regarding action to be taken.

(ii) Definite provision shall be made for communications, as indicated, with health authorities, police or coroner relative to a person whose condition or its cause are reportable.

(h) Policies governing special diagnostic and therapeutic services (e.g., clinical laboratory, x–ray, pharmacy, surgery) to emergency patients.

These shall be designed to ensure prompt availability of necessary diagnostic and therapeutic services and establish the types, scope, and extent of the special diagnostic and therapeutic services to be provided for the care of emergency patients.

(i) Policies regarding notification of an emergency outpatient's personal physician and procedures for transfer of relevant reports to the personal physician.

(j) Policies regarding disclosure of information about an emergency patient.

(4) Organization and staffing for emergency care services shall be in accord with the anticipated patient load and the services provided by the hospital.

(a) There shall be a physician responsible for the medical direction of the hospital's emergency care services. This physician shall be a representative of the medical staff or a physician whose services the hospital has arranged on a regular basis. The functions and responsibilities of the physician responsible for medical direction of the emergency care services shall be delineated in writing and made known to members of the medical and nursing staffs.

(b) At all times, there shall be a physician on duty or call for emergency care services. A current schedule of the names of on–call physicians and the telephone numbers of these physicians or the call service(s) through which they can be contacted rapidly shall be posted in the emergency care area.

(c) At all times, there shall be on duty within the hospital at least one registered nurse who is immediately available and responsible for emergency care services and who is qualified to perform the following: administration of intravenous fluids, electrocardiography and defibrillation of life threatening arrythmias, cardio–pulmonary resuscitation, control of hemorrhage, gastric lavage, and basic neurological evaluation. It is recommended that such a nurse also be qualified to perform endotracheal intubation and arterial puncture.

(d) There shall be additional nursing staff and other personnel for emergency care services as are necessary to provide the types and amount of care required by patients.

(i) Staffing for emergency care services shall be adequate to ensure that each applicant for emergency medical care is seen within a period of time commensurate with the nature, acuity and severity of his or her immediate medical need.

(ii) Each hospital employee engaged in the provision of emergency care shall have had the education and training necessary to perform the emergency medical procedures and other functions and duties for which he or she may be responsible.

(5) The physical plant facilities, equipment, and supplies for emergency care services shall be commensurate with the scope, types and volume of the services provided by the hospital.

(a) A hospital which regularly offers emergency care services shall maintain a distinct emergency service area.

(i) The emergency service area shall be in close proximity to an emergency entrance and separate from the surgery and delivery suites and inpatient nursing units.

(ii) The emergency service area shall provide adequate space for reception and screening of patients and have examination, treatment, and observation rooms in such numbers, sizes, and arrangements as are necessary to assure safe and effective treatment of patients.

(iii) There shall be some means of providing visual privacy to patients in all rooms or areas in which patients are examined or treated.

(iv) At the emergency entrance there shall be an outside night call bell which, when activated, sounds in an area of the hospital in which nursing personnel are always on duty.

(b) A hospital which limits its emergency care services to care of the occasional emergency patient shall not be required to maintain a distinct emergency service area, but shall designate the area(s) to be used for emergency care and provide the equipment, pharmaceuticals and other supplies essential to providing basic emergency care services required under WAC 248–18–285(1). Emergency equipment and supplies shall be maintained in such a location and manner (e.g., on a "crash" cart) that they may be brought into use immediately upon arrival of a person who presents a medical emergency.

(c) The equipment, pharmaceuticals and other supplies necessary to provide emergency care services shall be readily available at all times.

(i) There shall be specific, designated locations for storage of drugs, parenteral solutions, other supplies, instruments and special equipment so personnel can obtain them rapidly.

(ii) There shall be a system for regular inventory and replenishment of the stock of emergency supplies and equipment to ensure an adequate supply at all times.

(iii) There should be regular inspection and maintenance servicing of medical equipment to keep it in a safe and operable condition.

(d) Current references on toxicology, antidote information and the telephone number of the Regional Poison Control Center shall be readily available in the emergency care area.

(e) Telephone numbers of the pharmacist, the blood bank, the ambulance service, the Washington State Patrol, Military Assistance Safety and Traffic (MAST), the fire department, the police department, local health

authorities, the coroner and other persons or organizations emergency service personnel may need to contact rapidly shall be posted in the emergency service area.

(f) Hospital to ambulance radio communication compatible with the state-wide emergency communication system is recommended for any hospital which regularly provides emergency care services.

(6) The hospital shall maintain an emergency service register and a medical record for each person who has received emergency care service.

(a) There shall be a permanent, current register for all emergency patients.

(i) The register shall contain at least the following data for each person who comes or is brought to the hospital for immediate medical care services: full name, age, date and time of arrival, the identifying number, the disposition of the patient and the time of the patient's departure from the emergency service area.

(ii) Data on patients shall be entered in the register in chronological order according to the dates and times of arrivals.

(iii) Identification data on a person who is dead on arrival shall be entered in the register.

(b) The hospital shall maintain a medical record for each person who receives emergency care services. Each medical record shall contain the following data.

(i) Patient identification data.

(ii) The date and time of arrival, the means by which the patient came to the hospital and by whom the patient was transported or accompanied.

(iii) Pertinent history of the patient's injury or illness which may include information on first aid or emergency care given the patient prior to his or her arrival.

(iv) Description of significant clinical findings derived from an assessment or examination of the patient.

(v) Any clinical laboratory or roentgenologic findings.

(vi) Diagnosis (tentative or definitive).

(vii) Treatment given.

(viii) Orders for administration of drugs or other treatments which are received by telephone, radio, or verbally from a physician or other person legally authorized to prescribe and acting within the scope of his or her license.

Such a telephone or verbal order shall be received, entered in the patient's medical record and signed by a registered nurse. The counter-signature of the physician or other legally authorized practitioner who gave the order shall be obtained as soon as possible thereafter. This shall not be interpreted to include verbal orders which are received from a physician or other legally authorized practitioner to whom one is providing direct assistance in care of the patient or to include standing emergency medical orders which have been established in accordance with WAC 248-18-285(3)(c)(iii).

(ix) Appraisal of the patient upon transfer or departure.

(x) Disposition of the patient, which shall include a resume of any instruction given to the patient or his family regarding necessary follow-up care.

Entries of data listed as (iv) (vi) (vii) (ix) and (x) above shall be authenticated by the signature of the person who rendered the service. [Order 142, § 248-18-285, filed 2/8/77; Order 119, § 248-18-285, filed 5/23/75; Order 110, § 248-18-285, filed 3/14/75; Order 106, § 248-18-285, filed 1/13/75.]

WAC 248-18-290 Diagnostic and treatment facilities, outpatient services. If the hospital has an organized unit as an outpatient department or clinic, adequate waiting area, examining and treatment rooms, toilets and special rooms necessary for the services to be rendered, shall be provided. [Order 119, § 248-18-290, filed 5/23/75; Order 106, § 248-18-290, filed 1/13/75; Regulation 18.290, effective 3/11/60.]

WAC 248-18-300 Laboratory. (1) Laboratory services shall be sufficient to provide adequate care of all patients.

(2) The hospital shall make satisfactory provision for the typing and cross matching of blood for transfusions.

(3) Bacteriological cultures that are contaminated shall be disposed of in a safe manner.

(4) The hospital shall make adequate provision for the examination of tissue specimens by a pathologist. [Order 119, § 248-18-300, filed 5/23/75; Regulation 18.300, effective 3/11/60.]

WAC 248-18-310 X-ray. (1) Adequate radiologic service shall be provided.

(2) Rooms in which radiographic equipment is used shall have adequate shielding to protect personnel and patients. [Order 119, § 248-18-310, filed 5/23/75; Regulation 18.310, effective 3/11/60.]

WAC 248-18-315 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.]

WAC 248-18-320 Other departments. If the hospital operates other departments such as physical medicine (including physical therapy and occupational therapy) or a dental department, adequate space and facilities shall be provided. [Order 119, § 248-18-320, filed 5/23/75; Regulation 18.320, effective 3/11/60.]

WAC 248-18-330 Pharmacy. The hospital shall provide for the proper handling and storage of drugs.

(1) Functions. The functions of the hospital pharmacy shall include:

(a) Distributing routine drug supplies to hospital departments and issuing drugs on prescriptions or special orders for individual patients.

(b) Bulk compounding of sterile and nonsterile pharmaceuticals as determined by hospital policy and regulations.

(c) Dispensing and/or compounding drugs for home use for patients as necessary in compliance with federal, state and local laws.

(d) Purchasing, accounting for, storing, labeling, issuing and controlling drugs.

(e) Maintaining records on narcotics, tax free alcohol and other pharmaceuticals as are required by federal, state and local laws.

(f) Complying with federal and state laws controlling drugs and pharmacy operation.

(2) Organization, administration and staffing.

(a) The hospital pharmacy shall be under the supervision of a pharmacist.

(b) Drugs located in other areas of the hospital shall also be under the supervision of the pharmacist who shall keep adequate records in accordance with WAC 248-18-330(6)(f)(g) and WAC 248-18-330(7).

(c) The responsibility and authority of the pharmacist shall be clearly defined in writing by hospital authorities.

(d) Adequate, properly trained personnel shall be available to fulfill the functions of the pharmacy.

(e) Hospital pharmacy services shall be available often enough to provide drugs, supplies and prescriptions without undue delay.

(f) It is recommended that there should be a pharmacy and therapeutics committee composed of representatives of the medical staff, hospital administration, the nursing department and the pharmacist. The pharmacist should serve as secretary of the committee. This committee should meet at least semiannually. The committee should:

(i) Develop and maintain an up-to-date formulary of accepted drugs for use in the hospital.

(ii) Serve as an advisory group to the hospital pharmacist on matters pertaining to choice of drugs to be stocked.

(iii) Evaluate clinical data concerning drugs requested for use in the hospital.

(iv) Add to and delete from the list of drugs accepted for use in the hospital.

(v) Prevent unnecessary duplication in the stock of the same basic drug and its preparation.

(vi) Make recommendations concerning drugs to be stocked on the nursing units and other services.

(g) Every hospital shall have its pharmacy policies, rules and regulations and procedures in writing. These should be developed by the pharmacy and therapeutics committee.

(3) Facilities.

(a) An adequate area which is properly lighted and ventilated and suitably equipped to carry out all pharmacy operations, including proper storage of all pharmaceuticals, shall be provided.

(b) A library including the current U.S. Pharmacopeia, National Formulary, New and Nonofficial Drugs, and U.S. Dispensatory, and such other references as are needed for effective pharmacy operation, is required.

(c) Special locked storage for narcotics and barbiturates and special additional storage for flammables shall be provided.

(d) The pharmacy shall be arranged in an orderly fashion and be kept clean, and all mechanical equipment shall be in good repair.

(4) Purchase, storage, labeling, and control of drugs.

9,L,l (a) The pharmacist should furnish specifications for the purchase of all pharmacy drugs, chemicals and pharmaceutical preparations even though a purchasing agent may do the actual procurement through a centralized department.

(b) Physicians' advice should be sought through the pharmacy and therapeutics committee in setting up any standards for specifications of drugs.

(c) Purchase, storage and control of drugs shall be such as to prevent having outdated, deteriorated, impure or improperly standardized drugs in the hospital.

(d) Purchase of narcotics shall be in compliance with state and federal laws and regulations.

(e) Purchase, storage and control of tax free alcohol shall be in accordance with applicable state and federal laws and regulations.

(f) All flammable materials shall be stored and handled in accordance with applicable local and state fire regulations.

(g) All drug containers in the pharmacy or in other areas of the hospital shall be clearly and legibly labeled to show drug's name (generic and trade) and strength.

(h) Poisonous external and caustic drugs shall show proper warning or poison labels and shall be stored separately from other drugs.

(i) The pharmacist shall be completely responsible for all labeling of drugs.

(j) All medicines, poisons and stimulants kept in any hospital department shall be plainly labeled and stored in a specially designated, well illuminated cabinet, closet or store room, and made accessible only to authorized personnel.

(k) The pharmacist shall regularly and periodically visit all departments of the hospital and check all drugs and pharmaceuticals as to the proper name, strength, storage condition, expiration date and warning label, and should remove at once any unlabeled or incorrectly labeled drug item. It shall be the responsibility of the pharmacist to confer with department heads regarding abnormal or erratic use of drugs and to make necessary adjustments in the approved maximum quantities of drugs issued to departments with proper approval.

(5) Bulk compounding of pharmaceuticals.

(a) A pharmacist shall be in charge of bulk compounding of pharmaceuticals. This does not prohibit the registered nurse from making weaker aqueous solutions from concentrated solutions or preweighed units (such as tablets) which are properly labeled by the pharmacist or manufacturer with specific directions for dilution. Neither does it prohibit the registered nurse from adding prepared sterile additives to parenteral solutions as specifically directed by the physician.

(b) All hospital pharmacies in which any compounding is done shall have proper instruments of measure available in accord with the state board of pharmacy regulations.

(c) All drugs used in compounding shall be handled to avoid contamination through contact with measuring devices, transporting devices or weighing devices.

(d) Sterilization of pharmaceuticals shall conform to the standards set by the U.S. Pharmacopeia.

(e) All drugs compounded or manufactured in the hospital shall be carefully labeled as to strength, content and, if need be, expiration date.

(6) Distribution or issuance of drugs.

(a) The hospital shall have lists of drugs (including narcotics, barbiturates, and emergency drugs) indicating the approved maximum amounts of each drug generally to be issued to hospital departments. These lists should be developed by the pharmacy and therapeutics committee.

(b) Drugs may be given to patients in the hospital only on the order of a physician, dentist or other person legally authorized to write prescriptions. No change in order for drugs shall be made except with the approval of the physician, dentist or other person legally authorized to write prescriptions.

(c) Antidotes should be available for emergency cases involving poisoning. The stock of antidotes to be maintained should be determined by the pharmacy and therapeutics committee.

(d) A prescription is required for all legend drugs and narcotics issued to employees or to a patient for use outside the hospital.

(e) Only a pharmacist may compound and/or dispense drugs.

(f) Records of prescriptions filled by the pharmacist shall be properly filed and kept for five years.

(g) The pharmacy shall keep proper records of issue of all legend drugs.

(7) Handling of narcotics, barbiturates and tax free alcohol.

(a) Careful records shall be kept of receipt of narcotics and a perpetual inventory of narcotics shall be maintained.

(b) Adequate records of all narcotics issued shall be maintained in the pharmacy and shall contain for each issue of narcotics:

(i) The date;

(ii) The name of the drug;

(iii) The amount of the drug issued;

(iv) The name of the person who issued the drug;

(v) The name of the department to which the drug was issued; and

(vi) The name of the person who received the drug.

(c) Adequate records of narcotic usage shall be maintained and shall contain for each drug used:

(i) The date;

(ii) The time of administration;

(iii) The dosage of the drug which was used;

(iv) The name of the person to whom the drug was administered;

(v) The name of the physician who ordered the drug; and

(vi) The signature of the person who administered the drug. These records shall be submitted to the pharmacist for safekeeping.

(d) Periodic check of narcotic usage records should be made by the nursing supervisor and/or the pharmacist to determine whether the drugs recorded on usage records have also been recorded on patients' charts.

(e) Use of multiple dose vials of narcotics is not recommended as they make accounting for narcotics difficult and make substitution and dilution of narcotics possible.

(f) All narcotics in any hospital department except the pharmacy shall be checked by actual count by two persons at the change of each shift. Adequate day-to-day accountability records shall be maintained and shall contain the time each check of a narcotic supply was

made and the signatures of the persons who made each check.

(g) All narcotic records shall be kept for three years.

(h) Adequate accountability records for barbiturates shall be maintained and include records of purchase, receipt, usage and inventory of barbiturates. Such records shall be kept for three years in compliance with federal food and drug law on legend drugs.

(8) Access to pharmacy.

(a) Only a pharmacist may have access to the pharmacy stock of barbiturates and narcotics.

(b) Only a pharmacist may have access to the pharmacy stock of drugs except that in a pharmacist's absence from a hospital a registered nurse, designated by the hospital, may obtain from a hospital pharmacy stock of drugs such drugs as are needed in an emergency, not available in floor supplies (excepting narcotics and barbiturates), and the nurse, not the pharmacist, becomes accountable for her actions. Only one registered, professional nurse in any given eight–hour shift may have access to the pharmacy stock of drugs. A registered nurse is not permitted to compound or dispense drugs.

(c) A nurse may remove from the pharmacy stock of drugs:

(i) A drug in its original container or a drug prepackaged by a hospital pharmacist for nursing service use in the hospital; and

(ii) A single dose of a drug from the original container for a specific patient.

(d) A nurse shall leave in the pharmacy on a suitable form a record of any drugs removed showing:

(i) The name of the drug;

(ii) The name of the manufacturer;

(iii) The dosage size;

(iv) The amount taken;

(v) The date;

(vi) The time; and

(vii) The signature of the nurse.

Further, she shall leave with the record the container from which the single dose was taken for drug administration purposes in order that it may be properly checked by a pharmacist. Such records shall be kept for three years.

(9) Responsibilities of pharmacist.

(a) The pharmacist shall be responsible for:

(i) Preparing and sterilizing of injectable medication when manufactured in the hospital;

(ii) Issuing drugs, chemicals and pharmaceuticals;

(iii) Filling and labeling drug containers issued to other hospital departments;

(iv) Inspecting all drugs and pharmaceuticals in all hospital departments;

(v) Maintaining the approved stock of drugs;

(vi) Issuing all narcotic drugs and alcohol and maintaining a perpetual inventory of them;

(vii) Maintaining records which are required legally;

(viii) Supervising the maintenance of the facilities of the pharmacy; and

(ix) Maintaining current information on state and federal laws pertaining to drugs and drug handling and keeping the hospital administration properly informed.

(b) It is recommended that the pharmacist also be responsible for:

(i) Specifying quality and sources for purchasing of all drugs, chemicals, antibiotics and pharmaceuticals for use in treatment of patients;

(ii) Furnishing information concerning medications to physicians, residents and nurses;

(iii) Participating in formulating pharmacy policies and carrying them out in accordance with the established policies of the hospital;

(iv) Cooperating in teaching courses in the school of nursing and in other educational programs;

(v) Implementing the decisions of the pharmacy and therapeutics committee;

(vi) Preparing periodic pharmacy reports for submission to the administrator of the the hospital; and

(vii) Maintaining, in cooperation with the accounting department, a satisfactory system of records and bookkeeping in accordance with the policies of the hospital for charging patients for drugs and pharmaceutical supplies, and maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceuticals. [Order 119, § 248–18–330, filed 5/23/75; Regulation 18.330, effective 3/11/60.]

WAC 248–18–440 Records and reports—Medical record system. The hospital shall have a well–defined medical record system and the facilities, staff, equipment and supplies necessary to the development, maintenance, control, analysis, use and preservation of patient care data and medical records in accordance with recognized principles of medical record management and applicable state laws and regulations.

(1) Medical record service. There shall be an organized medical record service which is directed, staffed, and equipped to ensure timely, complete and accurate checking, processing, indexing, filing and preservation of medical records and the compilation, maintenance and distribution of patient care statistics.

(2) Policies and procedures related to medical record system. The hospital shall have, in effect, current written policies and procedures related to the medical record system, which shall include the following:

(a) Policies and procedures which establish the format of patients' individual medical records;

(b) Policies and procedures which govern access to and release of data in patients' individual medical records and other medical data taking into consideration the confidential nature of these records; and

(c) Policies and procedures which govern the retention, preservation and destruction of medical records.

(d) Records of hospitals owned or operated by the State of Washington, or a political subdivision thereof, are subject to the provisions of chapter 40.14 RCW, and regulations promulgated thereunder, as to the maintenance and disposition of medical records and other records kept in the ordinary course of business.

(3) Patients' medical records, general.

(a) An individual medical record shall be developed and maintained for each person, including each neonate, who receives care, treatment or diagnostic service at the

hospital, with the exception of persons who receive only limited outpatient diagnostic services for whom the hospital maintains a record system in accordance with WAC 248-18-440(4).

(b) There shall be a systematic method for identifying each patient's medical record(s) in a manner that provides for ready identification, filing and retrieval of all of the patient's record(s).

(c) Pertinent entries on a significant observation, a diagnostic or treatment procedure or other significant event in a patient's clinical course or care and treatment shall be made in a patient's medical record as promptly as possible.

(d) Each entry in a patient's medical record shall be dated and shall be authenticated by the person who gave the order, provided the care or performed the observation, examination, assessment, treatment or other service to which the entry pertains.

(e) The originals or durable, legible, direct copies of originals of reports shall be filed in patients' individual medical records.

(f) All diagnoses and operative procedures shall be entered in patients' medical records in terminology consistent with a recognized system of disease and operations nomenclature.

(g) All entries in a patient's medical record shall be legibly written in ink, typewritten or recorded on a computer terminal which is designed to receive such information. Entries recorded and stored in a computer may be stored on magnetic tapes, discs or other devices suited to the storage of data.

(4) Record system for referred outpatient diagnostic services. For patients to whom the hospital provides only referred outpatient diagnostic services as defined in WAC 248-18-001(24), the hospital may maintain a simple record system instead of the individual medical records required under WAC 248-18-440(3) and (5). Such a simple record system shall provide for identification, filing and retrieval of authenticated reports on all tests or examinations provided to any patient who received referred outpatient diagnostic services.

(5) The individual medical records for patients who would be considered to be referred outpatients but for the fact that they are undergoing diagnostic tests involving the use of parenteral injections may be limited to relevant history and physical findings where indicated, known allergies or idiosyncratic reactions, diagnostic interpretation, written consent and identifying admission data.

(6) Patients' medical records, content. The following data, when relevant, shall be entered in a medical record for each period a patient receives inpatient or outpatient services, with the exceptions of referred outpatient diagnostic services for which records are maintained in accordance with WAC 248-18-440(4) and outpatient emergency care services for which records are maintained in accordance with WAC 248-18-285(6).

(a) Admission data. Admission data shall include the following: identifying and sociological data; the full name, address and telephone number of the patient's next of kin or, when indicated, another person who may legally exercise control over the person of the patient; the date of the patient's admission as an inpatient or outpatient; the name(s) of the patient's attending physician(s); and the admitting (provisional) diagnosis or medical problem.

(b) A report on any medical history obtained from the patient.

(c) Report(s) on the findings of physical examination(s) performed upon the patient.

(d) An entry on any known allergies of the patient or known idiosyncratic reaction to a drug or other agent.

(e) Authenticated orders for any drug or other therapy administered to a patient and for any diet served to the patient. Authenticated orders entered in the patient's record shall include any standing medical orders used in the care and treatment of the patient except standing medical emergency orders.

(f) Authenticated orders for any restraint of the patient.

(g) Reports on all roentgenologic examinations, clinical laboratory tests or examinations, macroscopic and microscopic examinations of tissue, and other diagnostic procedures or examinations performed upon the patient or specimens obtained from the patient.

X-ray films, laboratory slides, tissue specimens, medical photographs and other comparable materials obtained through procedures employed in diagnosing a patient's condition or assessing his clinical course are regarded as original clinical evidence and are not considered to be "medical records" as this term is used in these regulations.

(h) An entry on each administration of therapy (including drug therapy) to the patient.

(i) Entries on nursing services to the patient. Nursing entries shall include: a report on all significant nursing observations and assessments of the patient's condition or response to care and treatment; nursing interventions, and other significant direct nursing care including all administration of drugs or other therapy; an entry on the time and reason for each notification of a physician or patient's family regarding a significant change in the patient's condition; and a record of other significant nursing action on behalf of the patient.

(j) An entry on any significant health education, training or instruction related to the patient's health care which was provided to the patient or his family.

(k) An entry on any social services provided the patient.

(l) An entry regarding any adverse drug reaction of the patient and any other untoward incident or accident involving the patient which occurred during a hospitalization of the patient or on an occasion of the patient's visit to the hospital for outpatient services.

(m) Operative report(s) on all surgery performed upon the patient.

(n) An entry or report on each anesthetic administered to the patient.

(o) Report(s) on consultation(s) concerning the patient.

(p) For any woman who gave birth to a child in the hospital, reports regarding her labor, delivery, and post partum period.

(q) For any infant born in or enroute to the hospital, the date and time of birth, condition at birth or upon arrival at the hospital, sex and weight (if condition permits weighing).

(r) Progress notes which describe the results of treatment and changes in the patient's condition and portray the patient's clinical course in chronological sequence.

(s) In the event of an inpatient leaving without medical approval, an entry on any known events leading to the patient's decision to leave, a record of notification of the physician regarding the patient's leave, and the time of the patient's departure.

(t) Discharge data. Discharge data shall include the final diagnosis (or diagnoses) and any associated or secondary diagnoses or complications, and the titles of all operations performed upon the patient. For any inpatient whose hospitalization exceeded 48 hours, except a normal newborn infant or normal obstetrical patient, there shall be a discharge summary which recapitulates significant clinical findings and events during the patient's hospitalization, describes the patient's condition upon discharge or transfer, and summarizes any recommendations and arrangements for future care of the patient.

(u) An entry on any transmittal of medical and related data regarding the patient to a health care facility or agency or other community resource to which the patient was referred or transferred.

(v) In event of the patient's death in the hospital, the following entries, reports and authorizations: a pronouncement of death; if an autopsy was performed, an authorization for the autopsy and a report on the autopsy findings and conclusions; and an entry on release of the patient's body to a mortuary or coroner or medical examiner.

(w) Written consents, authorizations or releases given by the patient or, if the patient was unable to give such consents, authorizations or releases, by a person or agency who can legally exercise control over the person of the patient. When a person other than the patient gives written consent or authorization for treatment, or signs a release, the relationship (legal or familial) of the signor to the patient must be clearly stated.

(7) Registers. The hospital shall maintain the following on a current basis: an inpatient register, one or more outpatient registers, an emergency service register, and an operation register. These may be maintained as separate registers or in suitable combinations: *Provided*, That any combined register contains the data for any register incorporated therein. Data shall be entered in registers in chronological order.

(a) The register for inpatients shall contain at least the following data for each inpatient admission: the patient's identifying number, full name and birth date or age; and the date of the patient's admission.

(b) The register(s) for outpatients, other than those who received emergency care services, shall contain sufficient data on each outpatient to ensure positive identification and rapid retrieval of all of the outpatient's medical record(s) when indicated.

(c) The register for outpatient emergency care services shall be in accordance with WAC 248-18-285(6)(a).

(d) The operation register shall contain at least the following data for each operation performed in a hospital surgery: the date, the identifying number and full name of the patient, the descriptive name of the operation, the names of the surgeon and the surgeon's assistant(s), the type of anesthesia, and the name and title of the person who administered the anesthesia.

(8) Indexes. The following indexes shall be maintained: a master patient index, disease and operation indexes, and physicians' index which may be kept as a separate index or in combination with disease and operation indexes.

(a) The master patient index shall contain a master reference card (or equivalent) for each person who received care or treatment in the hospital on an inpatient or outpatient basis with the exception of referred outpatients, except that inclusion of data on outpatient emergency patients in the master patient index shall be optional if the hospital retains and preserves an emergency service register the same period of time as the medical record for any patient upon whom data have been entered in the emergency service register. Each master reference card (or equivalent) shall contain at least the following data: the patient's medical record number(s), and the patient's full name and date of birth.

(b) The disease index shall contain index cards (or equivalent) for all categories of diseases or conditions treated in the hospital on an inpatient basis. Entries on index card(s) for a given category of disease shall include at least the following: the identifying number, sex and age of each patient who was treated for that category of disease, and the code for the particular disease or condition for which each patient was treated.

(c) The operation index shall contain index cards (or equivalent) for all categories of operations performed in a hospital surgery on an inpatient or outpatient basis. Entries on the index card(s) for a given category of operation shall include at least the following: the medical record number, age and sex of each patient upon whom that category of operation was performed and the code for the particular operative procedure performed upon each patient.

(d) Codes used for entries in the disease and operation indexes shall be in accordance with the coding system and the recognized diagnostic classification system of disease and operation nomenclature adopted by the hospital.

(e) If the physicians' index is combined with the disease and operation indexes, the name or code number of the physician, who treated the patient to whom a particular entry pertains, shall be included in each entry in the disease and operation indexes.

(f) If a separate physicians' index is maintained, this index shall contain a record for every member of the hospital's medical staff. Entries on each physician's index card (or equivalent record) shall include the medical record number or name of each patient the particular physician treated in the hospital on an inpatient basis.

(g) Indexes shall be kept current and, in any case, required entries on index cards (or equivalent) shall have been completed within three months after discharge or transfer of the particular patient to whom the entries pertain.

(9) Reports on hospital services. The following reports are required. These may be separate or combined reports.

(a) Census reports.

(i) A daily inpatient census report on admissions to inpatient services, births, and discharges including deaths and transfers to another health care facility.

(ii) Periodic (at least monthly) reports on admissions to outpatient services and the number of emergency care patients.

(b) Analyses of hospital services.

(10) Storage, handling and control of medical records and other medical data. Patients' individual medical records and other personal or medical data on patients shall be handled and stored so they are not accessible to unauthorized persons, are protected from undue deterioration or destruction, and are easily retrievable for medical or administrative purposes.

(11) Retention, preservation and final disposal of medical records and other patient care data and reports.

(a) Each patient's medical record(s), excluding reports on referred outpatient diagnostic services, shall be retained and preserved for a period of no less than ten years following the most recent discharge of the patient: *Provided, however,* That the medical record(s) of a patient who was a minor at a time when he received care, treatment or diagnostic services at the hospital shall be retained and preserved for a period of no less than three years following the date upon which the patient attained the age of eighteen years or ten years following the patient's most recent discharge, whichever is the longer period of time.

(b) Reports on referred outpatient diagnostic services shall be retained and preserved at least two years.

(c) A master patient index card (or equivalent) shall be retained and preserved at least the same period of time as the medical record(s) for the patient to whom the master patient index card (or equivalent) pertains.

(d) Data in the inpatient and outpatient register(s) shall be retained and preserved at least three years.

(e) Data in an emergency service register shall be retained and preserved at least the same period of time as the medical record(s) for any patient on whom data have been entered in the register: *Provided, however,* That retention and preservation of an emergency service register beyond three years after the last entry therein shall be optional if the hospital includes all outpatient emergency care patients in the master patient index.

(f) Data in the operation register, the disease and operation indexes, the physicians' index, and annual reports on analyses of hospital services shall be retained and preserved at least three years.

(g) Patients' medical records, registers, indexes and analyses of hospital service may be retained and preserved in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

(h) Final disposal of any patient's medical record, register, index or other record of or report on patient care data that permits identification of an individual in relation to personal or medical data shall be accomplished in such a manner that retrieval and subsequent use of any data contained therein are impossible.

(i) In event of transfer of ownership of the hospital, patients' medical records, registers, indexes and analyses of hospital services shall remain with the hospital and shall be retained and preserved by the new owner in accordance with state statutes and regulations.

(j) If the hospital ceases operation, it shall make immediate arrangements for preservation of its medical records and other records of or reports on patient care data in accordance with applicable state statutes and regulations. The plan for such arrangements shall have been approved by the Department prior to the cessation of operation.

(12) Records kept by approved eye banks pursuant to WAC 248-33-100 are not medical records or registers within the meaning of WAC 248-18-440.

(13) Nothing in these regulations shall be construed to prohibit the collection of additional health and/or medical information or retention of medical records beyond the statutory requirements. [Order 142, § 248-18-440, filed 2/8/77; Order 135, § 248-18-440, filed 12/6/76; Order 119, § 248-18-440, filed 5/23/75; Regulation 18.440, effective 3/11/60.]

NEW CONSTRUCTION REGULATIONS

WAC 248-18-500 Applicability of these regulations governing hospital construction. (1) These regulations apply to new construction of hospitals which are covered by RCW 70.41.020 (section 2, chapter 267, Laws of 1955).[1] New construction shall include any of the following started after promulgation of these regulations:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversions of existing buildings or portions thereof for use as hospitals;

(d) Alterations other than minor alterations to existing hospitals, except where an exemption has been granted by the secretary of the department of social and health services or his designee under WAC 248-18-010(4)(b).

(2) These regulations cover the facilities generally required within a hospital, with the following provisions.

(a) Omission of required facilities for some services may be permitted provided definite arrangement has been made for adequate services from suitably located facilities outside the hospital.

(b) Hospitals which will restrict services to legally allowable and customarily recognized limitations may be permitted to omit required facilities for the services which are not to be provided.

(c) Facilities provided, which are not specifically required by these regulations, must be adequate for the services to be performed and must meet the objectives of these regulations.

NOTE:

[1]See WAC 248-18-505(11) for definition of "Hospital".

[Order 119, § 248-18-500, filed 5/23/75; Order 50, § 248-18-500, filed 12/17/70; Regulation 18.500, filed 1/25/62.]

WAC 248-18-505 Definitions. All adjectives and adverbs such as adequate, approved, suitable, properly, or sufficient used in these regulations to qualify a requirement shall be determined by the Washington State Department of Social and Health Services.

(1) Alterations:

(a) "Alterations" means structural or functional changes in any room or area within an existing hospital.

(b) "Minor alterations" means any structural or functional modification within existing hospitals which does not change the approved use of the room or area. (Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from applicable requirements contained in chapter 248-18 WAC).

(2) "Area", except when used in reference to a major section of the hospital, means a portion of a room which contains the equipment essential to carrying out a particular function and is separated from other facilities of the room by a physical barrier or adequate space.

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

(4) "Board" means the State Board of Health.

(5) "Clean", when used in reference to a room, area or facility, means space and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition.

(6) "Department" means the Washington State Department of Social and Health Services.

(7) "Facilities" means a room or area and/or equipment to serve a specific function.

(8) "Faucet controls":

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

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

(c) "Knee control" means the water supply is through a mixing valve designed and installed to be operated by the knee.

(d) "Foot control" means the water supply is through a mixing valve designed and installed to be operated by the foot.

(9) "Grade" means the level of the ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

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

(11) "Hospital" means, as defined in RCW 70.41.020, "any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this act does not include hotels, or similar places furnishing only food and lodging, or simply domiciliary care; nor does it include clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which come within the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital, or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this act or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denominations."

(12) "Intensive care unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients who are critically, seriously or acutely ill and in need of intensive, highly skilled nursing service.

(13) "Island tub" means a bathtub placed in a room to permit free movement of a stretcher, patient lift or wheelchair to at least one side of the tub and movement of people on both sides and at the end of the tub.

(14) "Lavatory" means a plumbing fixture of adequate design and size for washing hands.

(15) "New construction" means any of the following:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversions of existing buildings or portions thereof for use as hospitals;

(d) Alterations other than minor alterations to existing hospitals except where an exemption has been

granted by the Secretary of the Washington State Department of Social and Health Services, or his designee under WAC 248-18-010(4)(b).

(16) "Nursing home unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but who are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(17) "May" means at the discretion of the Washington State Department of Social and Health Services.

(18) "Movable equipment" means equipment which is not built-in, fixed or attached to the building.

(19) "Observation room" means a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

(20) "Patient care areas" means all nursing service areas of the hospital in which direct patient care is rendered and all other areas of the hospital in which diagnostic or treatment procedures are performed directly upon a patient.

(21) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.

(22) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of psychiatric patients (a part of which may be "open" and a part locked), as distinguished from "seclusion rooms" which are part of a general nursing unit in which psychiatric care and treatment are not the primary service.

(23) "Recovery unit" means a special physical and functional unit for the segregation, concentration and close or continuous nursing observation and care of patients for a period of less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures which may produce shock, respiratory obstruction or depression or other serious states.

(24) "Room" means a space set apart by floor to ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.

(25) "Shall" means mandatory.

(26) "Should" means a suggestion or recommendation, but not a requirement.

(27) "Sinks":

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Scrub sink" means a plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee or foot control and gooseneck spout.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(28) "Soiled", when used in reference to a room, area or facility, means space and equipment for collection and/or cleaning of used or contaminated supplies and equipment and/or collection and/or disposal of wastes.

(29) "Stretcher" means a four wheeled cart designed to serve as a litter for the transport of an ill or injured person in a recumbent position.

(30) "Through traffic" means traffic for which the origin and destination are outside the room or area which serves as a passageway.

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

(32) "Water closet" means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water. [Order 119, § 248-18-505, filed 5/23/75; Order 106, § 248-18-505, filed 1/13/75; Order 83, § 252-18-505, filed 4/9/73; Order 50, § 248-18-505, filed 12/17/70; Order 25, § 248-18-505, filed 6/27/69; Regulation 18.510, filed 1/25/62.]

WAC 248-18-510 Programs, drawings and construction. (1) Professional design services. Drawings and specifications for new construction shall be prepared by, or under the direction of, an architect registered in the state of Washington, and shall include plans and specifications prepared by consulting professional engineers for the various branches of the work where appropriate; except the services of a registered professional engineer may be used in lieu of the services of an architect if work involves engineering only. If the work involved is believed to be not extensive enough to require professional design services, a written description of the proposed construction should be submitted to the department for a determination of the applicability of this regulation.

(2) Submission for review. The program and drawings for new construction shall be submitted in the following stages for review. Each room, area and item of fixed equipment and major movable equipment shall be identified on all drawings to demonstrate that the required facilities for each function have been provided.

(a) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations. If the project involves an addition or alteration which materially increases the bed capacity of the hospital, the program shall contain a thorough appraisal of all existing supporting services to determine their adequacy for the increased number of patients.

(b) Preliminary drawings of the new construction including major equipment. For alterations and additions, a functional layout of the existing building must be included. The hospital should be designed so that it may be expanded to provide for anticipated future needs. The future additions and their proposed functions should be designated on the preliminary plans.

(c) Detailed working drawings and specifications including mechanical and electrical work.

(d) If carpets are to be used, the following information is to be submitted for review:

(i) A floor plan showing areas to be carpeted and adjoining areas. These areas shall be labeled, according to

function, and the proposed carpeted areas coded on the plan and keyed to the appropriate carpet sample.

(ii) One 3" x 5" sample of each carpet type, labeled to identify the following:

(A) Manufacturer; and

(B) Specific company designation (trade name and number).

(iii) Information showing that proposed carpeting meets the specifications as listed in WAC 248-18-718(5).

(iv) Carpets may be used in the following nonpatient occupied areas: administrative areas, lobbies, lounges, chapels, waiting areas, nurses' station, dining rooms, corridors, equipment alcoves opening onto carpeted corridors. Carpets are not permitted in any areas of the surgery or delivery suites. Carpets may be used in other areas only upon written approval of such use by the department.

(v) Carpets may be used in the following patient occupied areas: Patient rooms (excluding toilets, bathrooms, and designated isolation rooms), 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.

(3) Construction.

(a) Construction, of other than minor alterations, shall not be commenced until the final drawings and specifications have been stamped "construction authorized" by the department. Such authorization by the department does not constitute release from the requirements contained in these regulations.

(b) Compliance with these regulations does not constitute release from the requirements of applicable state and local codes and ordinances. These regulations must be followed where they exceed other codes and ordinances.

(c) Notification shall be given the department when construction is commenced. If construction takes place in or near occupied areas, adequate provision shall be made for the safety and comfort of patients.

(d) Construction shall be completed in compliance with the final drawings and specifications. Addenda or modifications which might affect the fire safety or functional operation shall be submitted for review by the department. [Statutory Authority: RCW 43.20.050. 80-03-062 (Order 193), § 248-18-510, filed 2/26/80; Order 123, § 248-18-510, filed 3/18/76; Order 119, § 248-18-510, filed 5/23/75; Order 9, § 248-18-510, filed 1/2/69; Regulation 18.520(2)(d), filed 8/4/67; Regulation 18.520 (part), filed 1/25/62.]

WAC 248-18-515 Design and construction standards, general. (1) Exemptions. The secretary of the state department of social and health services, or his designee may, in his discretion, grant exemptions from these regulations for alterations within an existing hospital pursuant to the provisions of WAC 248-18-010(4)(b).

(2) Format.

(a) In general, regulations concerning the size, location and major equipment of rooms and areas are placed under headings for particular departments or facilities. Some service facilities which are common to several departments or units are grouped under "GENERAL REQUIREMENTS FOR SERVICE FACILITIES", WAC 248-18-710. Mechanical and electrical requirements and detailed architectural requirements are included in "GENERAL DESIGN REQUIREMENTS", WAC 248-18-718.

(b) Equipment included in these regulations is that which is frequently built in or attached to the building. Equipment which is customarily movable is not included.

(c) For every WAC section, the title caption denotes the category of facilities, requirements or information to which the contents of the particular section relates.

(d) In "New Construction Regulations", requirements are differentiated from items which are permissive, suggestive, recommendatory or explanatory in the following manner.

(i) "Optional. SHALL MEET REQUIREMENTS, IF INCLUDED", following the title caption for a WAC section, indicates the particular unit, service, department or other category of facilities (which the title caption denotes) is only suggested or recommended and not mandatory, but must comply with applicable regulations if included in the hospital.

(ii) In some instances, the title caption for a WAC section denotes a unit, service, department or other category of facilities which is required *only* under certain circumstances. The circumstances under which such category of facilities is required are stated following the title caption. Such a category of facilities must meet applicable regulations if included in the hospital.

(iii) Within a WAC section, requirements are written in capital letters.

(iv) Permissive, suggestive, recommendatory or explanatory items within a WAC section are written in lower case. Inclusion of any equipment, area, room, unit, service or other facility which is only suggested or recommended (lower case) is optional. Such equipment, area, room, unit, service or other facility shall meet requirements (capital letters) if included in the hospital. [Order 119, § 248-18-515, filed 5/23/75; Order 50, § 248-18-515, filed 12/17/70; Order 22, § 248-18-515, filed 6/27/69; Regulation 18.530, filed 1/25/62.]

WAC 248-18-520 Site and site development. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) LOCATION.[2] [3]

(a) SERVED BY AT LEAST ONE STREET, USABLE UNDER ALL WEATHER CONDITIONS.

(b) REMOTE FROM INSECT BREEDING AREAS AND FREE FROM OBJECTIONABLE NOISE, SMOKE, DUST AND ODORS.

(c) SERVED BY ADEQUATE UTILITIES.[2]

(d) ON HIGH GROUND PROVIDING NATURAL DRAINAGE OR SERVED BY ADEQUATE STORM SEWERS.

(e) SERVED BY ADEQUATE ORGANIZED FIRE FIGHTING AND POLICE SERVICES.

Sufficiently close to center of community served.

(2) SIZE.

(a) ADEQUATE FOR HOSPITAL PLANNED AND NECESSARY SERVICE ROADS AND PARKING.

(b) SUFFICIENT TO PROVIDE PRIVACY FOR PATIENTS and attractive grounds.

Sufficient for 100% expansion in building area.

Four acres for 25 beds, six acres for 50 beds, nine acres for 100 beds, sixteen acres for 200 beds are recommended.

(c) SUFFICIENT FOR PRIVATE SEWAGE DISPOSAL IF THERE IS NO PUBLIC SEWER SYSTEM.

(3) PARKING AREA.

(a) LOCATED FOR CONVENIENCE AND TO AVOID UNDUE DISTURBANCE TO PATIENTS.

(b) ADEQUATE NUMBER OF PARKING SPACES.

One parking space per bed plus one space per employee for the day shift recommended.

(c) ADEQUATE DRAINAGE.

(d) SURFACE TREATED TO MINIMIZE DUST.

Illuminated at night.

(4) DRIVES AND WALKS.

(a) ADEQUATE FOR MOVEMENT OF PATIENTS, VISITORS, STAFF AND SERVICE VEHICLES.

(b) CONSTRUCTED FOR USE UNDER ALL WEATHER CONDITIONS.

(c) LOCATED TO PREVENT CONFLICTING TRAFFIC.

(d) LOCATED FOR A MINIMUM OF DISTURBANCE TO PATIENTS.

(e) SURFACE TREATED TO MINIMIZE DUST.

Illuminated at night.

(5) ENTRANCES.

(a) LOCATED FOR A MINIMUM OF DISTURBANCE TO PATIENTS.

(b) ENTRANCES REQUIRED FOR MOVEMENT OF PATIENTS IN WHEELCHAIRS OR ON STRETCHERS TO BE DESIGNED WITHOUT STAIRS. RAMPS PERMISSIBLE WITH SLOPE NOT EXCEEDING 1 IN 10. A slope not exceeding 1 in 20 recommended. AT LEAST ONE ENTRANCE TO THE HOSPITAL TO BE SO DESIGNED.

(i) PATIENTS' AND VISITORS' ENTRANCE.

ADJACENT TO LOBBY.

(ii) Emergency patients' entrance.

REQUIRED IF HOSPITAL HAS AN EMERGENCY DEPARTMENT.

LOCATED FOR READY ACCESS TO EMERGENCY DEPARTMENT.

AT GRADE LEVEL AND READILY ACCESSIBLE TO PEDESTRIAN, AMBULANCE AND OTHER VEHICULAR TRAFFIC.

AMBULANCE PORT WHICH IS SIZED TO ACCOMMODATE AT LEAST ONE VEHICLE 22 FEET LONG, 130 INCHES HIGH AND 8 FEET WIDE. AMBULANCE PORT TO BE DESIGNED TO PROTECT AN EMERGENCY PATIENT AND THE INTERIOR OF THE EMERGENCY DEPARTMENT FROM WEATHER WHEN A PATIENT IS BROUGHT FROM AN AMBULANCE OR OTHER VEHICLE INTO THE EMERGENCY DEPARTMENT.

Designed to permit attendants to stand on same level as entrance when removing a stretcher from ambulance.

RAMPS TO BRIDGE ANY DIFFERENCE IN LEVELS OF APPROACH FOR PEDESTRIAN TRAFFIC.

(iii) OUTPATIENT ENTRANCE.

May be combined with entrances for patients and visitors or emergency patients.

LOCATED NEAR OUTPATIENT FACILITIES AND FOR ACCESSIBILITY BY WHEELCHAIR PATIENTS.

(iv) SERVICE ENTRANCE.

CLOSE TO STORAGE, ELEVATORS, AND KITCHEN.

(v) EXIT FOR REMOVAL OF BODIES.

May be combined with emergency patients' entrance and/or service entrance.

LOCATED WHERE BODIES CAN BE REMOVED IN AN UNOBTRUSIVE MANNER.

(vi) Employees' entrance.

Convenient to locker rooms and for control of ingress and egress.

(vii) Doctors' entrance.

Convenient to locker room, records room and switchboard.

(6) ORIENTATION OF PATIENT ROOMS.[4]

(a) ON QUIET SIDE OF SITE.

(b) LOCATED FOR PRIVACY FOR PATIENTS.

(c) PROTECTED FROM THE VIEW OF REMOVAL OF BODIES, AND STORAGE OF RUBBISH.

Oriented for sunlight and prevailing breezes.

NOTES:

[2]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(6), PLUMBING AND SEWERAGE.

[3]Not applicable to alterations and additions to existing hospitals.

[4]See requirements for "Windows", WAC 248-18-718(4) and see WAC 248-18-505 for definition of "Grade".

[Order 119, § 248-18-520, filed 5/23/75; Order 106, § 248-18-520, filed 1/13/75; Regulation 18.540, filed 1/25/62.]

WAC 248-18-525 Administrative facilities. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) LOBBY.

(a) WAITING SPACE.

(b) WHEELCHAIR PARKING.

(c) PUBLIC TOILETS FOR EACH SEX.

(d) PUBLIC TELEPHONE.

(e) INFORMATION COUNTER.

Provision for sale of newspapers, soft drinks, gifts, cigarettes, etc.

(2) ADMITTING FACILITIES.

(a) PROVISION FOR AUDITORY PRIVACY DURING INTERVIEW.
(b) Interview rooms.
(c) Vault for patient valuables.
(d) Routine examination facilities.
(3) ADMINISTRATION FACILITIES.
(a) OFFICE FOR ADMINISTRATOR.
(b) OFFICE FOR DIRECTOR OF NURSING – IF OVER 25 BEDS.
(c) Offices for other administrative personnel.
(d) Secretarial office space.
(e) Board room.
(4) BUSINESS OFFICE. Vault for records, cash, etc.
(5) MEDICAL RECORDS FACILITIES.
(a) ACTIVE RECORDS STORAGE. SPACE FOR 50 INPATIENT RECORDS PER BED PER YEAR, NOT LESS THAN 3 SQUARE FEET FLOOR SPACE PER BED.
(b) ADDITIONAL SPACE FOR OUTPATIENT RECORDS.
(c) INACTIVE RECORDS STORAGE.
(i) SPACE FOR 50 INPATIENT RECORDS PER BED PER YEAR.
(ii) TOTAL SPACE DEPENDENT UPON DURATION AND TYPE OF STORAGE PLANNED.
(iii) Doctors' dictation facilities.
(iv) Transcribing facilities.
(6) MEDICAL STAFF FACILITIES.
(a) Doctors' in–and–out register.
(b) COAT ROOM.
(c) Toilet.
(d) Medical lounge and library.
(7) HOSPITAL EMPLOYEE FACILITIES.
(a) LOCKER ROOMS, and lounges. ADEQUATE TO ACCOMMODATE ALL EMPLOYEES WHO ARE NOT PROVIDED ADEQUATE FACILITIES IN INDIVIDUAL DEPARTMENTS.
(i) SEPARATE FOR MEN AND WOMEN.
(ii) SPACE FOR INDIVIDUAL LOCKERS.
(b) TOILETS. ADEQUATE TOILETS ADJOINING EACH LOCKER ROOM. ADDITIONAL EMPLOYEES' TOILETS THROUGHOUT THE HOSPITAL TO ADEQUATELY SERVE EMPLOYEES OF ALL DEPARTMENTS.
(c) Showers — Adjoining locker rooms.
(8) Conference and training facilities.
(9) Retiring room.
(10) Social service office.
(11) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS')[5]
Suitable combination with other housekeeping facilities permitted if convenient to administration facilities.

NOTE:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[Order 119, § 248–18–525, filed 5/23/75; Regulation 18.550, filed 1/25/62.]

WAC 248-18-530 Nursing unit--General. (REQUIREMENTS ARE SHOWN IN CAPITAL LETTERS. SEE WAC 248–18–515).
(1) DEFINITION. A SEPARATE, PHYSICAL AND FUNCTIONAL UNIT OF THE HOSPITAL WHICH INCLUDES A GROUP OF PATIENT ROOMS AND THE ANCILLARY ADMINISTRATIVE AND SERVICE FACILITIES NECESSARY TO PROVIDE ADEQUATE NURSING SERVICE TO THE OCCUPANTS OF THESE PATIENT ROOMS. EXCLUDES FACILITIES WHICH SERVE OTHER AREAS OF THE HOSPITAL AND WHICH CREATE TRAFFIC UNNECESSARY TO THE FUNCTIONS OF THE NURSING UNIT.
(2) LOCATION.
(a) EACH NURSING UNIT LOCATED TO AVOID THROUGH TRAFFIC TO ANY SERVICE, DIAGNOSTIC, TREATMENT, OR ADMINISTRATIVE FACILITY, and in a dead–end location with no through traffic to any other area of the hospital. COMMUNICABLE DISEASE, AND PSYCHIATRIC NURSING UNITS IN A DEAD–END LOCATION WITH NO THROUGH TRAFFIC TO ANY OTHER AREA OF THE HOSPITAL.
(b) ALL ROOMS AND AREAS WITHIN A NURSING UNIT ON THE SAME FLOOR LEVEL.
(c) Nursing units placed on quiet side of site and separated from service and ambulance courts. Convenient relationships to surgery and obstetrical delivery suites, adjunct diagnostic and treatment facilities and service areas.
(d) Location and relationship of nursing units in small hospital to provide for flexible overlap of postpartum rooms with surgical rooms.
(3) CAPACITY.
(a) Minimum bed capacity of a nursing unit not less than 20 beds except where necessary to provide separation of units for obstetrical, pediatric, communicable disease or psychiatric patients.
(b) Maximum capacity of a nursing unit not to exceed 35 beds.
(c) ADDITIONAL SERVICE FACILITIES MAY BE REQUIRED IN UNITS OF MORE THAN 35 BEDS.
(4) SEPARATION OF CLINICAL SERVICES.
(a) BEDS FOR OBSTETRICAL POSTPARTUM PATIENTS, AT LEAST EQUAL IN NUMBER TO THE AVERAGE ANTICIPATED DAILY CENSUS, SEGREGATED FROM BEDS FOR OTHER TYPES OF PATIENTS. SEPARATE OBSTETRICAL POSTPARTUM NURSING UNIT WHERE 8 OR MORE BEDS ARE PLANNED FOR OBSTETRICAL POSTPARTUM PATIENTS.
(b) SEPARATE PEDIATRIC NURSING UNIT WHERE 16 OR MORE BEDS ARE PLANNED FOR PEDIATRIC PATIENTS.
(c) SEPARATE PSYCHIATRIC NURSING UNIT WHERE 10 OR MORE BEDS ARE PLANNED FOR PSYCHIATRIC PATIENTS.

(d) Separate communicable disease nursing unit where 10 or more beds are planned for patients with communicable diseases.

(e) SEPARATE NURSING HOME UNIT WHERE 10 OR MORE BEDS ARE PLANNED FOR NURSING HOME PATIENTS. Suitable combinations of ancillary administrative and service facilities with those of medical or surgical units may be permitted in small hospitals.

(5) SPECIAL DESIGN FEATURES OF SPECIALIZED FACILITIES.

(a) Facilities for psychiatric patients.

(i) ROOM DETAILS, DOORS, HARDWARE AND WINDOWS AND/OR SCREENS IN PATIENT ROOMS, TOILETS, BATHING FACILITIES, PATIENT LAUNDRY ROOMS AND SIMILAR ROOMS TO PROVIDE FOR SAFETY IN AN UNOBTRUSIVE MANNER.

(ii) PLUMBING, ELECTRICAL OUTLETS, EQUIPMENT AND FIXTURES, AND HEATING EQUIPMENT IN PATIENT ROOMS, TOILETS, BATHING FACILITIES, PATIENT LAUNDRY ROOMS AND SIMILAR ROOMS DESIGNED AND INSTALLED TO AVOID OPPORTUNITY FOR INJURY TO SELF OR OTHERS.

(iii) WINDOWS AND DOORS IN PATIENT ROOMS OF STURDY CONSTRUCTION AND FINISH.

(iv) LOCKS ON ALL DOORS ON PSYCHIATRIC UNITS AND ON ALL DOORS OPENING INTO SECLUSION ROOMS WHERE PSYCHIATRIC UNIT IS NOT PROVIDED. PROVISION FOR READILY UNLOCKING SUCH DOORS IN CASE OF FIRE OR OTHER EMERGENCY.

(v) Walls and doors in patient rooms of sound deadening construction.

(b) Facilities for pediatric patients.

(i) ELECTRICAL OUTLETS, EQUIPMENT AND FIXTURES IN PATIENT ROOMS AND ACTIVITY AREAS OF A TYPE TO AVOID OPPORTUNITY FOR INJURY TO PATIENTS.

(ii) Windows between corridors and rooms. Sound deadening of walls and doors in treatment rooms.

(c) Facilities for intensive care. Windows between corridors and rooms.

(d) Facilities for isolation for communicable disease control. Recessed corridor cabinets for isolation gown storage in strategic locations on all units where isolation may occur.

(6) PATIENT ROOM AND EQUIPMENT.

(a) ROOM.

(i) EACH PATIENT ROOM DIRECTLY ACCESSIBLE FROM CORRIDOR OF NURSING UNIT AND LOCATED TO PREVENT TRAFFIC THROUGH ROOMS AND TO MINIMIZE ENTRANCE OF ODORS, NOISE AND OTHER NUISANCES.

(ii) AT LEAST ONE ISOLATION ROOM WITH ADJOINING TOILET AND BEDPAN FLUSHING EQUIPMENT ON EACH MEDICAL, SURGICAL, AND PEDIATRIC UNIT UNLESS A SEPARATE COMMUNICABLE DISEASE UNIT IS PROVIDED.

(iii) At least one seclusion room with adjoining toilet for the care of seriously disturbed patients on an appropriate nursing unit unless a separate psychiatric unit is provided.

(iv) MAXIMUM CAPACITY OF 4 BEDS FOR PATIENT ROOMS. Maximum patient room capacity of 2 beds in hospitals of 100 beds or less recommended. At least 15 percent of beds in one-bed rooms.

(v) AT LEAST 80 SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTI-BED ROOMS. Not less than 100 square feet of usable floor space per bed in multi-bed rooms recommended.

(vi) AT LEAST 100 SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOMS. No less than 125 square feet usable floor space in one-bed rooms recommended.

(vii) AT LEAST 40 SQUARE FEET PER BASSINET IN PATIENT ROOM FOR INFANT PEDIATRIC PATIENTS. ADULT REQUIREMENTS APPLY TO ROOMS FOR YOUTH CRIBS AND BEDS.

(viii) MINIMUM WIDTH OF 11 FEET FOR MULTI-BED ROOMS. Minimum recommended dimensions of 12 feet by 16 feet for two-bed rooms.

(ix) MULTI-BED ROOMS ARRANGED TO ALLOW SPACING OF BEDS AT LEAST TWO FEET FROM WALL (EXCEPT AT HEAD) AND AT LEAST 3 FEET APART.

(b) PATIENT ROOM EQUIPMENT.

(i) LAVATORY IN EACH ROOM EXCEPT OPTIONAL IN PSYCHIATRIC PATIENT ROOMS OR SINGLE PATIENT ROOMS HAVING A SEPARATE ADJOINING TOILET ROOM WHICH SERVES SINGLE ROOM ONLY AND CONTAINS A LAVATORY.

(ii) CUBICLE CURTAINS COMPLETELY SCREENING EACH BED OR AN EQUIVALENT MEANS FOR PROVIDING PRIVACY FOR EACH PATIENT IN ALL MULTI-BED PATIENT ROOMS.

(iii) CLOSET OR LOCKER PER BED FOR PATIENT CLOTHING, LUGGAGE, ETC.

(iv) SEPARATE STORAGE PER BED FOR EXTRA PILLOWS AND BLANKETS. May be combined with closet or locker. Oxygen and suction outlet adjacent to each bed.

(7) PATIENT TOILET AND BATHING FACILITIES.

(a) Toilet equipped with bedpan flushing equipment adjoining each patient room. REQUIRED FOR ALL PATIENT ROOMS PLANNED FOR CARE OF PATIENTS WITH COMMUNICABLE DISEASES.

(b) PROVISION FOR KEEPING BEDPAN BRUSH CONTAINER OFF THE FLOOR IN TOILETS EQUIPPED WITH BEDPAN FLUSHING ATTACHMENTS. Bedpan lugs on water closets not recommended. Shelf for specimen collection in toilets equipped with bedpan flushing equipment.

(c) WATER CLOSETS IN RATIO OF AT LEAST ONE PER 6 BEDS OR FRACTION THEREOF ON EACH NURSING UNIT.

(d) WATER CLOSETS IN RATIO OF AT LEAST ONE PER 6 OBSTETRICAL BEDS OR FRACTION THEREOF FOR EXCLUSIVE USE BY OBSTETRICAL PATIENTS.

(e) SEPARATE TOILET FOR EACH SEX UNLESS TOILET ADJOINS EACH PATIENT ROOM.

(f) AT LEAST ONE PATIENT TOILET OPENING DIRECTLY FROM MAIN CORRIDOR ON EACH NURSING UNIT HAVING MULTI-BED ROOMS.

(g) SHOWERS OR TUBS IN THE RATIO OF AT LEAST ONE BATHING FACILITY PER 12 BEDS OR FRACTION THEREOF ON EACH NURSING UNIT EXCEPT OBSTETRICAL POSTPARTUM NURSING UNIT.

(h) SHOWER FACILITIES IN RATIO OF AT LEAST ONE PER 8 OBSTETRICAL POSTPARTUM BEDS OR FRACTION THEREOF FOR EXCLUSIVE USE BY OBSTETRICAL POSTPARTUM PATIENTS.

(i) AT LEAST ONE BATHTUB ON EACH NURSING UNIT EXCEPT OPTIONAL ON OBSTETRICAL POSTPARTUM NURSING UNIT.

(j) AT LEAST ONE BATHTUB ON EACH FLOOR ON WHICH A MEDICAL, SURGICAL, OR NURSING HOME UNIT IS LOCATED TO BE AN "ISLAND" TUB (ACCESSIBLE ON THREE SIDES). Elevation of island tub to permit use of patient lift in bathroom where there is more than one bathtub on a floor.

(k) At least one elevated tub on each pediatric unit.

(l) At least one "roll-in" shower (shower stall in which a chair on wheels may be used) on each medical, surgical and nursing home unit.

(m) GRAB BAR(S) AT EACH BATHTUB, SHOWER, AND WATER CLOSET FOR PATIENT USE.

(n) PROVISION FOR OFF THE FLOOR PLACEMENT OF SUPPLIES AND EQUIPMENT FOR PERINEAL CARE IN EACH TOILET AND BATHING FACILITY FOR OBSTETRICAL POSTPARTUM PATIENTS. Recommended on medical or surgical nursing units.

(o) Sitz baths.

(8) MISCELLANEOUS FACILITIES AND EQUIPMENT.

(a) NURSES' STATION.

(i) SEPARATE STATION FOR EACH NURSING UNIT. Designed for auditory privacy. Centrally located in the unit served and convenient to the utility room, linen storage, medicine area and diet kitchen. Enclosed nurses' station on psychiatric nursing units recommended.

(ii) EQUIPMENT:

CHARTING SURFACE FOR NURSES AND DOCTORS.[6]

RACK FOR PATIENT CHARTS.[6]

TELEPHONE.

NURSE CALL ANNUNCIATOR.

Storage for charting supplies.

Clock.

Bulletin board.

(b) UTILITY OR WORK ROOM.[7] SEPARATE FOR EACH NURSING UNIT. Central to the beds served and convenient to the nurses' station, linen storage and medicine area.

(c) BEDPAN ROOM.

(i) AT LEAST ONE ON EACH NURSING UNIT. Not required if all patient rooms have adjoining toilets with bedpan flushing equipment. May be combined with soiled utility area if provided with bedpan brush container and there is a physical barrier between clean areas and the soiled utility area.

(ii) EQUIPMENT:

CLINIC SERVICE SINK (SIPHON JET) OR EQUIVALENT AND PROVISION FOR BEDPAN BRUSH CONTAINER.

WORK COUNTER.[6]

Cabinet for specimen containers.

Bulletin board.

DOUBLE COMPARTMENT SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER) IF UTENSILS TO BE WASHED IN THIS ROOM.

EQUIPMENT FOR SANITIZING UTENSILS IF UTENSILS TO BE SANITIZED IN THIS ROOM.

(d) FLOWER CARE FACILITIES.

(i) ON OR ADJACENT TO EACH NURSING UNIT.

May be in separate area of soiled utility room on each unit and/or combined with housekeeping facilities.[5]

(ii) EQUIPMENT:

WORK SURFACE.

SINK.

STORAGE.[6]

(e) MEDICINE AREA.[7] AT LEAST ONE ON EACH NURSING UNIT. Central to the beds served and convenient to the nurses' station and utility room.

(f) LINEN STORAGE.[18] IN CLEAN AREA ON EACH NURSING UNIT, SHELVING, CART, OR EQUIVALENT.

(g) ICE FACILITIES.

(i) ON OR ADJACENT TO EACH NURSING UNIT. LOCATED IN AREA SERVING CLEAN FUNCTIONS ONLY.

(ii) EQUIPMENT: May be combined with diet kitchen facilities.

WORK COUNTER.[6]

ICE MACHINE OR ADEQUATE STORAGE UNIT.

(Self-dispensing types recommended).

(h) DIET KITCHEN FACILITIES.

(i) ON OR ADJACENT TO EACH NURSING UNIT. SEPARATE AREA IN ROOM SERVING CLEAN FUNCTIONS ONLY; SEPARATE ROOM IF FACILITIES TO BE USED FOR DISHWASHING OR DECENTRALIZED FOOD SERVICE.

(ii) SPACE FOR WASTE CONTAINER.

(iii) EQUIPMENT:

REFRIGERATION.[6]

WORK COUNTER.
SINK.
STORAGE FOR UTENSILS AND FOODSTUFFS.
COOKING UNIT OR HOT PLATE.[6]
DISHWASHING MACHINE (OR 3-COMPARTMENT SINK) IF DISHES, GLASSES OR PITCHERS ARE TO BE WASHED ON THE UNIT.
ADDITIONAL FACILITIES MAY BE REQUIRED DEPENDING UPON DEGREE OF DECENTRALIZATION OF FOOD SERVICE.

(i) EQUIPMENT STORAGE.[18] ON OR ADJACENT TO EACH NURSING UNIT. FOR NURSING AND MEDICAL EQUIPMENT.

(j) WHEELCHAIR AND STRETCHER STORAGE.[18]

(k) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5] ON OR ADJACENT TO EACH NURSING UNIT. SEPARATE FACILITIES ON OBSTETRICAL AND COMMUNICABLE DISEASE NURSING UNITS.

(l) PERSONNEL FACILITIES.

(i) TOILET ON OR ADJACENT TO EACH NURSING UNIT. SEPARATE FACILITIES TO BE PROVIDED FOR OBSTETRICAL AND COMMUNICABLE DISEASE UNITS.

(ii) STORAGE FOR PURSES AND PERSONAL EFFECTS APART FROM STORAGE FOR PATIENT CARE SUPPLIES AND EQUIPMENT ON OR ADJACENT TO EACH NURSING UNIT.

(m) TREATMENT AND EXAMINATION ROOM.

(i) REQUIRED ON PSYCHIATRIC NURSING UNITS AND PEDIATRIC NURSING UNITS. Optional on other types of nursing units.

Two rooms (one for examinations and one for treatments) on pediatric units.

(ii) EQUIPMENT:
LAVATORY OR SINK.
Nurses' call.
Clock.
Oxygen outlet.
Suction outlet.
Work surface.
Storage cabinet.

(n) ACTIVITY AREAS.

(i) ADEQUATE FACILITIES TO ACCOMMODATE THE MAXIMUM NUMBER OF PATIENTS TO BE CARED FOR ON THE NURSING UNIT.

(ii) PLAYROOM ON PEDIATRIC UNIT.

(iii) DAYROOM (OUTSIDE ROOM) OR SOLARIUM ON PSYCHIATRIC NURSING UNITS AND NURSING HOME UNITS.

(iv) RECREATION ROOM ON PSYCHIATRIC NURSING UNITS AND NURSING HOME UNITS.

(v) DINING AREA ON PSYCHIATRIC NURSING UNITS AND NURSING HOME UNITS.

(vi) OCCUPATIONAL THERAPY AREA ON PSYCHIATRIC NURSING UNITS AND NURSING HOME UNITS.

(vii) ABOVE AREAS MAY BE COMBINED IN ONE ROOM ON NURSING HOME UNIT.

(viii) MINIMUM OF 2 ROOMS (ONE RESERVED FOR QUIET ACTIVITIES) ON PSYCHIATRIC UNIT.

(ix) SUITABLE OUTDOOR RECREATIONAL SPACE FOR PATIENTS ON NURSING HOME UNITS and psychiatric units.

(x) Dayroom or solarium on all nursing units recommended.

(xi) Dining rooms for ambulatory patients on nursing units recommended.

(xii) Barber and beauty shop facilities on psychiatric and nursing home units.

(o) PATIENT LAUNDRY FACILITIES.

(i) REQUIRED ON PSYCHIATRIC UNITS. Recommended on nursing home units.

(ii) EQUIPMENT:
SINK AND COUNTER.[6]
DRYING FACILITIES.[6]
STORAGE CABINET.[6]
IRONING FACILITIES.[6]

(p) GOWNING ROOM.

(i) REQUIRED ONLY ON COMMUNICABLE DISEASE NURSING UNITS.

(ii) CONNECTING WITH PERSONNEL TOILET.

(iii) EQUIPMENT:
LAVATORY.
GOWN STORAGE.
LOCKERS OR RACKS.

(q) INTERVIEW ROOM. REQUIRED ON PSYCHIATRIC UNITS. Recommended on nursing home units. May be combined with private office.

(r) Patient classroom. Recommended on postpartum units and other units where group instruction to patients may be given.

(s) Office. For head nurse, nursing supervisor and medical staff.

(t) Conference room.

(u) Waiting room.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').
[6]May be movable equipment.
[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.
[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-530, filed 5/23/75; Regulation 18.560, §§ 1, 2 and 3, filed 1/25/62.]

WAC 248-18-555 Intensive care unit. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - See WAC 248-18-515).

(1) STANDARDS FOR NURSING UNIT (WAC 248-18-530) APPLY EXCEPT FOR THE FOLLOWING:

(a) MAXIMUM CAPACITY OF 6 BEDS PERMISSIBLE IN PATIENT ROOMS DESIGNED FOR INTENSIVE CARE.

(b) Bathing facilities, optional.

(c) VARIATIONS MAY BE PERMITTED IN GENERAL DESIGN REQUIREMENTS, IN EXTENT AND ARRANGEMENT OF FACILITIES, AND IN COMBINATIONS OF FACILITIES FOR FUNCTIONS ALLOTTED SEPARATE SPACES OR ROOMS IN THE NURSING UNIT STANDARDS, PROVIDED THE RESULTING PLAN PROVIDES FACILITIES FOR ALL BASIC FUNCTIONS AND WILL NOT COMPROMISE THE BEST STANDARDS OF MEDICAL AND NURSING PRACTICE.

(2) Acute cardiac care unit.

(a) LOCATION. LOCATED TO AVOID THROUGH TRAFFIC AND PENETRATION OF OBJECTIONABLE HEAT OR NOISE OR ODORS FROM OTHER AREAS OF THE HOSPITAL AND TO MINIMIZE POTENTIAL FOR INTERFERENCE WITH ELECTRONIC MONITORING EQUIPMENT.

ALL ROOMS AND AREAS WITHIN THE UNIT ON THE SAME FLOOR.

Located adjacent to another unit or service from which additional assistance is always available.

(b) PATIENT ROOM.

(i) ROOM. MAXIMUM CAPACITY OF TWO BEDS FOR PATIENT ROOMS. AT LEAST ONE SINGLE ROOM FOR EVERY THREE BEDS.

(ii) LOCATION OF ROOMS AND PLACEMENT OF BEDS IN ROOMS TO PROVIDE FOR DIRECT VISIBILITY OF PATIENTS FROM NURSES' STATION UNLESS THERE IS PROVISION FOR INDIRECT VIEWING OF PATIENTS FROM NURSES' STATION BY MIRROR SYSTEM OR TELEVISION.

(iii) AT LEAST 150 SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOM AND 135 SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTI-BED ROOMS. ARRANGEMENT OF ROOMS SHALL ALLOW SPACING OF AT LEAST 4 FEET BETWEEN SIDE OF A BED AND WALL AND AT LEAST 6 FEET BETWEEN THE FOOT OF A BED AND A WALL. MULTI-BED ROOMS SHALL BE ARRANGED TO PROVIDE AT LEAST 8 FEET BETWEEN BEDS.

WHERE CONSTRUCTION IS TO BE AN ALTERATION PROJECT AND STRUCTURAL CHANGES NECESSARY TO MEET THESE REQUIREMENTS ARE INFEASIBLE OR ECONOMICALLY IMPRACTICABLE, THE FOLLOWING MAY BE ACCEPTED: 135 SQUARE FEET USABLE FLOOR SPACE IN EACH ONE-BED ROOM; 125 SQUARE FEET PER BED IN MULTI-BED ROOMS; 4 FEET SPACE BETWEEN SIDE OF A BED AND A WALL; 5 FEET SPACE BETWEEN THE FOOT OF A BED AND A WALL; AND 6 FEET SPACE BETWEEN BEDS IN A MULTI-BED ROOM.

(iv) ACOUSTICAL TREATMENT OF PATIENT ROOMS TO MINIMIZE SOUND TRANSFERENCE.

(c) PATIENT ROOM EQUIPMENT.

(i) LAVATORY WITHIN EACH PATIENT ROOM.

(ii) CLOSET OR LOCKER PER EACH BED FOR PATIENT CLOTHING, LUGGAGE, ETC. May be in or adjacent to patient room.

(iii) SEPARATE STORAGE PER BED FOR EXTRA PILLOWS AND BLANKETS. May be combined with closet or locker.

(iv) OXYGEN OUTLET ADJACENT TO EACH BED.

(v) SUCTION OUTLET ADJACENT TO EACH BED.

(A) Two suction outlets per bed recommended.

(B) Compressed air outlet adjacent to each bed recommended.

(vi) CUBICLE CURTAINS COMPLETELY SCREENING EACH BED OR AN EQUIVALENT MEANS FOR PROVIDING PRIVACY FOR EACH BED IN ALL MULTI-BED PATIENT ROOMS.

(vii) CURTAINS OR EQUIVALENT MEANS FOR PROVIDING VISUAL PRIVACY FOR EACH PATIENT AT ALL WINDOWS IN PATIENT ROOM DOORS, INTERIOR PARTITIONS, AND EXTERIOR WINDOWS.

(viii) AN INDIVIDUAL SWITCH FOR EACH PATIENT ROOM TELEVISION CAMERA OR AN EQUIVALENT MEANS FOR ENSURING VISUAL PRIVACY AS INDICATED FOR EACH PATIENT WHO MAY BE VISUALLY MONITORED BY TELEVISION.

(ix) ELECTROCARDIOGRAPHIC MONITOR WITH OSCILLOSCOPE (AT LEAST 5 INCH WIDTH) AND AUDIO ALARM SYSTEM FOR EACH BED.

(x) Overhead tracks or wall-mounted supports for suspension of parenteral solution containers at each bed.

(xi) Wall-mounted sphygmomanometer per patient bed.

(xii) Telephone jack. Permanent telephone installations not recommended.

(xiii) MEDICAL EMERGENCY SIGNAL DEVICE IN EACH PATIENT ROOM TO REGISTER AT LOCATION FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE. (Such emergency signal device recommended for each bed).

(d) PATIENT TOILET AND BATHING FACILITIES.

(i) AT LEAST ONE COMMUNAL TOILET PER 6 BEDS OR FRACTION THEREOF ON THE UNIT OR AN ADJACENT NURSING UNIT UNLESS A TOILET ADJOINS EACH PATIENT ROOM.

(ii) GRAB BARS AT EACH BATHING FACILITY AND WATER CLOSET FOR PATIENT USE.

(e) NURSES' STATION.

(i) SEPARATE STATION FOR UNIT HAVING 5 BEDS OR MORE. For subsidiary unit of less than 5 beds[,] may be combined with nurses' station of other nursing unit provided nurses' station is in close proximity to acute cardiac care unit patient rooms and provides sufficient space to accommodate staff and equipment for acute cardiac care.

(A) Designed for auditory privacy.

(B) LOCATED FOR DIRECT VISIBILITY OF EACH PATIENT UNLESS MIRROR SYSTEM OR TELEVISION IS PROVIDED FOR VISUAL OBSERVATION OF PATIENTS.

(ii) EQUIPMENT.

(A) "SLAVE" OSCILLOSCOPE WITH AUDIO ALARM FOR CONTINUOUS DISPLAY OF EACH PATIENT'S ELECTROCARDIOGRAM.

(B) RATE METER (Cardio-Tachometer).

(C) DIRECT WRITING ELECTROCARDIOGRAPHIC "STRIP" RECORDER. Electrocardiographic memory recorder.

(D) TELEPHONE.

(E) NURSE CALL ANNUNCIATOR.

(F) Rack for patient charts.

(G) CHARTING SURFACE FOR NURSES AND PHYSICIANS TO ACCOMMODATE AT LEAST 1 NURSE PER 2 PATIENT BEDS AND 1 PHYSICIAN PER 4 PATIENT BEDS. Separate charting area for physicians recommended.

(H) Storage for charting supplies.

(I) WALL MOUNTED CLOCK WITH SWEEP SECOND HAND, PROPERLY LOCATED.

(J) Bulletin board.

(f) UTILITY OR WORK ROOM.[7] SEPARATE FOR UNIT HAVING 5 BEDS OR MORE. For subsidiary unit of less than 5 beds, may be combined with utility or work room of other nursing unit if in close proximity to patient rooms for coronary care.

Central to beds served and convenient to the nurses' station, medicine area and linen storage.

(g) MEDICINE AREA.[7] For subsidiary unit of less than 5 beds, may be combined with medicine area of other nursing unit if in close proximity to patient rooms.

(h) LINEN STORAGE.[18]

SHELVING, CART OR EQUIVALENT IN CLEAN AREA. For subsidiary unit of less than 5 beds, may be combined with linen storage of other nursing unit if in close proximity to patient rooms.

(i) Conference Room.

(j) Family Waiting Room.

Outside but adjacent to unit.

Telephone located in or adjacent to room.

(k) STANDARDS FOR NURSING UNIT, WAC 248-18-530(8)(g)(h)(i)(j)(k), and (l) APPLY TO OTHER FACILITIES OF THE CORONARY CARE UNIT.

NOTES:

[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 154, § 248-18-555, filed 12/5/77; Order 119, § 248-18-555, filed 5/23/75; Order 83, § 248-18-555, filed 4/9/73; Regulation 18.570, filed 1/25/62.]

WAC 248-18-560 Recovery unit. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) LOCATION.

(a) LOCATED TO AVOID TRAFFIC THROUGH THE UNIT.

(b) Located in or near clinical department assuming responsibility.

(2) PATIENT CARE AREA.

(a) ROOM(S) WITH AT LEAST 80 SQUARE FEET FOR EACH BED, STRETCHER OR CART.

(b) Isolation room or cubicle.

(c) EQUIPMENT:

Oxygen outlet for each bed, stretcher or cart.

Suction outlet for each bed, stretcher or cart.

(d) LAVATORY IN EACH ROOM - May be omitted if service facilities in same room.

(3) SERVICE FACILITIES. ADEQUATE SPACE, IN ADDITION TO REQUIRED PATIENT CARE AREA, LOCATED IN SAME OR ADJOINING ROOM (OR ROOMS).

(a) CLEAN UTILITY AREA.

EQUIPMENT:

WORK SURFACE.

SINK.

LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED NARCOTIC STORAGE.

STORAGE UNIT.[18]

REFRIGERATOR.[6]

LINEN STORAGE.[6] [18]

EQUIPMENT STORAGE.[18]

(b) SOILED UTILITY AREA. ADEQUATE SPACE FOR LINEN HAMPERS, WASTE CONTAINERS AND OTHER LARGE EQUIPMENT.

EQUIPMENT:

CLINIC SERVICE SINK (SIPHON JET).

WORK SURFACE.[6]

STORAGE FOR CLEANING SUPPLIES.[6]

(c) CHARTING SURFACE.[6]

(d) Nurses' toilet.

(e) HOUSEKEEPING FACILITIES (JANITORS' OR MAIDS').[5]

Suitable combination with other housekeeping facilities permitted if convenient to recovery unit.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-560, filed 5/23/75; Regulation 18.580, filed 1/25/62.]

WAC 248-18-565 Surgery suite. [8] (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) SURGERY SUITE, GENERAL.

(a) A SEPARATE SEGREGATED UNIT UNLESS SURGERY AND OBSTETRICAL DELIVERY FACILITIES ARE IN A COMBINED SUITE WHICH IS IN ACCORD WITH WAC 248-18-600. TO INCLUDE OPERATING ROOMS AND ANCILLARY FACILITIES ESSENTIAL TO THE PROPER

FUNCTIONING OF THE OPERATING ROOMS. ANCILLARY FACILITIES TO BE LOCATED OUTSIDE OPERATING ROOMS AND, IF A COMBINED SUITE, OUTSIDE DELIVERY ROOMS.

(b) LOCATED TO PREVENT TRAFFIC THROUGH SURGERY SUITE TO ANY OTHER AREA OF THE HOSPITAL AND TO FACILITATE TRANSFER OF PATIENTS TO SURGICAL NURSING UNITS AND, IF A COMBINED SUITE, TO OBSTETRICAL NURSING UNIT.

(c) SUITE TO INCLUDE NO FACILITIES (such as central sterilizing and supply service facilities) WHICH SERVE OTHER AREAS OF THE HOSPITAL AND THEREBY CREATE TRAFFIC UNNECESSARY TO THE SURGICAL SUITE, EXCEPT AS PROVIDED FOR IN WAC 248-18-600 FOR COMBINED SURGERY/OBSTETRICAL DELIVERY SUITE.

(d) NUMBER AND TYPES OF OPERATING ROOMS TO BE PREDICATED UPON THE TYPES OF SURGERY TO BE PERFORMED AND THE ANTICIPATED SURGERY CASELOAD.

(e) ARRANGED TO PREVENT TRAFFIC THROUGH AN OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM TO OTHER AREAS OF THE SUITE, EXCEPT DIRECTLY CONNECTING SUBSTERILIZING ROOM SERVING ONLY OPERATING ROOMS OR OBSTETRICAL DELIVERY ROOMS TO WHICH IT CONNECTS.

(f) ANY ROOMS IN THE SUITE WHICH ARE PLANNED TO SERVE FOR OUTPATIENT SURGERY LOCATED SO THAT PENETRATION OF THE SUITE BY OUTPATIENTS IS LIMITED.

(g) CONDUCTIVITY METER WITHIN SUITE.[6]

(h) EMERGENCY COMMUNICATIONS SYSTEM CONNECTING EACH OPERATING ROOM AND DELIVERY ROOM TO CENTRAL STATION FOR SUITE OR OTHER AREA OF THE HOSPITAL IN WHICH THERE ARE ALWAYS NURSING PERSONNEL WHO ARE RESPONSIBLE FOR PROVIDING ASSISTANCE SHOULD AN EMERGENT NEED OCCUR.

(2) MAJOR OPERATING ROOM.

(a) AT LEAST ONE MAJOR OPERATING ROOM.

(b) MINIMUM DIMENSION AT LEAST 18 FEET.

MINIMUM CLEAR AREA AT LEAST 360 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(c) EQUIPMENT:

OVERHEAD SURGERY LIGHT.

TWO X-RAY FILM ILLUMINATORS.[6]

ELECTRIC CLOCK WITH SWEEP SECOND HAND AND INTERVAL TIMER.

STORAGE FOR SURGICAL SUPPLIES.[6] [18]

SUCTION OUTLETS.

OXYGEN OUTLETS.

(3) Minor operating room.

(a) All operating rooms should be designed as major operating rooms to achieve maximum flexibility in use. However, in large or specialty hospitals a large volume of minor surgery may make inclusion of minor operating rooms practical.

(b) MINIMUM DIMENSION AT LEAST 15 FEET.

MINIMUM CLEAR AREA AT LEAST 270 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(c) EQUIPMENT:

OVERHEAD SURGERY LIGHT.

TWO X-RAY ILLUMINATORS.[6]

ELECTRIC CLOCK WITH SWEEP SECOND HAND, AND INTERVAL TIMER.

STORAGE FOR SURGICAL SUPPLIES.[6] [18]

SUCTION OUTLETS.

OXYGEN OUTLETS.

(4) FRACTURE (OR CAST) ROOM.

(a) ONE IN EACH HOSPITAL OVER 100 BEDS (EXCLUDING BEDS IN NURSING HOME AND PSYCHIATRIC UNITS).

(b) MINIMUM DIMENSION 18 FEET. MINIMUM CLEAR AREA AT LEAST 324 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(c) May be in surgery suite or in emergency department.

(d) Splint and supply storage adjoining.

(e) EQUIPMENT:

OVERHEAD SURGERY LIGHT.

TWO X-RAY FILM ILLUMINATORS.[6]

WORK SURFACE.[6]

STORAGE FOR SURGICAL SUPPLIES.[6] [18]

SINK[9] WITH PLASTER TRAP. May be scrub sink. Splint and leak-proof plaster storage.[9]

SUCTION OUTLET.

OXYGEN OUTLET.

(5) Cystoscopy facilities.

(a) Cystoscopy operating room.

(i) One in each hospital over 100 beds.

(ii) May be in suitable location outside surgery suite.

(iii) MINIMUM DIMENSION AT LEAST 15 FEET.

MINIMUM CLEAR AREA OF 270 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(iv) Designed to serve for other surgical procedures when anticipated volume of cystoscopic work does not indicate maximum usage of room.

(v) IF LOCATED OUTSIDE SURGERY SUITE, PROVIDE SCRUB-UP FACILITIES AND FACILITIES FOR CLEANING, STERILIZATION AND STORAGE OF SUPPLIES AND EQUIPMENT.

(vi) EQUIPMENT:

OVERHEAD SURGERY LIGHT.

TWO X-RAY FILM ILLUMINATORS.[6]

WORK SURFACE.[6]

STORAGE FOR SURGICAL SUPPLIES.[6] [18]

ELECTRIC CLOCK WITH SWEEP SECOND HAND and interval timer.

X-RAY UNIT[6] – preferably mounted on urological table.

PROVISION FOR STERILE WATER SUPPLY.[6]
OXYGEN OUTLET.
SUCTION OUTLET.
(b) Dark room or equivalent.
(c) Adjoining toilet, if outside surgery suite.
(6) SCRUB-UP AREA.
(a) In rooms in which there is to be no open surgery or obstetrical deliveries, may be limited to one scrub sink within room.
(b) ADJACENT TO EACH OPERATING ROOM.
(c) DIRECT ACCESS TO EACH OPERATING ROOM.
(d) EQUIPMENT:
AT LEAST 3 SCRUB SINKS FOR EACH 2 OPERATING ROOMS, BUT IN NO CASE LESS THAN 2 SCRUB SINKS.
DETERGENT DISPENSER.[6] FOOT CONTROL IF LIQUID DISPENSER.
BRUSH DISPENSER.
STORAGE FOR MASKS, CAPS, NAIL FILES and boots.
CLOCK WITHIN VIEW FROM SCRUB SINKS.
(7) CLEAN-UP FACILITIES.[10]
(8) CLEAN WORKROOM.
EQUIPMENT:
LAVATORY.
WORK COUNTERS OR TABLES (OR EQUIVALENT).[6]
STORAGE FOR SUPPLIES AND SMALL EQUIPMENT.[6] [18]
May be omitted if written program defines a supply and equipment system which eliminates need for preparation and assembly within the suite.
(9) STERILIZING FACILITIES.
(a) AUTOCLAVES (WITH RECORDING THERMOMETERS) OF SUFFICIENT CAPACITY TO ACCOMMODATE SUPPLIES AND EQUIPMENT TO BE STERILIZED IN SUITE. Automatic controls on all autoclaves recommended.
(b) MINIMUM OF ONE AUTOCLAVE[11] IN EACH SURGERY SUITE, EXCEPT IN HOSPITALS OF 25 OR LESS BEDS, CENTRAL STERILIZING AND SUPPLY FACILITIES MAY SUFFICE IF PROPERLY ARRANGED FOR DIRECT ACCESS TO SUITE.
(c) IF PRACTICE OF STERILIZING UNWRAPPED SETS OF INSTRUMENTS IS TO BE FOLLOWED, A SUFFICIENT NUMBER OF AUTOCLAVES[12] MUST BE LOCATED TO PROVIDE DIRECT ACCESS TO EACH OPERATING ROOM AND OBSTETRICAL DELIVERY ROOM FROM A STERILIZING FACILITY.
(d) SOLUTION WARMER.[6]
(10) STORAGE.[18]
FOR:
INSTRUMENTS;
DRUGS;
LINEN;
BLOOD (REFRIGERATION) unless satisfactory provision elsewhere;
SOLUTIONS;
STERILE SUPPLIES AND SMALL EQUIPMENT;
LARGE EQUIPMENT; AND
STRETCHERS.
(11) ANESTHESIA STORAGE[13] unless satisfactory provision elsewhere.
(12) Anesthesia workroom.
(13) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]
(14) ADMINISTRATIVE FACILITIES.
(a) CONTROL STATION.
LOCATED TO PERMIT VISUAL SURVEILLANCE OF ALL TRAFFIC WHICH ENTERS SUITE.
TELEPHONE.
(b) SUPERVISOR'S OFFICE. May be combined with control station in suite which has less than 4 major rooms (operating and delivery).
Telephone.
(c) Surgery schedule board.
(d) Dictating facilities.
(e) Anesthetist's office.
(15) STAFF FACILITIES.
LOCATED TO BE ACCESSIBLE EITHER FROM IMMEDIATELY OUTSIDE OR UPON ENTRANCE TO SUITE.
(a) MEN'S LOCKER ROOM, TOILET, SHOWER and lounge.
A locker for each male who is employed in the suite or is an active member of the surgical or obstetrical medical staff and additional lockers for associate or visiting medical staff.
STORAGE FOR SCRUB CLOTHING.[6] [18]
(b) WOMEN'S LOCKER ROOM, TOILET, shower and lounge.
A locker for each female who is employed in the suite or is an active member of the surgical or obstetrical medical staff and additional lockers for associate or visiting medical staff.
STORAGE FOR SCRUB CLOTHING.[6] [18]
(16) Recovery unit.[14]
Located within or close to suite. IF WITHIN SUITE, LOCATED NEAR ENTRANCE AND AWAY FROM IMMEDIATE AREA OF OPERATING ROOMS AND, IF A COMBINED SUITE, AWAY FROM IMMEDIATE AREA OF DELIVERY ROOMS.
(17) Viewing gallery.
ACCESS TO GALLERY NOT THROUGH AN OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM and outside of suite.
GLASS SEPARATION BETWEEN GALLERY AND OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM.
(18) Exchange and/or transfer area.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').
[6]May be movable equipment.

[8]Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).

[9]OUTSIDE FRACTURE ROOM IF ROOM IS TO BE USED AS AN OPERATING ROOM FOR OPEN SURGERY.

[10]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

[11]May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

[12]May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

[13]See RECEIVING AND STORES, WAC 248-18-700(5), FLAMMABLE ANESTHETIC STORAGE.

[14]See Recovery Unit, WAC 248-18-560.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-565, filed 5/23/75; Order 107, § 248-18-565, filed 1/13/75; Regulation 18.590, § 1, filed 1/25/62.]

WAC 248-18-600 Obstetrical delivery facilities. [8] Required only if hospital is to provide obstetrical services. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

OBSTETRICAL DELIVERY FACILITIES may be provided in a separate, segregated obstetrical delivery suite or a combined surgery/obstetrical delivery suite but SHALL COMPLY WITH REQUIREMENTS UNDER EITHER (1) OR (2) WHICH FOLLOW.

(1) Separate, segregated, obstetrical delivery suite.

(a) DELIVERY SUITE - GENERAL.

(i) SEPARATE, SEGREGATED UNIT WHICH INCLUDES DELIVERY ROOMS AND ANCILLARY FACILITIES ESSENTIAL TO THE PROPER FUNCTIONING OF THE DELIVERY SUITE. ANCILLARY FACILITIES TO BE LOCATED OUTSIDE DELIVERY ROOM.

(ii) LOCATED TO PREVENT TRAFFIC THROUGH THE SUITE TO ANY OTHER AREA OF THE HOSPITAL.

(iii) CONVENIENTLY CLOSE TO POST-PARTUM PATIENT ROOMS AND NEWBORN NURSERY TO FACILITATE TRANSFER OF MOTHER AND INFANT FOLLOWING DELIVERY.

(iv) In small obstetrical departments located adjacent to post-partum nursing unit, with no facilities unrelated to obstetrical service intervening, to permit one staff to serve entire obstetrical service exclusively.

(v) ARRANGED TO PREVENT TRAFFIC THROUGH A DELIVERY ROOM TO OTHER AREAS OF DELIVERY SUITE EXCEPT DIRECTLY CONNECTING SUBSTERILIZING ROOM SERVING ONLY DELIVERY ROOMS TO WHICH IT CONNECTS.

(b) DELIVERY ROOM.

(i) DELIVERY ROOMS (FOR OBSTETRICAL SERVICES EXCLUSIVELY) IN RATIO OF AT LEAST 1 FOR EACH ANTICIPATED 700 DELIVERIES OR FRACTION THEREOF PER YEAR.

(ii) MINIMUM DIMENSION AT LEAST 16 FEET. MINIMUM CLEAR AREA AT LEAST 300 SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

EQUIPMENT:

SPECIAL DELIVERY ROOM LIGHT.[6]

STORAGE FOR DELIVERY ROOM SUPPLIES.[6] [18]

ELECTRIC CLOCK WITH SWEEP SECOND HAND AND INTERVAL TIMER.

Film illuminator.

SUCTION OUTLETS.

OXYGEN OUTLETS.

SEPARATE RESUSCITATION FACILITIES (ELECTRICAL OUTLETS, OXYGEN, SUCTION and compressed air) FOR NEWBORN INFANTS.

Writing surface.

(c) SCRUB-UP AREA.

ADJACENT TO EACH DELIVERY ROOM.

DIRECT ACCESS TO EACH DELIVERY ROOM.

EQUIPMENT:

AT LEAST 1 SCRUB SINK FOR EVERY DELIVERY ROOM.

Two scrub sinks for every delivery room recommended.

DETERGENT DISPENSER. FOOT CONTROL, IF LIQUID DISPENSER.

BRUSH DISPENSER.

STORAGE FOR MASKS, CAPS, NAIL FILES and boots.

CLOCK WITHIN VIEW FROM SCRUB SINKS.

(d) CLEAN-UP FACILITIES.[10]

(e) CLEAN WORKROOM.

EQUIPMENT:

LAVATORY

WORK COUNTERS OR TABLES (OR EQUIVALENT)[6]

STORAGE FOR SUPPLIES[6] [18]

May be omitted if written program defines a supply and equipment system which eliminates need for preparation and assembly within the suite.

(f) STERILIZING FACILITIES.

(i) AUTOCLAVES (WITH RECORDING THERMOMETERS) OF SUFFICIENT CAPACITY TO ACCOMMODATE SUPPLIES AND EQUIPMENT TO BE STERILIZED IN SUITE. Automatic controls on all autoclaves recommended.

(ii) MINIMUM OF 1 AUTOCLAVE[11] IN DELIVERY SUITE EXCEPT IF PRACTICE OF USING WRAPPED INSTRUMENT SETS IS TO BE FOLLOWED EXCLUSIVELY.

(iii) IF PRACTICE OF STERILIZING UNWRAPPED SETS OF INSTRUMENTS IS TO BE FOLLOWED, A SUFFICIENT NUMBER OF AUTOCLAVES[12] MUST BE LOCATED TO PROVIDE DIRECT ACCESS TO EACH DELIVERY ROOM FROM A STERILIZING FACILITY.

(iv) SOLUTION WARMER.[6]

(g) STORAGE.[18]

FOR:

INSTRUMENTS

DRUGS

BLOOD (REFRIGERATION) unless satisfactory provision elsewhere.

SOLUTIONS

STERILE SUPPLIES AND EQUIPMENT
CLEAN SUPPLIES AND SMALL EQUIPMENT
LINEN
LARGE EQUIPMENT
STRETCHERS

(h) ANESTHESIA STORAGE[13] unless satisfactory provision elsewhere.

(i) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]

(j) ADMINISTRATIVE FACILITIES.

(i) SUPERVISOR'S OFFICE. May be desk alcove in delivery suite.

Located to permit control of entrance to delivery suite.

(ii) TELEPHONE.

(iii) Dictating facilities.

(iv) Anesthetist's office.

(k) STAFF FACILITIES.

(i) MEN'S LOCKER ROOM, TOILET, shower and lounge.

LOCATED TO BE ACCESSIBLE EITHER IMMEDIATELY OUTSIDE OR UPON ENTRANCE TO DELIVERY SUITE.

In hospitals having only one delivery room and one operating room, one locker room, toilet and shower may be used for both delivery suite and surgery suite if located close to entrances of both.

STORAGE FOR SCRUB CLOTHING.[6] [18]

A locker for each male who is employed in the suite or is an active member of the obstetrical medical staff and additional lockers for associate or visiting medical staff.

(ii) WOMEN'S LOCKER ROOM, TOILET, shower and lounge.

Not required if hospital has less than 8 post-partum beds. May serve personnel of delivery suite, newborn nursery and post-partum unit if location convenient to all three areas and outside delivery suite.

LOCATED WITHIN AN AREA SERVING ONLY OBSTETRICAL PATIENTS, CLOSE TO OR AT ENTRANCE OF DELIVERY SUITE.

STORAGE FOR SCRUB CLOTHING.[6] [18]

(iii) Doctors' sleeping area.

(2) Combined surgery/obstetrical delivery suite.

(a) SEGREGATED UNIT WHICH INCLUDES FACILITIES FOR SURGERY SUITE AS REQUIRED UNDER WAC 248-18-565 AND FACILITIES FOR OBSTETRICAL DELIVERIES.

(b) SUITE TO INCLUDE NO FACILITIES (such as central sterilizing and supply service facilities) WHICH SERVE OTHER AREAS OF THE HOSPITAL AND THEREBY CREATE TRAFFIC UNNECESSARY TO THE COMBINED SURGERY/OBSTETRICAL DELIVERY SUITE.

(c) LOCATED TO PREVENT TRAFFIC THROUGH THE SUITE TO ANY OTHER AREA OF THE HOSPITAL AND TO FACILITATE TRANSFER OF INFANTS TO THE NEWBORN NURSERY AS WELL AS TO FACILITATE TRANSFER OF MOTHERS AND SURGICAL PATIENTS TO RECOVERY UNIT(S) OR OTHER APPROPRIATE NURSING UNITS.

(d) DELIVERY ROOM(S) AND SCRUB-UP AREA(S) TO COMPLY WITH WAC 248-18-600(1)(b) and WAC 248-18-600(1)(c).

(e) DESIGNED AND ARRANGED SO THAT, WITHIN THE SUITE, TRAFFIC TO SURGICAL OPERATING ROOMS IS SEPARATED FROM TRAFFIC TO OBSTETRICAL LABOR AND DELIVERY ROOMS.

(f) SERVICE AREAS LOCATED AND ARRANGED TO AVOID DIRECT TRAFFIC BETWEEN DELIVERY AND OPERATING ROOMS.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[8]Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).

[10]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

[11]May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

[12]May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

[13]See RECEIVING AND STORES, WAC 248-18-700(5), FLAMMABLE ANESTHETIC STORAGE.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-600, filed 5/23/75; Order 107, § 248-18-600, filed 1/13/75; Regulation 18.600, §§ 1-10, filed 1/25/62.]

WAC 248-18-605 Facilities for care of patients in labor. Required only if hospital is to provide obstetrical services. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515). WITHIN OR CLOSE TO OBSTETRICAL DELIVERY SUITE OR COMBINED SURGERY/OBSTETRICAL DELIVERY SUITE AND/OR POST-PARTUM UNIT.

(1) LABOR ROOM.

(a) LOCATED FOR ACCESS BY VISITORS WITHOUT PENETRATION OF THE IMMEDIATE AREA OF DELIVERY ROOMS OR OPERATING ROOMS.

(b) MAXIMUM CAPACITY OF 2 BEDS. One-bed rooms recommended.

OTHER STANDARDS FOR TYPICAL PATIENT ROOM APPLY.[15]

(c) ONE LABOR BED FOR EVERY ESTIMATED 350 DELIVERIES OR FRACTION THEREOF, PER YEAR.

(2) TOILETS AND BATHING FACILITIES.[16]

(a) WATER CLOSETS IN RATIO OF AT LEAST 1 TO EVERY 6 LABOR BEDS OR FRACTION THEREOF.

(b) SHOWERS IN THE RATIO OF AT LEAST 1 TO EVERY 8 LABOR BEDS OR FRACTION THEREOF, EXCEPT, IN HOSPITALS WITH LESS

THAN 8 POST-PARTUM BEDS, ONE SHOWER MAY SERVE BOTH POST-PARTUM AND LABOR PATIENTS IF PROPERLY LOCATED FOR USE BY BOTH TYPES OF PATIENTS.

(3) MEDICINE, UTILITY ROOMS, LINEN STORAGE AND HOUSEKEEPING FACILITIES.[7]

Not required if labor rooms are outside delivery suite or combined surgery/delivery suite and located for convenient use of facilities on post-partum unit. Not required if labor rooms are within delivery suite or combined surgery/delivery suite which has adequate service facilities for necessary functions in properly segregated clean and soiled rooms.

(4) BEDPAN ROOM.[17]

(5) Admission preparation room.

(6) Fathers' room. Close to facilities for care of patients in labor. IF WITHIN DELIVERY SUITE OR COMBINED SURGERY/DELIVERY SUITE, LOCATED NEAR ENTRANCE AND AWAY FROM IMMEDIATE AREA OF DELIVERY ROOMS AND OPERATING ROOMS.

NOTES:

[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

[15]See NURSING UNIT, GENERAL, WAC 248-18-530.

[16]See PATIENT TOILET AND BATHING FACILITIES, WAC 248-18-530(7) for additional requirements.

[17]See NURSING UNIT, GENERAL, WAC 248-18-530(8)(c), BEDPAN ROOM.

[Order 119, § 248-18-605, filed 5/23/75; Order 107, § 248-18-605, filed 1/13/75; Regulation 18.600, §§ 11-12, filed 1/25/62.]

WAC 248-18-607 Birthing room. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.)

(1) DEFINITION.

"BIRTHING ROOM" MEANS A ROOM DESIGNED, EQUIPPED AND ARRANGED TO PROVIDE FOR CARE OF A WOMAN AND NEWBORN AND TO ACCOMMODATE HER SUPPORT PERSONS DURING THE COMPLETE PROCESS OF VAGINAL CHILDBIRTH (THREE STAGES OF LABOR AND RECOVERY OF WOMAN AND NEWBORN).

(2) NUMBER.

DEPENDENT UPON ANTICIPATED PATIENT DEMAND AND USE.

(3) LOCATION.

SHALL BE LOCATED WITHIN OR CLOSE TO ONE OF THE FOLLOWING: OBSTETRICAL DELIVERY SUITE, COMBINED SURGERY/OBSTETRICAL DELIVERY SUITE, LABOR FACILITIES, NURSING UNIT, OR OTHER SUITABLE NURSING SERVICE PATIENT CARE AREAS.

(a) LOCATED TO PROVIDE PATIENT PRIVACY WITH ACCESS TO ESSENTIAL ANCILLARY FACILITIES.

(b) DIRECTLY ACCESSIBLE FROM CORRIDOR OF OBSTETRICAL SUITE, COMBINED SURGICAL/OBSTETRICAL SUITE, NURSING UNIT OR OTHER SUITABLE NURSING SERVICE AREA.

(c) LOCATED TO PREVENT TRAFFIC THROUGH BIRTHING ROOMS AND TO MINIMIZE ENTRANCE OF ODORS, NOISE AND OTHER NUISANCES.

(d) IF HOSPITAL HAS OBSTETRICAL-NEWBORN SERVICE, LOCATED WITH EASY ACCESS[47] TO NEWBORN NURSERY.

(4) CAPACITY.

MAXIMUM CAPACITY, ONE WOMAN, HER NEWBORN AND HER SUPPORT PEOPLE.

(5) SPACE.

MINIMUM DIMENSION OF 11'-0" AND MINIMUM AREA OF AT LEAST 160 SQUARE FEET OF USABLE FLOOR SPACE (i.e., EXCLUDES SPACE FOR LAVATORY, WARDROBE OR CLOSET, FIXED OR MOVABLE CABINETS, STORAGE FACILITIES AND ENTRY VESTIBULE). DESIGNED AND ARRANGED TO PROVIDE FOR AT LEAST 4'-0" OF SPACE AT ONE SIDE AND FOOT END OF THE BED. 180 square feet of usable floor space recommended.

(6) Window.[53] REQUIRED IF ROOM IS TO BE USED AS A PATIENT ROOM FOR POST-PARTUM CARE FOLLOWING RECOVERY, FOR A PERIOD OF TWENTY-FOUR HOURS OR LONGER.

(7) EQUIPMENT IN BIRTHING ROOM.

(a) LAVATORY WITHIN THE BIRTHING ROOM.

(b) ENCLOSED CLOSET OR LOCKER FOR PATIENT'S AND SUPPORT PERSONS' BELONGINGS WITHIN OR IN THE VICINITY OF BIRTHING ROOM.

(c) OXYGEN AND SUCTION OUTLETS ADJACENT TO HEAD OF BED.

For alteration projects, portable oxygen tanks and portable electrical mechanical suction equipment permitted.

(d) SEPARATE RESUSCITATION FACILITIES (ELECTRICAL RECEPTACLES AND OXYGEN OUTLETS) FOR NEWBORN INFANT(S). For alteration projects may use portable oxygen tanks.

(e) CLOCK[6] WITH SWEEP SECOND HAND.

(f) CURTAIN OR EQUIVALENT MEANS FOR PROVIDING VISUAL PRIVACY AT CORRIDOR DOOR OPENINGS, INTERIOR RELIGHT PARTITIONS, AND EXTERIOR WINDOWS.

(g) EMERGENCY SIGNAL DEVICE FOR USE OF THE STAFF TO REGISTER AT LOCATION FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE.

(8) TOILETS AND BATHING FACILITIES.

(a) TOILET ROOM SERVING ONE ADJOINING BIRTHING ROOM EXCLUSIVELY PROVIDED WITH WATER CLOSET (EQUIPPED WITH BEDPAN FLUSHING ATTACHMENT) FOR USE BY

THE PATIENT AND HER SUPPORT PERSON(S). IN ALTERATION PROJECTS PROPERLY LOCATED COMMUNAL TOILET ROOMS FOR EXCLUSIVE USE BY OBSTETRICAL PATIENTS IN RATIO OF AT LEAST ONE WATER CLOSET TO EVERY FOUR PATIENTS ARE ACCEPTABLE IN LIEU OF THE ADJOINING TOILET ROOM, PROVIDED OTHER NONPATIENT TOILET FACILITIES ARE AVAILABLE FOR SUPPORT PERSON(S).

(b) Support Person(s) Toilet and Dressing Room. REQUIRED ONLY IF TOILET AND DRESSING FACILITIES ARE REQUIRED BY PROGRAM AND FACILITIES ARE NOT AVAILABLE ADJOINING BIRTHING ROOM(S) OR IN THE DELIVERY SUITE OR COMBINED DELIVERY/OPERATING SUITE. CONVENIENT TO THE BIRTHING ROOM.

(c) SHOWERS IN THE RATIO OF AT LEAST ONE TO EVERY EIGHT BIRTHING ROOMS OR FRACTIONS THEREOF.[24] May be combined with showers for other patients.

(9) NURSES' STATION, MEDICINE AREA,[7] CLEAN AND SOILED UTILITY ROOMS,[7] AND HOUSEKEEPING FACILITIES.[5]

Not required if birthing room(s) is convenient to such facilities within the delivery suite or combined surgery/delivery suite, labor facilities, nursing unit or suitable nursing service patient care area which has adequate service facilities for necessary functions in properly segregated clean and soiled rooms.

(10) STORAGE FOR LARGE EQUIPMENT.

May be within the birthing room or in a clean room conveniently located to the birthing room.

(11) WHEELCHAIR AND STRETCHER STORAGE.

Not required if birthing room(s) is convenient to adequate storage facilities within the delivery suite or combined surgery/delivery suite, labor facilities, nursing unit or suitable nursing service patient care area.

(12) STAFF FACILITIES FOR MEDICAL AND NURSING STAFFS.

DRESSING ROOM AND TOILET, shower and lounge. STORAGE FOR SCRUB CLOTHING. Not required if birthing rooms are within or near an area which has adequate staff facilities.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[7]See GENERAL DESIGN REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

[24]In accordance with the program.

[47]"Easy access" means on the same floor or readily accessible to elevator services.

[53]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(4)(b), WINDOWS. [Statutory Authority: RCW 43.20.050. 80-03-085 (Order 195), § 248-18-607, filed 3/4/80.]

WAC 248-18-610 Obstetrical recovery unit. [14] Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

Within or close to delivery suite or combined surgery/delivery suite. IF WITHIN DELIVERY SUITE OR COMBINED SURGERY/DELIVERY SUITE, LOCATED NEAR ENTRANCE AND AWAY FROM IMMEDIATE AREA OF DELIVERY ROOMS AND OPERATING ROOMS.

NOTE:

[14]See Recovery Unit, WAC 248-18-560.

[Order 119, § 248-18-610, filed 5/23/75; Order 107, § 248-18-610, filed 1/13/75; Regulation 18.600, § 13, filed 1/25/62.]

WAC 248-18-615 Newborn nursery facilities. Required only if hospital is to provide obstetrical services. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) NURSERY FACILITIES, GENERAL.

(a) EACH NURSERY UNIT FOR NEWBORN INFANTS TO INCLUDE ONLY THE NURSERY ROOMS AND NECESSARY ANCILLARY FACILITIES.

(b) LOCATED TO PREVENT TRAFFIC THROUGH THE UNIT.

(c) LOCATED ADJACENT TO THE POSTPARTUM PATIENT ROOMS WITH NO FACILITIES UNRELATED TO OBSTETRICAL SERVICE BETWEEN NURSERY UNIT AND POSTPARTUM PATIENT ROOMS.

(d) ANCILLARY FACILITIES TO BE LOCATED IN A ROOM OR ROOMS OUTSIDE NURSERY ROOMS.

(2) FULL TERM NURSERY UNIT.

(a) NUMBER OF BASSINETS FOR FULL TERM INFANTS AT LEAST EQUAL TO ANTICIPATED MAXIMUM DAILY INFANT CENSUS.

(b) PROVISION FOR VIEWING INFANTS BY VISITORS FROM A SUITABLE LOCATION OUTSIDE NURSERY UNIT.

(c) NURSERY ROOM.

(i) NO ACCESS DIRECTLY FROM CORRIDOR.

(ii) MINIMUM OF TWENTY-FOUR SQUARE FEET OF FLOOR AREA PER BASSINET. Thirty square feet per bassinet recommended.

(iii) ROOMS DESIGNED FOR SPACING BASSINETS AT LEAST THREE FEET APART.

(iv) IN A NEWBORN NURSERY UNIT HAVING A CAPACITY EXCEEDING SIX BASSINETS, THERE SHALL BE AT LEAST TWO NURSERY ROOMS. THE CAPACITY OF A NURSERY ROOM SHALL NOT EXCEED TWELVE BASSINETS.

(v) EQUIPMENT:
LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.[6]
LAVATORY.
CLOCK VISIBLE FROM EACH PART OF NURSERY.
Oxygen and suction outlets.
(d) HANDWASHING AND GOWNING AREA.
(i) LOCATED AT EACH ENTRANCE TO NURSERY UNIT. May be immediately outside nursery unit.
(ii) EQUIPMENT:
LAVATORY.
LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.[6]
STORAGE FOR CLEAN GOWNS, CAPS, AND MASKS.[18]
FACILITIES FOR SUIT COATS[6] close to but outside nursery unit.
(e) EXAMINATION AREA.
(i) ADJACENT TO NURSERY ROOMS.
(ii) ONE EXAMINATION AREA OR ROOM MAY SERVE NO MORE THAN TWENTY-FOUR BASSINETS.
(iii) EQUIPMENT:
LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.[6]
LAVATORY – One lavatory with detergent dispenser may serve examination, handwashing and gowning areas if these areas are in the same room.
STORAGE FOR LINEN AND EQUIPMENT.
(f) CHARTING AND/OR OFFICE AREA.
(i) May be omitted in small units where infant records are to be kept at nurses' station serving postpartum beds.
(ii) LOCATED TO CONTROL ENTRANCE TO NURSERY UNIT.
(iii) View windows to nursery rooms.
(iv) EQUIPMENT:
WRITING DESK OR COUNTER.[6]
CHART RACK.[6]
TELEPHONE – May not be required if nursery unit close to nurses' station serving postpartum beds.
Bulletin board.
(g) NURSERY WORK (OR UTILITY) AREA.
(i) ADJOINING NURSERY ROOM(S).
(ii) ONE WORK (OR UTILITY) AREA OR ROOM MAY SERVE NO MORE THAN TWENTY-FOUR BASSINETS.
(iii) DESIGNED TO SEPARATE CLEAN AND SOILED AREAS.
(iv) CLEAN AREA.
EQUIPMENT:
SINK.
LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.[6]
WORK COUNTER.
FORMULA REFRIGERATOR[6] – Not required if refrigerator for formula is provided in formula room or postpartum nursing unit kitchen.
BOTTLE WARMING FACILITIES.[6]
STORAGE UNIT.[18] (FOR: LINEN, PHARMACEUTICALS, STERILE SUPPLIES AND CLEAN SUPPLIES AND EQUIPMENT).
(v) SOILED AREA.
ADEQUATE SPACE FOR WASTE CONTAINER, LINEN HAMPERS AND OTHER LARGE EQUIPMENT.
EQUIPMENT:
WORK COUNTER.
SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).
STORAGE UNITS.[18] (FOR: GENERAL CLEANING SUPPLIES AND EQUIPMENT).
(3) PREMATURE NURSERY UNIT. Separate nursery unit for prematures not required nor recommended where average daily census of less than 5 prematures is anticipated. REQUIREMENTS FOR NURSERY ROOMS AND ANCILLARY FACILITIES SAME AS FOR FULL TERM NURSERY UNIT, EXCEPT THAT MINIMUM OF 30 SQUARE FEET PER BASSINET IS REQUIRED IN NURSERY ROOMS.
(4) Observation (or Suspect) Nursery Unit.
(a) NO DIRECT ACCESS FROM OTHER NURSERY UNITS.
(b) MAXIMUM CAPACITY OF EACH OBSERVATION NURSERY UNIT – 2 BASSINETS.
(c) NURSERY ROOM.
REQUIREMENTS SAME AS FULL TERM NURSERY ROOM EXCEPT MINIMUM OF 40 SQUARE FEET PER BASSINET.
(d) HANDWASHING AND GOWNING AREA.
(i) LOCATED AT ENTRANCE TO OBSERVATION NURSERY UNIT.
(ii) EQUIPMENT:
LAVATORY.
LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.[6]
STORAGE FOR CLEAN GOWNS, CAPS AND MASKS.
(e) NURSERY WORK (OR UTILITY) AREA.
(i) ADJOINING NURSERY ROOMS.
(ii) DESIGNED TO SEPARATE CLEAN AND SOILED AREAS.
(iii) CLEAN AREA.
EQUIPMENT:
WORK COUNTER.
FORMULA REFRIGERATOR[6] – Not required if refrigerator for formula is provided in formula room or in postpartum nursing unit kitchen.
BOTTLE WARMING FACILITIES.[6]
LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.[6]
SINK OR LAVATORY (lavatory and detergent dispenser in handwashing and gowning area may serve if properly located).
STORAGE UNITS[18] (FOR: LINEN, PHARMACEUTICALS, STERILE SUPPLIES AND CLEAN SUPPLIES AND EQUIPMENT).
Bulletin board.
(iv) SOILED AREA.

(A) ADEQUATE SPACE FOR WASTE CONTAINER AND LINEN HAMPER.

(B) EQUIPMENT:

WORK COUNTER.

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE UNITS[18] (FOR: GENERAL CLEANING SUPPLIES AND EQUIPMENT).

(5) FACILITIES FOR JANITORS, MAIDS AND NURSERY PERSONNEL.

(a) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]

May be combined with housekeeping facilities for delivery suite or postpartum unit.

(b) NURSERY PERSONNEL LOCKER ROOM AND TOILET.

(i) Not required if hospital has less than 8 postpartum beds.

(ii) May be combined with nurses' locker room for delivery suite if located convenient to newborn nursery facilities and outside delivery suite.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-615, filed 5/23/75; Regulation 18.610, § 1, filed 1/25/62.]

WAC 248-18-636 Neonatal intensive care unit (NICU). Optional. SHALL MEET REQUIREMENTS IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) GENERAL.

(a) TO INCLUDE THE NEONATAL NURSERY ROOM(S) AND ANCILLARY FACILITIES ESSENTIAL TO PROPER FUNCTIONING OF THE UNIT. ANCILLARY FACILITIES FOR THE NICU MAY BE COMBINED WITH ANCILLARY FACILITIES FOR THE NEWBORN NURSERY UNIT PROVIDED THE INFECTION CONTROL PROGRAM REFLECTS CONTROL OF TRAFFIC BETWEEN AND THROUGH THE NEONATAL INTENSIVE CARE UNIT AND NEWBORN NURSERY UNIT.

(b) NEONATAL INFANT STATIONS MAY BE IN SEPARATE, SEGREGATED NURSERY ROOM OF NEWBORN NURSERY UNIT.

(c) EMERGENCY SIGNAL DEVICE IN EACH NEONATAL NURSERY ROOM TO REGISTER ALARM CALL IN AN AREA WHERE NURSING OR MEDICAL ASSISTANCE TO NEONATAL INTENSIVE CARE UNIT IS ALWAYS AVAILABLE.[24]

(2) LOCATION.

(a) LOCATED NEAR OBSTETRICAL DELIVERY FACILITIES, IF ANY, WITH EASY ACCESS[47] FROM THE EMERGENCY DEPARTMENT and/or heliport.

(b) LOCATED TO PREVENT TRAFFIC THROUGH THE UNIT.

(3) CAPACITY AND SPACE.

(a) CAPACITY OF EACH NURSERY ROOM NO LESS THAN FOUR INFANT STATIONS, EXCEPT IN ISOLATION ROOMS.

(b) MINIMUM OF 72 SQUARE FEET OF FLOOR AREA FOR EACH INFANT STATION EXCLUSIVE OF FIXED CABINETS AND EQUIPMENT USED FOR FUNCTIONS OTHER THAN DIRECT INFANT CARE. May include aisles and passageways within the neonatal intensive care unit.

(c) CORRIDORS, AISLES AND PASSAGEWAYS WITHIN THE NEONATAL INTENSIVE CARE UNIT SUFFICIENTLY WIDE TO ALLOW FOR UNIMPEDED MOVEMENT OF EQUIPMENT AND PERSONNEL.[24] 5'-0" minimum recommended.

(4) SCRUB-UP AREA.

(a) LOCATED AT ENTRANCES TO THE NEONATAL INTENSIVE CARE UNIT OR NEWBORN NURSERY UNIT IF NICU IS A PART THEREOF.

(b) EQUIPMENT:

(i) ONE SCRUB SINK FOR EVERY EIGHT INFANT STATIONS OR MAJOR FRACTION THEREOF, BUT NO LESS THAN TWO SCRUB SINKS.

(ii) DETERGENT DISPENSER.[6 24]

(iii) BRUSH OR SPONGE DISPENSER OR EQUIVALENT.[6]

(iv) KNEE, FOOT, ELECTRIC EYE, OR EQUIVALENT[41] FAUCET CONTROLS.

(v) CLEAN STORAGE for clean gowns, masks and nail cleaners.

(vi) WALL CLOCK[6] WITH SWEEP SECOND HAND OR EQUIVALENT VISIBLE FROM SCRUB-UP AREA.

(c) FACILITIES FOR HANGING OR STORAGE OF OUTER GARMENTS AT OR NEAR SCRUB AREA BUT NOT WITHIN NURSERY ROOMS.

(5) TRAFFIC CONTROL AND COMMUNICATION CENTER.

(a) LOCATED AT MAIN ENTRANCE OF NURSERY UNIT.

(b) EQUIPMENT:

(i) WRITING SURFACES.[6]

(ii) TELEPHONE.

(iii) INTERCOMMUNICATION SYSTEM DESIGNED FOR STAFF COMMUNICATION BETWEEN UNIT ROOMS AND BETWEEN NEONATAL INTENSIVE CARE UNIT AND OTHER AREAS OF THE HOSPITAL.[24]

(iv) Chart Rack,[6] REQUIRED IF PATIENT CHARTS ARE TO BE KEPT AT THE COMMUNICATION CENTER.

(v) Dictation equipment.

(vi) Computer stations and terminals.

(6) INFANT STATION.

(a) MINIMUM OF TWELVE ELECTRICAL RECEPTACLES OR SIX DUPLEX RECEPTACLES PER STATION.

(b) MINIMUM OF TWO OXYGEN OUTLETS PER STATION WITH CAPABILITIES TO WARM AND HUMIDIFY OXYGEN PRIOR TO ADMINISTRATION.

(c) MINIMUM OF TWO COMPRESSED AIR[49] OUTLETS PER STATION.

(d) MINIMUM OF TWO SUCTION OUTLETS PER STATION, three recommended.

(e) CLOSED STORAGE[6] FOR INDIVIDUAL SUPPLIES AND EQUIPMENT WITHIN EACH INFANT STATION.

(f) ONE LAVATORY WITH GOOSENECK SPOUT AND KNEE OR FOOT FAUCET CONTROL OR EQUIVALENT[41] FOR EVERY FOUR INFANT STATIONS. LOCATED CONVENIENT TO EACH INFANT STATION. DETERGENT DISPENSER.

(g) WORK COUNTER[6] FOR EACH INFANT STATION WITH PROVISION FOR WRITING SURFACE.

(h) SPACE TO ACCOMMODATE MONITORS.[6]

(i) LIGHTING,[6] AT LEAST 70 FOOT CANDLES MEASURED AT THE HEIGHT OF THE INFANT STATION OR TREATMENT TABLE.

(j) CLOCK(S) WITH SWEEP SECOND HAND FOR VIEWING FROM EACH INFANT STATION.

(k) X-RAY RECEPTACLE OUTLET(S) OR EQUIVALENT[24 and 50] AVAILABLE IN EACH NURSERY ROOM.

(7) Isolation Facilities. Optional.[24]

IF PROVIDED, ALL STANDARDS (a) THROUGH (k) FOR NEONATAL INFANT STATIONS, WAC 248-18-636(6) APPLY.

(8) UTILITY ROOMS. Need not open onto a corridor; may open into NICU.

(a) CLEAN UTILITY ROOM.

EQUIPMENT:

WORK COUNTER.

SINK WITH GOOSENECK SPOUT AND KNEE OR FOOT FAUCET CONTROLS OR EQUIVALENT.[41]

STORAGE CABINETS.[6]

REFRIGERATOR.

Freezer.

FORMULA STORAGE.

(b) SOILED UTILITY ROOM.

(i) LOCATED FOR REMOVAL OF SOILED MATERIAL WITHOUT GOING THROUGH CLEAN AREAS OR INFANT CARE AREAS.

(ii) ADEQUATE SPACE FOR COVERED WASTE CONTAINERS, LINEN HAMPERS, CONTAINERS FOR COLLECTION OF USED BOTTLES AND FOR OTHER SMALL AND LARGE EQUIPMENT PRIOR TO ITS CLEANING.

(iii) EQUIPMENT:

WORK COUNTER.

SINK (DOUBLE COMPARTMENT IF WASHING AND RINSING OF SOILED ITEMS TO BE DONE IN THE ROOM). MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER.

STORAGE UNITS, for general cleaning supplies and equipment laboratory centrifuge and other laboratory equipment.

(9) MEDICINE AREA.

(a) May be combined with clean utility room.

(b) EQUIPMENT:

WORK COUNTER.

SINK, (Sink in clean utility room may serve, if properly located).

LOCKED DRUG STORAGE.

REFRIGERATOR.[6] May be same as for other thermolabile products used for treatment purposes.

(10) HOUSEKEEPING FACILITIES.[5]

(11) Treatment Room.

(a) LOCATION, ADJACENT TO THE INFANT CARE AREAS.

(b) MINIMUM DIMENSION 8 FEET.

MINIMUM OF 80 SQUARE FEET EXCLUSIVE OF DOOR SWING AND FIXED AND MOVABLE CABINETS AND SHELVES.

(c) 4' 0" WIDE DOOR TO ROOM.

(d) EQUIPMENT:

(i) LAVATORY OR SINK WITH GOOSENECK SPOUT AND KNEE OR FOOT FAUCET CONTROLS OR EQUIVALENT[41] DETERGENT DISPENSER.

(ii) RADIANT HEATER[6] FOR INFANT CARE.

(iii) AT LEAST TWO OXYGEN OUTLETS.

(iv) AT LEAST TWO COMPRESSED AIR OUTLETS.

(v) AT LEAST TWO SUCTION OUTLETS.

(vi) STORAGE FOR CLEAN AND STERILE SUPPLIES AND EQUIPMENT.

(vii) EXAMINATION LIGHT[6] AT TREATMENT TABLE.

(viii) MINIMUM OF TWELVE ELECTRICAL RECEPTACLES OR SIX DUPLEX RECEPTACLES.

(ix) EMERGENCY SIGNAL DEVICE TO REGISTER ALARM CALL IN AREA WHERE MEDICAL OR NURSING ASSISTANCE IS ALWAYS AVAILABLE.[24]

(x) X-RAY ELECTRICAL RECEPTACLE OUTLET OR EQUIVALENT.[24 50]

(12) STORAGE.

(a) Storage area for portable x-ray equipment. REQUIRED IF PORTABLE X-RAY EQUIPMENT TO BE STORED IN NEONATAL INTENSIVE CARE UNIT. May be included in the equipment storage room.

(b) CLEAN EQUIPMENT STORAGE ROOM FOR MAJOR PORTABLE EQUIPMENT WITHIN OR ADJACENT TO THE UNIT.

(13) OFFICE FOR NURSING SUPERVISOR AND/OR HEAD NURSE WITHIN THE UNIT OR IN IMMEDIATE VICINITY.

(14) PARENT EDUCATION FACILITIES.[48]

(a) DEMONSTRATION AND FEEDING AREA.

CUBICLE CURTAINS COMPLETELY SCREENING MOTHERS WHILE BREAST FEEDING OR AN EQUIVALENT MEANS OF PROVIDING FOR COMPLETE PRIVACY WHILE BREAST FEEDING.

(b) EQUIPMENT:

LAVATORY WITH GOOSENECK SPOUT AND KNEE OR FOOT FAUCET CONTROLS OR EQUIVALENT.[41] DETERGENT DISPENSER. May be a lavatory located in other suitable, clean, nearby area.

STORAGE FOR EDUCATIONAL MATERIALS.

(15) CONFERENCE ROOM.[48] May be used as a multipurpose room, (e.g. parent conferences, medical staff and nurses conferences, reports, etc.).

(16) DOCTORS' SLEEPING ROOM.[48]

May be located outside the unit but in close proximity to the unit.

(17) LOUNGE, TOILET AND LOCKER FACILITIES.

(a) STAFF FACILITIES.

(i) LOCATED TO BE ACCESSIBLE OUTSIDE OR UPON ENTRANCE TO THE UNIT.[48]

(ii) LOCKER, DRESSING ROOM, shower, TOILET AND LOUNGE FACILITIES.[48]

Storage for clean gowns and scrub clothing.

(b) FACILITIES FOR PARENTS OR OTHERS WHO WILL BE CARING FOR AN INFANT.

(i) LOCATED TO BE ACCESSIBLE IMMEDIATELY OUTSIDE OR UPON ENTRANCE TO THE UNIT.

(ii) WAITING AREA OR LOUNGE LOCATED ADJACENT TO NEONATAL INTENSIVE CARE UNIT.

(iii) Provision for personal belongings.[48]

(iv) TOILET AVAILABLE FOR PARENTS.[48]

(v) Public telephone.

(18) MISCELLANEOUS.

(a) FACILITIES FOR X-RAY FILM ILLUMINATION.[6]

(b) ACOUSTICAL TREATMENT OF NURSERY ROOMS TO MINIMIZE NOISE WITHIN THE ROOM.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-718(5) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710

[24]In accordance with program.

[41]Equivalent when used in reference to faucet controls means a mechanism for operating without the use of hands, wrists or arms.

[47]"Easy access" means on the same floor or readily accessible to elevator services.

[48]May be combined with obstetrical service facilities or other facilities, which are convenient to Neonatal Intensive Care Unit.

[49]Compressed air is filtered air free of oil and other substances, particles, or contaminants.

[50]Equivalent for x-ray receptacle outlet(s) refers to a battery operated self-contained x-ray machine. [Statutory Authority: RCW 43-.20.050. 80-03-085 (Order 195), § 248-18-636, filed 3/4/80.]

WAC 248-18-640 Infant formula facilities. Required only if hospital is to provide obstetrical or pediatric services. SHALL MEET REQUIREMENTS IF INCLUDED. (REQUIREMENTS ARE SHOWN IN CAPITAL LETTERS. SEE WAC 248-18-515). FACILITIES LISTED UNDER EITHER (1) OR (2) BELOW ARE REQUIRED.

(1) FACILITIES FOR PREPARATION OF FORMULA IN HOSPITAL.

(a) Not required if services of a commercial formula service to be used exclusively.

(b) Located on obstetrical unit, pediatric unit, or in dietary department.

(c) LOCATED TO AVOID CONTAMINATION OF FORMULA.

(d) LOCATED TO PREVENT THROUGH TRAFFIC.

(e) DESIGNED TO PROVIDE SEPARATE CLEAN AND SOILED AREAS.

(i) SOILED AREA TO SERVE FOR RECEIVING AND WASHING OF GLASSWARE, NIPPLES AND UTENSILS.

(ii) CLEAN AREA TO SERVE FOR PREPARATION, TERMINAL HEATING, AND STORAGE OF FORMULAS AND SPECIAL FLUIDS.

(f) BOTTLE AND UTENSIL WASHING AREA (SOILED AREA).

EQUIPMENT:

WORK COUNTER.

TWO-COMPARTMENT SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER). Single compartment sink may serve if mechanical bottle washing machine is provided.

Mechanical nipple washer.

STORAGE FOR CLEANING AGENTS.

(g) FORMULA PREPARATION AREA (CLEAN AREA).

EQUIPMENT:

WORK COUNTER.

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER) - If formula is to be prepared for less than 6 infants per day, sink in washing area may serve if in same room and equipped with foot, knee or elbow faucet control and gooseneck spout.

STORAGE FOR FORMULA INGREDIENTS, CLEAN BOTTLES, ETC. No cabinet should be immediately above formula preparation area.

HOT PLATE.[6]

EQUIPMENT FOR TERMINAL STERILIZATION.[6] Sterilizing equipment in a suitable location elsewhere in hospital may be used.

REFRIGERATION.[6] Not required if refrigerator for formula is provided in other suitable location.

(h) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5] Suitable combination with other housekeeping facilities permitted if convenient to infant formula facilities.

(2) FACILITIES REQUIRED WHEN COMMERCIAL FORMULA SERVICE USED.

(a) RECEIVING AND STORAGE AREA (CLEAN AREA). May be combined with dietary facilities or other suitable clean facilities.

EQUIPMENT:

COUNTER.

REFRIGERATOR.

(b) PICK-UP AREA (SOILED AREA). May be combined with other suitable facilities.

EQUIPMENT:

STORAGE FOR USED BOTTLES AND NIPPLES.

Counter.

Sink.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[Order 119, § 248-18-640, filed 5/23/75; Regulation 18.620, filed 1/25/62.]

WAC 248-18-645 Emergency department. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS – SEE WAC 248-18-515). REQUIRED IF HOSPITAL WILL OFFER EMERGENCY CARE SERVICES REGULARLY.

(1) EMERGENCY DEPARTMENT – GENERAL.[8]

(a) ON SAME FLOOR AS EMERGENCY PATIENTS' ENTRANCE.

(b) LOCATED FOR READY ACCESS FROM EMERGENCY PATIENT ENTRANCE.

(c) SEPARATE FROM SURGERY SUITE AND DELIVERY SUITE.

(d) LOCATED SO EMERGENCY TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(e) Close to radiology department.

(f) NUMBERS, TYPES AND EQUIPMENT OF ROOMS TO BE PREDICATED UPON THE SCOPE AND TYPES OF SERVICES TO BE OFFERED AND THE ANTICIPATED PATIENT LOAD.

(g) CUBICLE CURTAINS OR AN EQUIVALENT MEANS FOR PROVIDING COMPLETE PRIVACY SCREENING FOR EACH EXAMINATION OR TREATMENT TABLE (OR CART) AND PATIENT BED IN EXAMINATION, TREATMENT OR OBSERVATION ROOMS.

(h) AN EMERGENCY AUDIO ALARM SYSTEM WITH AN EMERGENCY ALARM SIGNAL DEVICE IN EACH TREATMENT, EXAMINATION, AND OBSERVATION ROOM. EMERGENCY AUDIO ALARM TO BE DISTINCT AND DIFFERENT FROM OTHER AUDIO SIGNALS AND ALARM SYSTEMS IN HOSPITAL. EMERGENCY AUDIO ALARM SYSTEM TO SOUND ALARM CALL INTO AN AREA OF HOSPITAL WHERE NURSING PERSONNEL ARE ON DUTY AT ALL TIMES. IN MULTI-ROOM EMERGENCY DEPARTMENT, EMERGENCY ALARM SYSTEM ALSO TO ACTIVATE A DISTINCT VISUAL SIGNAL AT DOOR OF ROOM FROM WHICH ALARM IS SOUNDED SO PERSONS RESPONDING TO AUDIO ALARM CAN IMMEDIATELY IDENTIFY ROOM IN WHICH ASSISTANCE IS NEEDED.

(2) STRETCHER AND WHEELCHAIR STORAGE.

ADJACENT TO EMERGENCY DEPARTMENT ENTRANCE.

(3) RECEIVING AND TRIAGE AREA.

(a) ADJACENT TO EMERGENCY ENTRANCE.

(b) ADJACENT TO TREATMENT ROOMS.

(c) Sufficient space for triage in event of mass casualties.

(4) REGISTRATION AREA.

(a) OFFICE FACILITIES OR DESK SPACE FOR REGISTRATION LOCATED TO CONTROL ACCESS TO AREAS OF THE EMERGENCY DEPARTMENT IN WHICH EXAMINATION, TREATMENT, AND OBSERVATION ROOMS ARE LOCATED.

(b) CONVENIENT TO WAITING AREA.

(5) WAITING AREA.

(a) OUTSIDE AREA OF MAIN TRAFFIC FLOW IN EMERGENCY DEPARTMENT.

(b) May be combined with other waiting area which is in close proximity to emergency department.

(6) PUBLIC TOILETS.

Other public toilets may serve if close and easily accessible from the emergency department.

(7) Police, press, and ambulance attendants' room(s).

(a) OUTSIDE AREA OF MAIN TRAFFIC FLOW IN EMERGENCY DEPARTMENT.

(b) Equipped with desk and telephone.

(8) MAJOR EMERGENCY TREATMENT ROOM(S).

(a) Number of rooms dependent upon anticipated volume of emergency services.

(b) AT LEAST ONE, MAJOR EMERGENCY TREATMENT ROOM.

(c) DIMENSIONS AND ARRANGEMENT OF EACH EMERGENCY TREATMENT ROOM TO PROVIDE A CLEAR SPACE AT LEAST 4 FEET WIDE BETWEEN BOTH SIDES AND BOTH ENDS OF EACH TREATMENT TABLE (OR CART) AND ANY FIXED EQUIPMENT (CABINETS, SINKS, ETC.) OR MAJOR MOVABLE EQUIPMENT WHICH IS KEPT IN THE ROOM: PROVIDED, HOWEVER, THE CLEAR SPACE BETWEEN TREATMENT TABLES (OR CARTS) SHALL BE AT LEAST 8 FEET WIDE. THE FLOOR SPACE ALLOWED FOR A TREATMENT TABLE SHALL BE AT LEAST 80 INCHES BY 30 INCHES.

(d) Major emergency treatment room designed and equipped to accommodate at least two treatment tables if emergency department has only one major treatment room.

(e) EQUIPMENT:

STORAGE FOR CLEAN AND STERILE SUPPLIES, SMALL EQUIPMENT AND DRUGS.[6] [18]

CLEAN WORK COUNTER FOR ASSEMBLY AND PREPARATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT FOR USE.[6]

SINK (MOUNTED IN, INTEGRAL WITH OR ADJACENT TO CLEAN WORK COUNTER).

SCRUB SINK – 8 FEET APART OR PHYSICAL BARRIER SEPARATING FROM CLEAN WORK COUNTER AND STORAGE FOR CLEAN AND STERILE SUPPLIES AND EQUIPMENT AND DRUGS. Not required if a scrub sink is located outside but adjacent to emergency treatment room.

DETERGENT DISPENSER.[6]

SOILED WORK COUNTER FOR COLLECTION OF CONTAMINATED SUPPLIES AND EQUIPMENT.[6]

SINK WITH PLASTER TRAP – Not required if separate fracture room provided. Suitable combination with other sink in emergency department permitted.

TREATMENT LIGHT.[6]

SUCTION OUTLET.

OXYGEN OUTLET.

FILM ILLUMINATORS.[6]

OUTLET FOR PORTABLE X-RAY MACHINE.

CLOCK – WITH SWEEP SECOND HAND and interval timer.

SPACE FOR MAJOR MEDICAL EQUIPMENT WHICH IS TO BE KEPT IN ROOM.

SPACE FOR LINEN HAMPERS AND TRASH CONTAINERS.

(9) Minor treatment and examination room(s).

(a) At least one minor treatment and examination room.

(b) DIMENSIONS AND ARRANGEMENT OF EXAMINATION ROOM(S) TO PROVIDE AT LEAST 80 NET SQUARE FEET OF FLOOR SPACE, EXCLUSIVE OF SPACE FOR LAVATORY, CABINETS, WORK COUNTER, WARDROBE, DESK OR VESTIBULE. CONFIGURATION OF THIS NET FLOOR SPACE TO ALLOW FOR PLACEMENT OF A 6 FEET X 2 FEET EXAMINATION TABLE WITH AT LEAST 3 FEET WIDE CLEAR SPACE ON EACH SIDE OF THE TABLE AND 4 FEET WIDE CLEAR SPACE AT THE FOOT END OF THE TABLE.

(c) EQUIPMENT:

LAVATORY.

WORK COUNTER.[6]

STORAGE FOR SUPPLIES AND EQUIPMENT.[6] [18]

SUCTION OUTLET.

OXYGEN OUTLET.

EXAMINATION LIGHT.[6]

(10) Observation room(s).

(a) NEAR TO NURSES' STATION OR OTHER CONTROL STATION TO PERMIT CLOSE OBSERVATION OF PATIENTS.

(b) AT LEAST 125 SQUARE FEET IN ONE-BED ROOM.

(c) MINIMUM DIMENSION OF 10 FEET FOR ONE-BED ROOM.

(d) EACH MULTIPLE BED ROOM DESIGNED TO PROVIDE AT LEAST 4 FEET WIDE SPACE BETWEEN SIDE OF EACH BED (OR CART) AND ANY WALL, OTHER BED OR FIXED EQUIPMENT (e.g., CABINET, SINK, CLOSET) AND AT LEAST 5 FEET WIDE SPACE BETWEEN FOOT END OF ANY BED AND ANY WALL OR FIXED EQUIPMENT.

(e) ROOM DETAILS, DOORS, HARDWARE, WINDOWS, AND SCREENS IN ANY ROOM FOR SEVERELY DISTURBED PERSON TO PROVIDE FOR PATIENT SAFETY IN AN UNOBTRUSIVE MANNER.

(f) EQUIPMENT:

LAVATORY IN EACH ROOM.

A NURSE CALL SIGNAL DEVICE AT EVERY PATIENT BED.

OXYGEN OUTLET FOR EACH BED (OR CART).

SUCTION OUTLET FOR EACH BED (OR CART).

CLOSET OR LOCKER PER EACH BED FOR PATIENT CLOTHING. May be in or adjacent to observation room(s).

SEPARATE STORAGE PER BED FOR EXTRA PILLOWS AND BLANKETS. May be combined with closet or locker.

(11) PATIENT TOILET(S).

(a) CONVENIENT TO EXAMINATION AND TREATMENT ROOMS.

(b) TOILET(S) LOCATED SO PATIENTS IN EVERY OBSERVATION ROOM HAVE ACCESS TO A TOILET WITHOUT ENTERING A PUBLIC CORRIDOR.

(c) AT LEAST ONE COMMUNAL PATIENT TOILET DESIGNED AND ARRANGED TO ACCOMMODATE A PATIENT IN A WHEELCHAIR.

(d) GRAB BARS AT EACH PATIENT TOILET.

(12) MEDICINE AREA.[7]

(13) UTILITY ROOMS.[7]

(14) DESK SPACE FOR NURSES AND PHYSICIANS.

May be combined with office facilities in reception, triage and registration area.

(15) EQUIPMENT STORAGE.

(a) STORAGE FOR MOBILE CART WITH EMERGENCY MEDICAL SUPPLIES AND EQUIPMENT (CRASH CART) IN A CLEAN AREA WHICH IS READILY ACCESSIBLE FROM ALL ROOMS USED FOR PATIENT CARE OR TREATMENT.

(b) Storage area for portable x-ray equipment.

REQUIRED IF PORTABLE X-RAY EQUIPMENT TO BE STORED IN EMERGENCY DEPARTMENT.

(c) STORAGE FOR OTHER MAJOR PORTABLE OR MOBILE EQUIPMENT.

(16) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]

Suitable combination with other housekeeping facilities permitted if convenient to emergency department.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.
[8]Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).
[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-645, filed 5/23/75; Order 106, § 248-18-645, filed 1/13/75; Regulation 18.630, filed 1/25/62.]

WAC 248-18-650 Outpatient department. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) OUTPATIENT DEPARTMENT, GENERAL.

(a) LOCATED FOR EASY ACCESS BY OUTPATIENTS.

(b) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(c) Located for convenient access to radiology, pharmacy, laboratory, and physical therapy.

(d) NUMBER, SIZE AND TYPE OF FACILITIES DEPENDENT UPON TYPE AND ANTICIPATED VOLUME OF OUTPATIENT WORK.

(2) ADMINISTRATIVE FACILITIES.

(a) In small department may be combined with inpatient or emergency department administrative facilities.

(b) Secondary facilities may be needed adjacent to major clinic areas in large department.

(c) WAITING AREA.

(d) ADMITTING FACILITIES.

(e) Appointment and cashier facilities.

(f) Office.

(g) PUBLIC TOILET.

(h) Staff toilet.

(3) EXAMINATION ROOM.

(a) MINIMUM DIMENSION OF 8 FEET AND MINIMUM AREA OF 80 SQUARE FEET.

(b) EQUIPMENT:

LAVATORY OR SINK.

EXAMINATION LIGHT.[6]

STORAGE FOR SUPPLIES AND EQUIPMENT.[18]

Dressing cubicles.

Film illuminator.

(4) Doctors' office.

(5) Minor surgery or treatment room.

(a) MINIMUM DIMENSION OF 15 FEET.

(b) EQUIPMENT:

SCRUB SINK.

LIQUID DETERGENT DISPENSER WITH FOOT CONTROL.[6]

SURGERY OR TREATMENT LIGHT.[6]

STORAGE FOR SUPPLIES AND EQUIPMENT.[6] [18]

FILM ILLUMINATOR(S).[6]

(6) UTILITY ROOM.[7]

Located close to examination and treatment rooms.

(7) MEDICINE FACILITIES.[7]

(8) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]

Suitable combination with other housekeeping facilities permitted if convenient to outpatient department.

(9) LINEN STORAGE.[18]

(10) EQUIPMENT STORAGE.[18]

(11) Observation or recovery room.[14]

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').
[6]May be movable equipment.
[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.
[14]See Recovery Unit, WAC 248-18-560.
[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-650, filed 5/23/75; Regulation 18.640, filed 1/25/62.]

WAC 248-18-655 Radiology facilities. [21] (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).

(1) RADIOLOGY FACILITIES, GENERAL.

(a) LOCATED FOR CONVENIENT TRANSPORT OF PATIENTS FROM EMERGENCY DEPARTMENT, SURGERY SUITE AND NURSING UNITS and for access by outpatients.

(b) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(c) GROUNDING OF TABLE, TUBE STAND AND CONTROLS OR ANY ASSOCIATED ELECTRICAL APPARATUS AS SPECIFIED BY THE NATIONAL ELECTRICAL CODE, 1959 NFPA 70.

(d) INSTALLATIONS OF X-RAY EQUIPMENT AND RADIATION PROTECTION OF FLOORS, DOORS, WALLS AND CEILINGS AS SPECIFIED IN NATIONAL BUREAU OF STANDARDS HANDBOOK 76, MEDICAL X-RAY PROTECTION UP TO THREE MILLION VOLTS, FEBRUARY 9, 1961.

(e) INSTALLATIONS OF COBALT-60, OR OTHER SOURCES OF IONIZING RADIATION, AS SPECIFIED IN NATIONAL BUREAU OF STANDARDS HANDBOOK 73, PROTECTION AGAINST RADIATION FROM SEALED GAMMA SOURCES, JULY 27, 1960, OR "RULES AND REGULATIONS FOR RADIATION PROTECTION" OF THE WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, TITLE 402 WAC, WHICHEVER IS MORE STRICT.

(2) ADMINISTRATIVE FACILITIES. Need not be in separate rooms.

(a) OFFICE AREA.

Equipment:

Telephones.

Bulletin board.

Electric clock.

(b) VIEWING AREA.

EQUIPMENT:

FILM ILLUMINATORS.[6]

(c) FILM FILE AREA (ACTIVE).

(d) FILM STORAGE (INACTIVE).

Need not be located with other radiology facilities.

(3) WAITING AREA.

(a) May be shared with suitable waiting areas for other hospital services if adjacent.

(b) SUITABLE SPACE FOR WHEELCHAIR AND STRETCHER PATIENTS.

(c) Not required in hospitals of less than 25 beds.

(4) RADIOGRAPHIC ROOM.

(a) AT LEAST ONE FOR EVERY HOSPITAL. IN HOSPITALS OF 150 BEDS AND OVER (EXCLUDING BEDS IN NURSING HOME AND PSYCHIATRIC UNITS) MINIMUM OF ONE ADDITIONAL RADIOGRAPHY ROOM.

(b) DESIGNED TO PERMIT ACCESS FOR WHEELED STRETCHER OR BED.

(c) CONTROL AREA WITH RADIATION PROTECTIVE BARRIER.

(5) FACILITIES FOR FLUOROSCOPY.

(a) May be separate or combined with radiographic room.

(b) LIGHT PROOF.

(6) BARIUM PREPARATION AREA.

(a) BARIUM SINK WITH WORK COUNTER.

(b) STORAGE FACILITIES.[18]

(7) DARK ROOM.

(a) LIGHT PROOF.

(b) EQUIPMENT:

SAFELITE.

DEVELOPING TANK – Thermostatic mixing valve.

FILM STORAGE.[6]

WORK COUNTER.

SINK OR LAVATORY.

PROVISION FOR FILM DRYING.[6]

FILM ILLUMINATOR.[6]

Lightproof cassette passbox to radiographic room.

(8) DRESSING AREA.

(a) ROOMS OR BOOTHS LOCATED FOR PRIVACY ENROUTE TO RADIOGRAPHIC ROOMS AND TOILET ROOMS.

(b) Two for each radiographic room recommended.

(c) GOWN STORAGE.[6] [18]

(d) SPACE FOR LINEN HAMPER.

(9) TOILET ROOM.

LOCATED FOR READY ACCESS FROM EACH RADIOGRAPHIC ROOM.

(10) Therapy room.

(11) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]

Suitable combination with other housekeeping facilities permitted if convenient to radiology facilities.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[21]Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.

[Order 119, § 248-18-655, filed 5/23/75; Regulation 18.650, filed 1/25/62.]

WAC 248-18-660 Laboratory facilities. (REQUIREMENTS IN CAPITAL LETTERS – SEE WAC 248-18-515). NUMBER, SIZE, AND TYPE OF FACILITIES DEPENDENT UPON TYPE AND ANTICIPATED VOLUME OF LABORATORY WORK.

(1) LABORATORY, GENERAL.

(a) Located for convenient access by outpatients and from surgery and nursing units.

(b) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(2) ADMINISTRATIVE FACILITIES.

(a) WAITING AREA.

May be combined with other suitable waiting area which is adjacent.

(b) OFFICE SPACE.

(c) Pathologist office.

(3) HEMATOLOGY FACILITIES.

(a) May be same facilities as for urinalysis and/or bacteriology, parasitology and serology.

(b) EQUIPMENT:

SINK.[19]

WORK COUNTER[20] INCLUDING AREA WITH KNEE SPACE.

STORAGE FOR SUPPLIES AND EQUIPMENT.

CENTRIFUGE.[6]

Gas and compressed air outlets.

(4) URINALYSIS FACILITIES.

(a) May be same facilities as for hematology and/or bacteriology, parasitology and serology.

(b) EQUIPMENT:

SINK.[19]

WORK COUNTER[20] INCLUDING AREA WITH KNEE SPACE.

STORAGE FOR SUPPLIES AND EQUIPMENT.

CENTRIFUGE.[6]

Gas and compressed air outlets.

(5) BACTERIOLOGY, PARASITOLOGY AND SEROLOGY FACILITIES.

(a) May be same facilities as for hematology and/or urinalysis.

(b) EQUIPMENT:

SINK.[19]

WORK COUNTER[20] WITH KNEE SPACE.

INCUBATOR.[6]

STORAGE FOR SUPPLIES AND EQUIPMENT.

WATER BATH.[6]

REFRIGERATOR.[6]

CENTRIFUGE.[6]

Suction, gas and compressed air outlets.

(6) BIOCHEMISTRY FACILITIES.

(a) Not required in hospitals of less than twenty-five beds.

(b) May be combined with facilities for bacteriology, parasitology and serology or with facilities for hematology and/or urinalysis if additional counter space provided.

(c) EQUIPMENT:
CUP SINK – May be omitted if combined with other facilities.
WORK COUNTER.[20]
STORAGE FOR SUPPLIES AND EQUIPMENT.
Suction, gas and compressed air outlets.
(7) CLEAN-UP AND STERILIZING AREA.
EQUIPMENT:
WORK COUNTER.[20]
DOUBLE SINK[19] (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).
AUTOCLAVE.[6]
HOT AIR STERILIZER OR ELECTRIC DRYING OVEN.[6]
STORAGE FOR SUPPLIES AND EQUIPMENT.
Suction, gas and compressed air outlets.
(8) Histology facilities.
(a) May be combined with other laboratory facilities, if additional counter space provided.
(b) Adjacent to pathologist's office.
(c) EQUIPMENT:
SINK[19] – May be omitted if combined with other facilities.
WORK COUNTER[20] INCLUDING AREA WITH KNEE SPACE.
STORAGE FOR SUPPLIES AND EQUIPMENT.
Gas and compressed air outlets.
(9) Basal metabolism and electrocardiography facilities.
(10) Morgue and autopsy facilities.
Located for transportation of bodies without notice by patients and visitors.
(a) Morgue.
Equipment:
Mortuary refrigerator or cold room.
(b) Autopsy room.
EQUIPMENT:
AUTOPSY TABLE (WITH WATER SUPPLY AT OR ABOVE AUTOPSY TABLE).
FLOOR DRAIN.
SCRUB SINK.
WORK COUNTER.[6]
STORAGE FOR SUPPLIES AND EQUIPMENT.
INSTRUMENT STERILIZER[6] unless adequate provision elsewhere.
Suction outlet.
Clinic service sink (Siphon jet).
(11) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]
Suitable combination with other housekeeping facilities permitted if convenient to laboratory facilities.
(12) Animal quarters.
(a) LOCATED APART FROM LABORATORY AND TO AVOID ANNOYANCE. Outside entrance recommended.
(b) ADEQUATE FACILITIES BASED UPON TYPES AND EXTENT OF USAGE OF ANIMALS IN LABORATORY WORK, INCLUDING PROVISIONS FOR FOOD AND SUPPLY STORAGE, HANDWASHING, DISPOSAL OF WASTES AND DEAD ANIMALS, CLEANING AND SANITIZING OF QUARTERS AND CAGES, AND ISOLATION OF ANIMALS.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').
[6]May be movable equipment.
[19]CORROSION RESISTANT – Stainless steel recommended.
[20]IMPERMEABLE SURFACE.

[Order 119, § 248-18-660, filed 5/23/75; § 248-18-660(10), filed 10/3/67; Regulation 18.660, filed 1/25/62.]

WAC 248-18-665 Radioisotope facilities. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS – SEE WAC 248-18-515).
(1) RADIOISOTOPE FACILITIES, GENERAL.[21]
(a) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.
(b) LOCATED TO MINIMIZE EXPOSURE HAZARD TO PATIENTS AND PERSONNEL.
(c) Located for ease of access by outpatients.
(d) Located in or near clinical department assuming responsibility.
(e) WORK SURFACES AND FLOORS SUBJECT TO SPILLS OF RADIOACTIVE SOLUTIONS TO BE IMPERMEABLE, READILY DECONTAMINATED SURFACES.
(2) RADIOCHEMISTRY LABORATORY.
(a) ADEQUATE RADIATION SHIELDING AND OTHER PROTECTIVE DEVICES TO FACILITATE SAFE STORAGE AND HANDLING OF ISOTOPES AND WASTE MATERIALS.[6] [21]
(b) EQUIPMENT:
SEPARATE WORK SURFACES FOR PATIENT DOSE AND FOR CLINICAL SPECIMEN PREPARATION.
FACILITIES FOR AIR CONTROL[22] (glove box or fume hood).
LOCKABLE ISOTOPE STORAGE.[6]
EQUIPMENT AND SUPPLY STORAGE.[6]
LAVATORY OR SINK.
LOCKABLE STORAGE FOR CONTAMINATED EQUIPMENT AND WASTE MATERIALS.[6]
Storage unit[6] for monitoring equipment located to avoid contamination.
(3) PATIENT UP-TAKE MEASURING ROOM.
(a) LOCATED AWAY FROM X-RAY MACHINES, AND RADIOACTIVE MATERIALS OR BE ADEQUATELY SHIELDED.
(b) DESK AND FILE SPACE.
(c) WAITING AREA – May be shared with other area if adjacent.
(d) SPACE FOR DENTAL CHAIR OR EXAMINATION TABLE.
(e) EQUIPMENT:
Lavatory or sink.
WORK SURFACE FOR SCALER AND DETECTORS.

STORAGE CABINETS.[6]

NOTES:

[6]May be movable equipment.
[21]Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.
[22]May be omitted if program indicates is not needed.

[Order 119, § 248-18-665, filed 5/23/75; Regulation 18.670, filed 1/25/62.]

WAC 248-18-670 Pharmacy. (REQUIREMENTS IN CAPITAL LETTERS. SEE WAC 248-18-515). Not required if hospital is to use outside pharmacy services exclusively.

(1) PHARMACY, GENERAL.

(a) Near or adjoining outpatient department, if dispensing to outpatients is planned.

(b) Located for ready access to nursing units via elevators, dumbwaiter, etc.

(c) LOCATED IN A SUITABLE CLEAN ROOM OR AREA.

(2) COMPOUNDING AND DISPENSING UNIT.

(a) Dispensing window.

(b) EQUIPMENT:

WORK COUNTER.[20]

SINK[19] (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE UNIT[6] – Drawers, cupboards and shelves to accommodate different size containers.

REFRIGERATOR.[6]

LOCKED STORAGE FOR NARCOTICS AND BARBITURATES.

Telephone.

Bulletin board.

(3) Manufacturing area.

EQUIPMENT:

WORK COUNTER.[20]

SINK[19] (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE UNITS[6]

(4) Parenteral solution room.

(a) REQUIRED IF PARENTERAL SOLUTIONS TO BE PREPARED IN HOSPITAL.

(b) May be located in other suitable area outside pharmacy.

(c) CLEAN-UP AREA.

EQUIPMENT:

WORK COUNTER.[20]

TWO-COMPARTMENT SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

Mechanical flask washer.

DISTILLED WATER RINSER.

STORAGE FOR CLEANING MATERIALS.

(d) PREPARATION AREA.

EQUIPMENT:

WORK COUNTER.[20]

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

DISTILLED WATER APPARATUS.

STORAGE UNITS.

(5) Office and library.

(6) Waiting room.

(7) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]

Suitable combination with other housekeeping facilities permitted if convenient to pharmacy.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').
[6]May be movable equipment.
[19]CORROSION RESISTANT – Stainless steel recommended.
[20]IMPERMEABLE SURFACE.

[Order 119, § 248-18-670, filed 5/23/75; Regulation 18.680, filed 1/25/62.]

WAC 248-18-675 Rehabilitation facilities. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS. SEE WAC 248-18-515).

(1) REHABILITATION FACILITIES, GENERAL.

(a) Located for easy access by inpatients and outpatients and to facilitate transport of equipment for bedside treatment when necessary.

(b) LOCATED TO AVOID OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS.

(c) TYPE AND EXTENT OF FACILITIES ADEQUATE FOR THE TYPE AND VOLUME OF ANTICIPATED SERVICES.

(2) WAITING AREA.

(a) Suitable combinations with other waiting areas permitted.

(b) Accommodations for inpatients and outpatients.

(c) ADEQUATE SPACE FOR STRETCHERS AND WHEELCHAIRS.

(d) Reception counter or desk.

(3) PHYSICAL THERAPY FACILITIES. May be omitted if program indicates not needed.

(a) ADMINISTRATIVE FACILITIES.

OFFICE SPACE suitable for interviewing patients and administrative and clerical functions.

(b) Examining room.

(i) Floor to ceiling partitions for privacy. Arranged to permit permanent placement of examining equipment.

(c) TREATMENT AREA.

(i) GENERAL TREATMENT AREA.

(A) CUBICLES LARGE ENOUGH FOR THERAPIST TO WORK ON BOTH SIDES OF TABLE.

(B) Divided by curtains rather than solid partitions.

(C) ARRANGED TO PERMIT EASY ACCESS FOR WHEELCHAIR OR STRETCHER PATIENTS.

(ii) Underwater exercise area.

(A) Concentration of equipment requiring special water supply and plumbing in one section of department.

(B) ACCESSIBLE AND ADJACENT TO OTHER TREATMENT AREAS.

(C) Overhead lifts for tank or exercise pool.

(iii) General exercise area.

(A) Flexible open space.

(B) At least one wall reinforced for installation of stall bars and similar equipment.

(d) PATIENT LOCKER FACILITIES.

LOCKERS OR OTHER SUITABLE PROVISION FOR PATIENT CLOTHING IN OR NEAR TREATMENT AREAS.

(e) STORAGE FOR SUPPLIES AND EQUIPMENT.

(i) ADEQUATE TO MEET NEEDS OF SERVICE.

(ii) Near work areas.

(f) SPECIAL DESIGN FEATURES.

(i) SINK(S).

(A) HANDWASHING FACILITIES IN GENERAL TREATMENT AREA AND IN OR CONVENIENT TO OTHER TREATMENT AREAS.

(B) AT LEAST ONE SINK OF SUFFICIENT WIDTH AND DEPTH TO ACCOMMODATE WET PACKS.

(ii) Ceiling moorings.

(A) Constructed to support at least 500 pounds.

(B) Strategically located throughout treatment areas for attachment of overhead equipment.

(4) Occupational therapy.[23] Located close to physical therapy facilities.

(a) ADMINISTRATIVE FACILITIES.

(i) OFFICE AND WORK SPACE FOR STAFF.

(ii) Separate room recommended.

(iii) Designed and located to permit visual supervision of therapy areas.

(b) STORAGE FOR SUPPLIES AND EQUIPMENT.

(i) ADEQUATE TO MEET NEEDS OF THERAPY PROGRAM.

(ii) Near therapy areas.

(c) THERAPY AREA.[24]

(i) At least 36 square feet of floor area per patient for the maximum number to be in therapy at any one time.

(ii) Divided and equipped for diversified work.

(iii) EQUIPMENT:

SINK WITH SLUDGE TRAP.

(d) Facilities for teaching activities of daily living.

(5) Psychological facilities.

Office space for psychological testing, evaluation and counseling.

(6) Social service facilities.

Office space for private interview and counseling.

(7) Vocational facilities.

Office and work space for counseling, evaluation, prevocational program and placement.

(8) Special education facilities.

Schoolroom for children if children are to be included in program.

(9) TOILET, LOCKER, AND SHOWER FACILITIES.

(a) LOCKER, TOILET, AND SHOWER FACILITIES FOR PATIENTS.

(b) PATIENT TOILET(S) DESIGNED FOR ACCOMMODATION OF WHEELCHAIR PATIENTS.

(c) May be omitted if program does not indicate need for locker and shower facilities and other suitable patient toilets are convenient to rehabilitation facilities.

(10) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]

Suitable combination with other housekeeping facilities permitted if convenient to rehabilitation facilities.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[23]For construction and ventilation requirements for areas in which flammable agents are to be handled or stored, refer to standards of the State Fire Marshal.

[24]In accordance with program.

[Order 119, § 248-18-675, filed 5/23/75; Regulation 18.690, filed 1/25/62.]

WAC 248-18-680 Central sterilizing and supply service facilities. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS. SEE WAC 248-18-515).

(1) CENTRAL STERILIZING AND SUPPLY SERVICE FACILITIES, GENERAL.

(a) LOCATED TO AVOID CONTAMINATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT, TO PREVENT OBJECTIONABLE HEAT AND NOISE TO PATIENT CARE AREAS, AND TO ELIMINATE THROUGH TRAFFIC.

(b) LOCATED TO FACILITATE DELIVERY AND RETURN OF SUPPLIES AND EQUIPMENT TO AND FROM OTHER SERVICES AND DEPARTMENTS.

(c) Located to facilitate delivery of linen and new supplies and equipment from laundry and general stores to central sterilizing and supply service.

(d) AREAS WITHIN CENTRAL STERILIZING AND SUPPLY SERVICE ADEQUATE TO PROVIDE FOR PROPER HANDLING OF SUPPLIES AND EQUIPMENT IN ACCORDANCE WITH PLANNED STORES AND SUPPLY SYSTEM.

(e) EQUIPPED AND ARRANGED TO PROVIDE WORK FLOW WHICH MAINTAINS PROPER SEPARATION OF CLEAN OR STERILE ITEMS FROM SOILED (OR CONTAMINATED) ITEMS.

(f) Division into work areas or rooms may be according to type of supply or equipment to be processed (gloves, syringes and needles, solution, etc.).

(g) Separate room for glove processing recommended.

(h) SEPARATE UNSTERILE EQUIPMENT STORAGE ROOM.

(i) SEPARATE, PROPERLY EQUIPPED, SOLUTION PREPARATION ROOM IF PARENTERAL SOLUTIONS ARE TO BE MANUFACTURED.[25]

(j) SEPARATE FACILITIES FOR RECEIVING, CLEANING AND PACKAGING FOR BEDSIDE UTENSILS IF THEY ARE TO BE CLEANED AND/OR PACKAGED IN CENTRAL STERILIZING AND SUPPLY SERVICE.

(k) ADEQUATE SPACE FOR CIRCULATION AND PARKING OF CARTS.

(2) FACILITIES FOR RECEIVING, DISASSEMBLING, AND CLEANING OF SUPPLIES AND EQUIPMENT.

(a) LOCATED TO FACILITATE RETURN OF SOILED (OR CONTAMINATED) ITEMS WITHOUT TRANSPORTING THEM THROUGH OTHER AREAS OF THE CENTRAL STERILIZING AND SUPPLY SERVICE.

(b) EQUIPMENT:

AT LEAST ONE DOUBLE COMPARTMENT SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

ADDITIONAL SINKS (OR MECHANICAL WASHERS) AS REQUIRED BY TYPES AND VOLUME OF ITEMS TO BE PROCESSED.

WORK COUNTER (OR EQUIVALENT) ADJACENT TO EACH SINK OR MECHANICAL WASHER FOR COLLECTION OF SOILED (OR CONTAMINATED) ITEMS.

WORK COUNTER (OR EQUIVALENT) ADJACENT TO EACH SINK OR MECHANICAL WASHER FOR COLLECTION OF ITEMS WHICH HAVE BEEN WASHED.

STORAGE FOR CLEANING AGENTS AND OTHER CLEANING SUPPLIES AND EQUIPMENT.

Suction and compressed air outlets.

(3) FACILITIES FOR ASSEMBLING AND PACKAGING SUPPLIES AND EQUIPMENT.

EQUIPMENT:

WORK COUNTERS OR TABLES (OR EQUIVALENT) AS REQUIRED BY TYPES AND VOLUME OF ITEMS.

(4) FACILITIES FOR STORAGE OF LINEN AND RESERVE OF NEW (OR BULK) UNSTERILE SUPPLIES.

(a) LOCATED APART FROM FACILITIES FOR STORAGE OF STERILE ITEMS.

(b) May be centralized in one storage room or area or decentralized according to areas in which different types of items are to be used. May be combined with unsterile equipment storage room.

(5) FACILITIES FOR STERILIZING.

(a) APART FROM OTHER FACILITIES WITHIN CENTRAL STERILIZING AND SUPPLY SERVICE.

(b) LOCATED BETWEEN FACILITIES FOR ASSEMBLING AND PACKAGING AND FACILITIES FOR STORAGE OF CLEAN AND STERILE SUPPLIES.

(c) EQUIPMENT:

AT LEAST ONE PRESSURE STERILIZER (AUTOCLAVE) OF ADEQUATE SIZE.

ADDITIONAL PRESSURE STERILIZERS (AUTOCLAVES) AS REQUIRED BY VOLUME OF ITEMS TO BE PROCESSED.

PRESSURE STERILIZERS (AUTOCLAVES) TO HAVE RECORDING THERMOMETERS. Automatic controls recommended.

One smaller pressure sterilizer for small loads, in addition to pressure sterilizer(s) of large capacity, recommended.

Water still and drip pan and waste connection recommended.

Dry heat sterilizer recommended.

Equipment for gas sterilization recommended.

Recessing of sterilizing equipment recommended.

(6) FACILITIES FOR STORAGE[18] AND ISSUE OF CLEAN AND STERILE SUPPLIES.

(a) APART FROM OTHER FACILITIES WITHIN CENTRAL STERILIZING AND SUPPLY SERVICE.

(b) LOCATED TO FACILITATE ISSUE WITHOUT TRANSPORT OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT THROUGH OTHER AREAS OF CENTRAL STERILIZING AND SUPPLY SERVICE.

(c) EQUIPMENT:

ADEQUATE CABINETS[6] TO PROVIDE FOR STORAGE OF SUPPLIES AND EQUIPMENT IN ACCORDANCE WITH PLANNED STORES AND SUPPLY SYSTEM. May be open shelving if in separate room.

(7) UNSTERILE EQUIPMENT STORAGE ROOM OR AREA.[18]

(a) LOCATED TO FACILITATE RETURN AND ISSUE OF LARGE EQUIPMENT.

(b) Located to permit proper control and supervision of equipment handling.

(c) AREA SUFFICIENT TO PROVIDE FOR PROPER HANDLING OF EQUIPMENT IN ACCORDANCE WITH PLANNED SYSTEM.

(d) EQUIPMENT:

SINK (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

STORAGE FOR CLEANING SUPPLIES AND EQUIPMENT.

(8) OFFICE SPACE.

(a) Located to allow observation of activities within central sterilizing and supply service.

(b) May be desk and file space in suitable location within main room. Separate room recommended in hospitals having over 100 beds.

(9) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]

Suitable combination with other housekeeping facilities permitted if convenient to central sterilizing and supply service facilities.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6]May be movable equipment.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[25]See PHARMACY, WAC 248-18-670(4).

[Order 119, § 248-18-680, filed 5/23/75; Regulation 18.700, filed 1/25/62.]

WAC 248-18-685 Dietary department. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.)

(1) DIETARY DEPARTMENT, GENERAL.

(a) SUITABLY LOCATED TO FACILITATE DELIVERY OF STORES, DISPOSAL OF KITCHEN WASTE, AND TRANSPORTATION OF FOOD TO NURSING UNITS.

(b) EQUIPMENT CONSTRUCTED AND INSTALLED IN ACCORDANCE WITH NATIONAL SANITATION FOUNDATION STANDARDS.[26]

(c) ALL EQUIPMENT AND COUNTERS CONSTRUCTED FOR EASY CLEANING AND FREE FROM INACCESSIBLE SPACE PROVIDING HARBORAGE FOR VERMIN.

(d) ADEQUATE SPACE BETWEEN EQUIPMENT (INCLUDING CASEWORK) AND WALL AND/OR FLOOR TO PERMIT CLEANING; OR, EQUIPMENT TIGHT AGAINST WALL AND/OR FLOOR AND JOINT PROPERLY SEALED.

(e) ADEQUATE SPACE FOR CIRCULATION OF CARTS THROUGHOUT DIETARY DEPARTMENT.

(2) ADMINISTRATIVE FACILITIES.

(a) May be limited to desk and file space.

(b) Separate room recommended.

(3) RECEIVING AREA.[27]

(a) LOCATED FOR READY ACCESS TO REFRIGERATION AREA.

(b) Floor scales.

(4) BULK FOOD STORAGE AREA.[27]

(5) DAY STORAGE ROOM OR AREA .

(a) IN OR ADJACENT TO KITCHEN – may be combined in a room with bulk food storage.

(b) SPACE FOR THREE DAYS SUPPLY.

(c) STORAGE SHELVES AT LEAST 12 INCHES OFF FLOOR AND AT LEAST 18 INCHES FROM TOP OF SHELVES TO CEILING.

(d) SPACE FOR LARGE CONTAINERS AND DOLLIES.

(6) REFRIGERATION AREA.

(a) IN OR ADJACENT TO KITCHEN.

(b) SPACE ADEQUATE FOR MINIMUM OF THREE DAYS SUPPLY.

(c) REFRIGERATION UNITS, GENERAL.[6]

A MINIMUM OF TWO SEPARATE SECTIONS OR BOXES (ONE FOR MEATS AND DAIRY PRODUCTS AND ONE FOR FRUIT AND VEGETABLES) – three sections or boxes recommended (one for meat, one for dairy products and one for fruit and vegetables).

(d) Walk–in boxes.

(i) SHELVES AT LEAST 12 INCHES OFF FLOOR.

(ii) SPACE FOR LARGE STORAGE CONTAINERS AND DOLLIES.

(e) Frozen food storage.

Section of walk–in box or separate deep freeze unit.

(7) Ice facilities.

(a) LOCATED TO AVOID CONTAMINATION OF ICE AND TO AVOID TRAFFIC INTO KITCHEN FOR ICE SERVICE FOR OTHER DEPARTMENTS.

(b) EQUIPMENT:

WORK COUNTER.[6]

ICE MACHINE OR ADEQUATE STORAGE UNIT (self–dispensing types recommended).

(8) KITCHEN.

(a) LOCATED AND ARRANGED TO AVOID CONTAMINATION OF FOOD; TO PREVENT OBJECTIONABLE HEAT, NOISE AND ODORS TO PATIENT CARE AREAS; AND TO ELIMINATE THROUGH TRAFFIC.

(b) ADEQUATE FLOOR DRAINS.

(c) ADEQUATE SPACE FOR GARBAGE CONTAINERS.

(d) MEAT PREPARATION AREA.

(i) May be omitted if only prefabricated meats are to be used.

(ii) EQUIPMENT:

SINK WITH INTEGRAL DRAINBOARD OR COUNTER.

WORK TABLE OR COUNTER.[6]

MEAT BLOCK.[6]

Lavatory.

(e) FRUIT AND VEGETABLE PREPARATION AREA.

(i) LOCATED TO AVOID CONTAMINATION OF PREPARED FOODS AND CLEAN EQUIPMENT BY SOIL FROM VEGETABLES.

(ii) EQUIPMENT:

TWO–COMPARTMENT SINK WITH INTEGRAL DRAINBOARDS OR COUNTERS.

Food waste grinder.

Vegetable peeler.

(f) COOKING AREA.

(i) Located between preparation and serving units.

(ii) EQUIPMENT:

RANGE(S).

WORK TABLE(S) OR COUNTER(S).[6]

UTENSIL STORAGE.

COOK'S SINK – meat or vegetable sink may be used if conveniently located.

OVEN(S).[28]

Steam kettles.

Mixers.

(g) SALAD AND SANDWICH PREPARATION AREA.[29]

EQUIPMENT:

WORK TABLE OR COUNTER.[6]

REFRIGERATOR.[6] [30]

(h) DESSERT PREPARATION AREA.[29]

EQUIPMENT:

WORK TABLE OR COUNTER.[6]

REFRIGERATOR.[6] [30]

(i) SPECIAL DIET PREPARATION AREA.

(i) May be omitted if special diets are to be prepared in same areas as general diets.

(ii) EQUIPMENT:

SINK WITH INTEGRAL DRAINBOARD OR COUNTER.

REFRIGERATOR.[6] [30]

WORK COUNTER.[6]

STORAGE CABINETS.

RANGE.

(j) Bakery area.
EQUIPMENT:
MIXER(S).
OVEN(S).
RANGE.
THREE-COMPARTMENT SINK - May be single compartment if utensils are to be washed in main pot and pan wash area.
WORK TABLE(S).[6]
COOLING RACK.[6]
POT AND PAN CABINET.
STORAGE SHELVES.[6]
PROOF BOX[6] unless bread is purchased elsewhere.
(k) PATIENT SERVING AREA.
(i) ADEQUATE SPACE FOR MOBILE EQUIPMENT SUCH AS FOOD CARTS AND TRAY CARTS.[24]
(ii) EQUIPMENT:
ADEQUATE SERVING EQUIPMENT.[24]
CLOSED STORAGE UNITS FOR FOOD CONTAINERS, DISHES AND TRAYS. May be on open shelves at least 30 inches above floor if utensils are to be reused within 24 hour periods.
ICE CREAM STORAGE.[24]
BEVERAGE SERVICE EQUIPMENT.[24]
(9) EMPLOYEE SERVING AREA.[24]
(a) LOCATED AND ARRANGED TO ELIMINATE TRAFFIC INTO KITCHEN FOR SERVICE. Convenient to kitchen.
(b) PROTECTION OF OPEN FOOD DISPLAY COUNTERS.
(c) REFRIGERATION FOR PERISHABLE FOODS.[24]
(10) DINING ROOM OR AREA.
(a) ADJACENT TO EMPLOYEE SERVING AREA. Adjacent to dishwashing area.
(b) AT LEAST 12 SQUARE FEET OF FLOOR AREA PER PERSON FOR THE MAXIMUM NUMBER TO BE SERVED AT ANY ONE TIME.
(11) POT AND PAN WASH AREA.[29]
EQUIPMENT:
THREE-COMPARTMENT SINK (OR EQUIVALENT) WITH INTEGRAL DRAINBOARDS OR COUNTERS.
Floor drain.
STORAGE CABINETS.
Food waste grinder.
(12) DISHWASHING ROOM OR AREA.
(a) May be located in a separate area of the kitchen.
(b) LOCATED TO AVOID TRAFFIC THROUGH OTHER AREAS OF THE KITCHEN.
(c) LOCATED TO PERMIT UNLOADING OF TRAY CARTS AND RECEIVING OF SOILED DISHES FROM DINING ROOM WITHOUT OBSTRUCTING TRAFFIC IN CORRIDORS.
(d) EQUIPMENT:
DISHWASHING MACHINE OR EQUIVALENT.
FLOOR DRAIN.
COUNTER FOR DIRTY DISHES.
Food waste grinder.
SPACE FOR GARBAGE CAN.
PRE-RINSE SINK UNLESS DISHWASHER EQUIPPED FOR PRE-RINSE CYCLE.
COUNTER FOR CLEAN DISHES.[6]
LAVATORY - may be located in cooking area if convenient to dishwashing area.
(13) GARBAGE FACILITIES.
(a) May be combined with general waste disposal facilities.[31]
(b) ADEQUATE SPACE (24 square feet of floor area plus 5 square feet of storage space per can).
(c) STORAGE AREA.
(i) LOCATED IN SEPARATE, WELL-VENTILATED ROOM OR OUTSIDE, ENCLOSED SPACE.
(ii) CONVENIENT TO KITCHEN.
(iii) CONSTRUCTED TO PREVENT RAT HARBORAGE.
(iv) Refrigerated storage.
(d) CAN WASH AREA.
GARBAGE CAN WASH AREA WITH FLOOR DRAIN AND HOT AND COLD WATER. Steam recommended.
(14) HOUSEKEEPING FACILITIES.[5]
Suitable combination with other housekeeping facilities permitted if convenient to dietary facilities.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').
[6]May be movable equipment.
[24]In accordance with program.
[26]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(11)(d), EQUIPMENT AND CASEWORK.
[27]See RECEIVING AND STORES, WAC 248-18-700.
[28]May be combined with ranges.
[29]May be combined with cooking areas.
[30]May be combined with other refrigeration.
[31]See HOUSEKEEPING DEPARTMENT, WAC 248-18-690(4), WASTE DISPOSAL FACILITIES.

[Order 119, § 248-18-685, filed 5/23/75; Regulation 18.710, filed 1/25/62.]

WAC 248-18-690 Housekeeping department. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).
(1) Administrative facilities.
(a) Office space.
(b) Telephone.
(2) STORAGE ROOM.
(a) RACKS, BINS, SHELVES, CABINETS.
For: Extra mop trucks and pails.
Vacuum cleaners and polishers.
Wall-working equipment.
Scaffolding and ladders.
Handtrucks and maids' carts.
Extra mop heads and wringers.
Dusters and cleaning cloths.
Soaps and detergents.
(b) LOCKED CUPBOARD.
For: Pesticides, drain cleaners, etc.
(3) FACILITIES FOR CLEANING.
(a) LARGE EQUIPMENT CLEAN-UP AREA.[24]

(i) May be within storage room for housekeeping equipment if properly separated from storage area.
(ii) EQUIPMENT:
SINK.
FLOOR DRAIN.
(b) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]
WITHIN OR CONVENIENT TO EACH AREA OF THE HOSPITAL AS REQUIRED IN OTHER SECTIONS OF THESE REGULATIONS.
(4) WASTE DISPOSAL FACILITIES.
(a) LOCATED TO PREVENT OBJECTIONABLE TRAFFIC, SMOKE AND ODORS IN OTHER AREAS OF THE HOSPITAL.
(b) Waste chutes not recommended.
(c) INCINERATION FACILITIES.[32]
(d) STORAGE AREA.
(i) LOCATED IN SEPARATE, WELL-VENTILATED ROOM OR OUTSIDE, ENCLOSED SPACE.
(ii) CONSTRUCTED TO PREVENT RAT HARBORAGE.
(e) CAN WASH AREA.
CAN WASH AREA WITH FLOOR DRAIN, HOT AND COLD WATER. Steam recommended.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').
[24]In accordance with program.
[32]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(9), INCINERATION FACILITIES.

[Order 119, § 248-18-690, filed 5/23/75; Regulation 18.720, filed 1/25/62.]

WAC 248-18-695 Laundry facilities. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515). FACILITIES LISTED UNDER EITHER (1) OR (2) BELOW ARE REQUIRED.
(1) FACILITIES REQUIRED WHEN COMMERCIAL LAUNDRY SERVICE USED EXCLUSIVELY.
(a) ADEQUATE SPACE FOR CIRCULATION AND SEPARATE PARKING AREAS FOR CLEAN AND SOILED CARTS.
(b) SOILED LINEN ROOM.
(i) LOCATED TO PREVENT ODORS AND CONTAMINATION TO PATIENT CARE, SUPPLY, AND FOOD SERVICE AREAS.
(ii) SUITABLY LOCATED FOR DISPATCHING TO COMMERCIAL LAUNDRY.
(iii) SEPARATE ENCLOSED ROOM. ARRANGED TO AVOID THROUGH TRAFFIC.
(iv) SIZED FOR STORAGE OF 3 DAYS' ACCUMULATION OF SOILED LINEN AND NECESSARY SORTING (IF ANY).
(v) MECHANICAL VENTILATION TO PROVIDE AN EXCESS OF EXHAUST OVER SUPPLY.[33]
(vi) EQUIPMENT:
HANDWASHING FACILITY IN OR ADJACENT.
FLOOR DRAIN.
(c) CLEAN LINEN ROOM.
(i) SEPARATE ENCLOSED ROOM.
(ii) ARRANGED TO AVOID THROUGH TRAFFIC.
(iii) LOCATED AND ARRANGED TO AVOID SOURCES OF MOIST OR CONTAMINATED AIR.
(iv) SIZED FOR STORAGE OF RESERVE SUPPLY OF LINEN, BLANKETS AND PILLOWS.
(d) SEWING ROOM.
May be combined with clean linen room.
(e) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]
Suitable combination with other housekeeping facilities permitted if convenient to laundry facilities.
(2) FACILITIES REQUIRED WHEN LAUNDRY IS PROCESSED IN HOSPITAL.
(a) LOCATED AND ARRANGED TO PREVENT OBJECTIONABLE HEAT, NOISE, ODORS, MOISTURE AND CONTAMINATION TO PATIENT CARE, SUPPLY, AND FOOD SERVICE AREAS.
(b) ADEQUATE SPACE FOR CIRCULATION AND SEPARATE PARKING AREAS FOR CLEAN AND SOILED CARTS.
(c) SOILED LINEN ROOM.
(i) SEPARATE ENCLOSED ROOM.
(ii) ARRANGED TO AVOID THROUGH TRAFFIC.
(iii) SIZED FOR STORAGE OF 3 DAYS' ACCUMULATION OF SOILED LINEN AND NECESSARY SORTING (IF ANY).
(iv) EQUIPMENT:
HANDWASHING FACILITY IN OR ADJACENT.
FLOOR DRAIN.
MECHANICAL VENTILATION TO PROVIDE AN EXCESS OF EXHAUST OVER SUPPLY.[33]
(d) PROCESSING ROOM OR ROOMS.
(i) SEPARATE FROM OTHER HOSPITAL FACILITIES.
(ii) ROOM SIZE AND CAPACITY OF EQUIPMENT ADEQUATE TO PROCESS FULL 7 DAYS' LAUNDRY IN WORK WEEK.
(iii) ARRANGED FOR UNINTERRUPTED FLOW FROM SOILED TO CLEAN, (I.E., WASHING, EXTRACTING, IRONING, FOLDING, STORAGE).
(iv) BOTH SOILED AND CLEAN LINENS STORED OUTSIDE PROCESSING AREA.
(v) ADEQUATE VENTILATION PROPERLY ENGINEERED TO AVOID FLOW OF POTENTIALLY CONTAMINATED AIR FROM WASH AREA TO CLEAN AREAS.[33]
(vi) EQUIPMENT:
COMMERCIAL WASHER(S) LOCATED TO AVOID THE SPREAD OF CONTAMINANTS IN THE LOADING OF SOILED LINEN.
COMMERCIAL EXTRACTOR(S).
COMMERCIAL TUMBLER(S).
Commercial ironer(s).
Presses.
STORAGE FOR LAUNDRY SUPPLIES.

HANDWASHING FACILITY IN WASH AREA.
FLOOR DRAIN IN WASH AREA.
(e) Drying room.
(i) REQUIRED IF HANG DRYING IS TO BE DONE.
(ii) SEPARATE ENCLOSED ROOM.
(iii) ARRANGED TO AVOID THROUGH TRAFFIC.
(iv) SIZED AND EQUIPPED TO SUIT DRYING NEEDS, (e.g., blankets, curtains, etc.).
(iv) ADEQUATE VENTILATION PROPERLY ENGINEERED TO AVOID FLOW OF POTENTIALLY CONTAMINATED AIR INTO ROOM.[33]
(f) SEWING ROOM.
May be combined with clean linen room.
(g) CLEAN LINEN ROOM.
(i) SEPARATE ENCLOSED ROOM.
(ii) ARRANGED TO AVOID THROUGH TRAFFIC.
(iii) LOCATED AND ARRANGED TO AVOID SOURCES OF MOIST OR CONTAMINATED AIR.
(iv) SIZED FOR STORAGE OF RESERVE SUPPLY OF LINEN, BLANKETS, AND PILLOWS.
(h) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').[5]
(i) FACILITIES SERVING OTHER AREAS OF THE LAUNDRY MAY NOT BE IN SOILED LINEN ROOM.
(ii) Suitable combination with other housekeeping facilities permitted if convenient to laundry facilities.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').
[33]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(8), VENTILATION.

[Order 119, § 248-18-695, filed 5/23/75; Regulation 18.730, filed 1/25/62.]

WAC 248-18-700 Receiving and stores. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515).
(1) RECEIVING AREA.
(a) Raised platform at truck bed height with roof over.
(b) INDOOR SPACE ADJACENT TO ENTRANCE FOR TEMPORARY STORAGE AND UNPACKING. MUST NOT RESTRICT REQUIRED MEANS OF EGRESS.
(c) One area to serve for receiving of all types of goods.
(d) Stores office for receiving and dispensing adjacent to entrance and general storage room.
(e) Floor scales.
(2) GENERAL STORAGE ROOM.
(a) DESIGNED AND LOCATED FOR A MINIMUM OF DISTURBANCE TO THE OPERATION OF THE HOSPITAL.
(b) LOCATED TO PREVENT CONTAMINATION OR DAMAGE DURING MOVEMENT OF GOODS TO AND FROM STORAGE.
(c) AT LEAST 20 SQUARE FEET FLOOR AREA PER BED.
(d) DESIGNED AND CONSTRUCTED TO PREVENT ENTRANCE AND HARBORAGE OF RODENTS AND INSECTS, AND SPOILAGE, CONTAMINATION AND CORROSION OF GOODS STORED THEREIN.
(e) When responsibility for different types of storage is divided, general storage room should be similarly divided to provide proper control.
(f) ALL SHELVING AT LEAST 12 INCHES ABOVE THE FLOOR.
(g) Shelving away from wall.
(3) ALCOHOL STORAGE.[34]
(a) LOCATED TO MINIMIZE HAZARD TO THE HOSPITAL.
(b) SIZED TO ACCOMMODATE QUANTITY REQUIRED BY PROGRAM.
(4) OXYGEN AND NITROUS OXIDE STORAGE.[34]
(a) LOCATED TO MINIMIZE HAZARD AND DISTURBANCE TO THE HOSPITAL.
(b) SIZED TO ACCOMMODATE QUANTITY REQUIRED BY PROGRAM.
(c) See NFPA 565, Standard for Nonflammable Medical Gas System and NFPA 56, Code for Use of Flammable Anesthetics.
(5) FLAMMABLE ANESTHETIC STORAGE.[34]
(a) LOCATED TO MINIMIZE HAZARD AND DISTURBANCE TO THE HOSPITAL.
(b) SIZED TO ACCOMMODATE QUANTITY REQUIRED BY PROGRAM.
(c) See NFPA 56, Code for Use of Flammable Anesthetics.
(6) BULK FOOD STORAGE AREA.
(a) May be in same room with other general stores or with day storage in room adjacent to kitchen.
(b) CONVENIENTLY ACCESSIBLE FROM AN OUTSIDE DELIVERY ENTRANCE.
(c) Location convenient to the kitchen.
(d) PROPER CONSTRUCTION, VENTILATION, AND TEMPERATURE TO MINIMIZE SPOILAGE.
(e) PEST-PROOF CONSTRUCTION.
(f) NO OPENINGS OR SPACES WHICH CANNOT BE CLEANED.
(g) BOTTOM SHELF FOR FOOD STORAGE AT LEAST 12 INCHES ABOVE FLOOR.
(h) NO SHELF FOR FOOD STORAGE (EXCEPT UNOPENED CANNED GOODS) TOUCHING ANY WALL.
(i) SHELVING REMOVABLE FOR CLEANING - Metal.

NOTE:

[34]For construction, ventilation and electrical requirements, refer to standards of state fire marshal and the electrical inspection division of the State Department of Labor and Industries.

[Order 119, § 248-18-700, filed 5/23/75; Regulation 18.740, filed 1/25/62.]

WAC 248-18-705 Maintenance and mechanical facilities. (REQUIREMENTS IN CAPITAL LETTERS – SEE WAC 248-18-515).

(1) BOILER AND/OR MECHANICAL EQUIPMENT ROOMS.[35]

INSULATED, SOUND DEADENED, AND MECHANICALLY VENTILATED TO MINIMIZE TRANSFER OF HEAT AND NOISE TO ROOMS OCCUPIED BY PATIENTS AND EMPLOYEES. Not required if location of rooms precludes necessity.

(2) Maintenance shop.

(a) LOCATED FOR A MINIMUM OF NOISE AND DUST TO THE REST OF THE HOSPITAL.

(b) LOCATED AND DESIGNED FOR EASY DELIVERY AND REMOVAL OF EQUIPMENT.

NOTE:

[35]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(1) through (11).

[Order 119, § 248-18-705, filed 5/23/75; Regulation 18.750, filed 1/25/62.]

WAC 248-18-710 General requirements for service facilities. (REQUIREMENTS IN CAPITAL LETTERS – SEE WAC 248-18-515). This section pertains to detailed requirements for facilities in certain rooms and areas which are required by other sections of these regulations.

(1) MEDICINE AREA.

May be part of other clean area (e.g., clean utility room). Located to minimize distractions.

EQUIPMENT:

WORK COUNTER

LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED NARCOTIC STORAGE

SINK (Sink in clean utility area may serve if properly located).

REFRIGERATOR[6] – May be same as for other thermolabile products used for treatment purposes.

(2) UTILITY ROOMS.

Size of rooms, work surfaces and storage space dependent upon volume of work.

(a) CLEAN ROOM.

EQUIPMENT:

WORK COUNTER

SINK

STORAGE UNITS[6 18]

REFRIGERATOR[6] – May be same as refrigerator for medications.

(b) SOILED ROOM.

(i) ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPERS, AND OTHER LARGE EQUIPMENT.

(ii) EQUIPMENT:

WORK COUNTER

SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER (DOUBLE COMPARTMENT IF WASHING OF UTENSILS OR OTHER EQUIPMENT IN THIS AREA)

STORAGE CABINETS[6]

CLINIC SERVICE SINK (SIPHON JET)

AUTOCLAVE OF ADEQUATE SIZE WITH RECORDING THERMOMETER (OR EQUIVALENT), EXCEPT IF ALL STERILIZATION IS TO BE DONE ELSEWHERE. May be in either clean or soiled room if arrangement of facilities provides for work flow which maintains separation of contaminated items from clean or sterile items.

UTENSIL SANITIZER (BOILING TYPE OR EQUIVALENT) IF AUTOCLAVE IS OMITTED, EXCEPT IF ALL SANITIZATION OF UTENSILS TO BE DONE ELSEWHERE.

(3) STORAGE FACILITIES.

(a) LOCATED AND ARRANGED TO PROVIDE SEPARATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT FROM USED OR SOILED ITEMS.

(b) SEPARATE ROOM OR DUST-PROOF CLOSED STORAGE UNITS[6] (SHELVES, DRAWERS, BINS) FOR ALL STERILE SUPPLIES AND EQUIPMENT, EXCEPT OPEN STORAGE UNITS MAY BE USED IN CLEAN AREAS WHERE STERILE SUPPLIES AND EQUIPMENT WILL BE USED OR EXCHANGED WITHIN EVERY 24-HOUR PERIOD.

(c) CLOSED STORAGE UNITS (SHELVES, DRAWERS) FOR CLEAN LINEN EXCEPT THAT OPEN STORAGE UNITS MAY BE USED IN A ROOM (WITH A DOOR) THAT SERVES EXCLUSIVELY FOR CLEAN FUNCTIONS.

(d) ADEQUATE STORAGE SPACE FOR STORAGE OF LARGE NURSING AND MEDICAL EQUIPMENT USED IN PATIENT CARE IN SEPARATE ROOM OR WITHIN A ROOM OR AREA THAT SERVES ONLY FOR CLEAN FUNCTIONS.

(e) STORAGE UNITS FOR SUPPLIES AND SMALL EQUIPMENT AND STORAGE SPACE PLANNED FOR LARGE EQUIPMENT (INCLUDING WHEELCHAIR AND STRETCHERS) NOT TO BE WITHIN REQUIRED CORRIDOR WIDTHS.

(f) Alcove space acceptable for stretchers, wheelchairs and lifts but not for other equipment used for treatment purposes.

(4) CLEAN-UP FACILITIES.

(a) SEPARATE FROM CLEAN ROOMS.

(b) ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPERS, AND OTHER SIMILAR LARGE EQUIPMENT.

(c) EQUIPMENT:

CLINIC SERVICE SINK (SIPHON JET)

WORK COUNTER

SINK – TO BE DOUBLE COMPARTMENT SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER IF UTENSILS OR OTHER EQUIPMENT ARE TO BE WASHED IN CLEAN-UP FACILITIES.

STORAGE FOR CLEANING SUPPLIES AND EQUIPMENT.

(5) HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

(a) May be in a separate area of a soiled utility room, clean-up room or other suitable room used for soiled functions only.

(b) ADEQUATE STORAGE SPACE FOR HOUSEKEEPING EQUIPMENT.

(c) EQUIPMENT:

SERVICE SINK OR EQUIVALENT. May be omitted if clinic service sink is available in room and suitable facilities for cleaning housekeeping equipment are provided elsewhere.

MOP RACK

STORAGE FOR HOUSEKEEPING SUPPLIES.

SEPARATE WORK SURFACE[6] (IF FACILITIES ARE ALSO TO SERVE FOR FLOWER CARE).

STORAGE FOR VASES[6] (IF FACILITIES ARE ALSO TO SERVE FOR FLOWER CARE).

NOTES:

[6]May be movable equipment.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Order 119, § 248-18-710, filed 5/23/75; Order 107, § 248-18-710, filed 1/13/75; Regulation 18.760, filed 1/25/62.]

WAC 248-18-718 General design requirements. (REQUIREMENTS ARE SHOWN IN CAPITAL LETTERS. SEE WAC 248-18-515).

(1) VECTOR CONTROL. CONSTRUCTION OF THE BUILDING SHALL BE SUCH AS TO PREVENT THE ENTRANCE AND HARBORAGE OF RODENTS AND INSECTS.

(2) ELEVATORS.

(a) AT LEAST ONE ELEVATOR IN ALL HOSPITALS WITH A PATIENT ROOM, OPERATING ROOM, DELIVERY ROOM, BIRTHING ROOM, NEONATAL INTENSIVE CARE UNIT, X-RAY ROOM, SOLARIUM, OR TREATMENT ROOM ON OTHER THAN A SINGLE FLOOR CONVENIENTLY ACCESSIBLE FROM GROUND LEVEL.

(b) AT LEAST TWO ELEVATORS IN ALL HOSPITALS WITH A CAPACITY OF MORE THAN SIXTY BEDS ON OTHER THAN THE GROUND FLOOR.

(c) AT LEAST THREE ELEVATORS IN ALL HOSPITALS WITH A CAPACITY OF OVER TWO HUNDRED BEDS ON OTHER THAN THE GROUND FLOOR.

(d) A GREATER NUMBER OF ELEVATORS MAY BE REQUIRED BECAUSE OF THE HOSPITAL PLAN, VOLUME OF VISITOR TRAFFIC AND FOOD AND SUPPLY DISTRIBUTION SYSTEM.

(e) SIZE OF REQUIRED ELEVATORS AT LEAST 5'-4" by 8'-0" WITH A CAPACITY OF 3500 POUNDS, CAR AND SHAFT DOORS OF AT LEAST 3'-10" CLEAR OPENING.

(3) STAIRWAYS, RAMPS, CORRIDORS AND AISLES.

(a) STAIRWAYS AND RAMPS.

(i) NONSKID SURFACES.

(ii) HANDRAILS ON BOTH SIDES.

(iii) ADEQUATE GUARDRAILS AND OTHER SAFETY DEVICES ON ALL STAIRWELLS AND RAMPS.

(iv) SLOPE OF RAMPS USED FOR PATIENTS NOT TO EXCEED ONE IN TWELVE.

SLOPE OF RAMPS IN SERVICE AREAS NOT TO EXCEED ONE IN TEN.

(b) CORRIDORS.

(i) CORRIDORS AT LEAST 8'-0" WIDE WITH NO RESTRICTION MORE THAN 7" TOTAL. EXCEPTIONS MAY BE PERMITTED FOR AMBULATORY TRAFFIC SERVING A SINGLE HOSPITAL DEPARTMENT BUT NO LESS THAN 5'-0". EXISTING 7'-0" CORRIDORS ACCEPTABLE FOR ALTERATIONS.

(ii) HANDRAILS BOTH SIDES OF CORRIDORS USED BY PATIENTS ON REHABILITATION NURSING UNITS, NURSING HOME UNITS, AND OTHER LONG TERM CARE NURSING UNITS.

(iii) DOORS EXCEPT THOSE TO SMALL SPACES WHICH ARE NOT NORMALLY OCCUPIED SHALL NOT SWING INTO THE CORRIDORS.

(c) AISLES.

SUFFICIENTLY WIDE TO ALLOW FOR UNIMPEDED MOVEMENT OF EQUIPMENT AND PERSONNEL.

(4) DOORS, WINDOWS AND SCREENS.

(a) DOORS.

(i) 4'-0" MINIMUM WIDTH IN OPERATING ROOM, DELIVERY ROOM, BIRTHING ROOM, RECOVERY ROOM, EMERGENCY ROOM, FRACTURE ROOM, X-RAY ROOM AND DOORS TO ALL TYPES OF INTENSIVE CARE UNITS. IN ALTERATION PROJECTS FOR BIRTHING ROOM(S) AN EXISTING 3'-8" DOOR IS ACCEPTABLE.

(ii) 4'-0" MINIMUM WIDTH FOR PATIENT ROOM DOORS AND TREATMENT ROOM DOORS IN ALL INTENSIVE CARE UNITS.

(iii) 3'-10" MINIMUM WIDTH FOR PATIENT ROOMS, NEWBORN NURSERIES, EXIT AND OTHER DOORS THROUGH WHICH PATIENTS ARE TRANSPORTED IN STRETCHERS OR BEDS. 4'-0" doors recommended. EXISTING 3'-8" DOOR ACCEPTABLE IN LIMITED ALTERATION PROJECTS.

(iv) 3'-0" MINIMUM WIDTH FOR ALL DOORS WHICH MAY BE USED BY PERSONS IN WHEELCHAIRS INCLUDING PATIENT TOILETS AND BATHROOMS EXCEPT DOORS TO TOILETS AND BATHROOMS WHICH OPEN INTO PATIENT ROOMS SHALL BE NOT LESS THAN 2'-6" IN WIDTH.

(v) Doors to toilets adjoining patient rooms should not swing into toilet rooms.

(vi) Adequate width for receiving entrance doors, store room doors, and other doors through which large carts or bulk goods are transported.

(vii) VISION PANELS IN ALL DOUBLE-ACTING DOORS. Four inches wide by twenty-four inches high recommended.

(b) WINDOWS.

(i) REQUIRED IN PATIENT ROOMS EXCEPT LABOR ROOMS AND NURSERIES.

(ii) REQUIRED WINDOWS TO HAVE CLEAR GLASS AREA OF AT LEAST ONE-EIGHTH FLOOR AREA.

(iii) REQUIRED WINDOWS TO BE LOCATED IN OUTSIDE WALLS PERMITTING A SATISFACTORY AMOUNT OF UNOBSTRUCTED NATURAL LIGHT. No required windows should be located within twenty feet of another building or the opposite wall of a court or within ten feet of a property line except a street.

(iv) WINDOW SILLS OF REQUIRED WINDOWS IN PATIENT ROOMS NO HIGHER THAN 3'-0" FROM THE FLOOR. GRADE[37] ADJACENT TO REQUIRED WINDOWS IN PATIENT ROOMS TO BE BELOW WINDOW SILL.

(c) SCREENS.

16 MESH SCREEN OR EQUAL ON WINDOW OPENINGS WHICH SERVE FOR REQUIRED VENTILATION.

(5) FLOOR FINISHES, WALL SURFACES AND CEILINGS.

(a) FLOOR FINISHES:

(i) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(ii) NONSLIP AT ENTRANCES AND OTHER AREAS SUBJECT TO TRAFFIC WHILE WET.

(iii) COVED BASES INTEGRAL WITH FLOORS OR TOPSET BASE TIGHT TO FLOORS AND WALLS.

(iv) ELECTRICALLY CONDUCTIVE IN AREAS WHERE COMBUSTIBLE ANESTHETIC GASES ARE TO BE USED PER NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) STANDARDS.[38]

(v) SPECIFICATIONS FOR CARPETING IN NONPATIENT OCCUPIED AREAS:

(A) PILE YARN FIBER: FIBER WHICH MEETS THE STANDARDS OF THE STATE FIRE MARSHAL (SEE RCW 70.41.080) SHALL BE ACCEPTABLE PROVIDED THE FIBER IS EASILY CLEANABLE.

(B) PILE TUFTS PER SQUARE INCH: MINIMUM 64 OR EQUIVALENT DENSITY.

(C) PILE HEIGHT: FROM A MINIMUM OF .125 INCHES TO A MAXIMUM OF .312 INCHES.

(D) PAD: MAY BE SEPARATE PAD.

(vi) SPECIFICATIONS FOR CARPETING IN PATIENT OCCUPIED AREAS:

(A) PILE YARN FIBER: FIBERS WHICH MEET THE STANDARDS OF THE STATE FIRE MARSHAL (SEE RCW 70.41.080) SHALL BE ACCEPTABLE PROVIDED THE FIBER IS EASILY CLEANABLE.

(B) PILE TYPE: ROUND LOOP.

(C) PILE TUFTS PER SQUARE INCH: MINIMUM 64 OR EQUIVALENT DENSITY.

(D) PILE HEIGHT: LEVEL PILE, FROM A MINIMUM OF .125 INCHES TO A MAXIMUM OF .255 INCHES.

(E) BACKING: SHALL BE WATER IMPERVIOUS OR A WATER IMPERVIOUS PAD SHALL BE PERMANENTLY BONDED TO THE BACKING.

(vii) INSTALLATION OF CARPET MATERIAL:

(A) BONDED PAD CARPET MUST BE CEMENTED TO THE FLOOR WITH WATERPROOF CEMENT.

(B) EDGES OF CARPET MUST BE COVERED AND COVE OR BASE SHOE USED AT ALL WALL JUNCTURES. SEAMS ARE TO BE BONDED TOGETHER WITH MANUFACTURER RECOMMENDED CEMENT.

(C) SAFETY OF PATIENTS OR OCCUPANTS IS TO BE ASSURED DURING INSTALLATION. ROOMS MUST BE WELL VENTILATED AND NOT BE USED BY RESIDENT OCCUPANTS OR PATIENTS DURING INSTALLATION. THE ROOM MAY NOT BE RETURNED TO USE UNTIL THE ROOM IS FREE OF VOLATILE FUMES AND ODORS FROM ADHESIVES.

(b) WALL SURFACES:

(i) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(ii) SMOOTH AND WASHABLE FINISH (e.g., washable paint on smooth finish plaster or gypsum board as opposed to rough or exposed masonry finishes) IN ROOMS USED FOR PATIENT CARE OR TREATMENT AND ROOMS IN WHICH SUPPLIES AND EQUIPMENT FOR PATIENT CARE OR TREATMENT ARE STORED, ASSEMBLED OR PROCESSED, AND IN CLINICAL LABORATORIES.

(iii) A FINISH WHICH WILL MINIMIZE GLARE IN PATIENT ROOMS AND LABOR ROOMS.

(iv) A WATERPROOF PAINTED, GLAZED, OR SIMILAR WATERPROOF FINISH EXTENDING ABOVE THE SPLASH LINE IN ALL ROOMS OR AREAS THAT ARE SUBJECT TO SPLASH OR SPRAY.

(v) Wainscot of five feet minimum height of a durable surface in operating rooms, delivery rooms, emergency rooms, treatment rooms and corridors.

(vi) External angles protected by corner guards to resist impact in areas of heavy traffic.

(c) CEILINGS:

(i) EIGHT FEET MINIMUM HEIGHT, EXCEPTIONS MAY BE PERMITTED IN MINOR AUXILIARY ROOMS.

(ii) NINE FEET MINIMUM HEIGHT IN OPERATING ROOMS, DELIVERY ROOMS, AND SIMILAR ROOMS HAVING SPECIAL CEILING-MOUNTED LIGHT FIXTURES. Higher ceilings may be needed for some types of equipment.

(iii) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(iv) SMOOTH AND WASHABLE FINISH (e.g., washable paint on smooth finish plaster or gypsum

board as opposed to fissured tile or rough finishes) IN ROOMS USED FOR PATIENT CARE OR TREATMENT, AND IN ROOMS IN WHICH SUPPLIES AND EQUIPMENT FOR PATIENT CARE OR TREATMENT ARE STORED, ASSEMBLED OR PROCESSED, AND CLINICAL LABORATORIES. NO EXPOSED DUCTWORK AND PIPING.

(v) SMOOTH AND WASHABLE FINISH WITHOUT VISIBLE JOINTS OR CREVICES IN AREAS WHERE SURGICAL ASEPSIS MUST BE ASSURED SUCH AS OPERATING ROOMS, DELIVERY ROOMS, AND EMERGENCY TREATMENT ROOMS.

(vi) A FINISH WHICH WILL MINIMIZE GLARE IN PATIENT ROOMS, LABOR ROOMS AND BIRTHING ROOMS.

(vii) Sound-absorptive treatment in corridors of patient areas, nurses' stations, dining rooms and hydrotherapy rooms.

(6) PLUMBING AND SEWERAGE.

(a) PLUMBING AND SEWERAGE. CONSTRUCTED IN ACCORDANCE WITH THE UNIFORM PLUMBING CODE,[40] OR EQUIVALENT LOCAL CODE.

(b) WATER SUPPLY.

(i) AN ADEQUATE WATER SUPPLY WHICH CONFORMS TO THE QUALITY STANDARDS OF CHAPTER 248-54 WAC.

(ii) TEMPERATURE OF HOT WATER AT BATHING FIXTURES THERMOSTATICALLY CONTROLLED NOT TO EXCEED 110 DEGREES FAHRENHEIT.

(iii) THERMOSTATICALLY CONTROLLED HOT WATER HEATING EQUIPMENT OF SUFFICIENT CAPACITY TO SUPPLY SIX AND ONE-HALF GALLONS OF WATER PER HOUR PER BED FOR GENERAL USE AT NOT LESS THAN 125 DEGREES FAHRENHEIT, AND AN ADEQUATE AMOUNT AT NOT LESS THAN 160 DEGREES FAHRENHEIT FOR LAUNDRY, MECHANICAL DISHWASHERS AND OTHER SPECIAL MECHANICAL WASHERS.[56]

(iv) CIRCULATING SYSTEMS AS NECESSARY TO ENSURE A READY SUPPLY OF HOT WATER AT FIXTURES.

(c) INSULATION.

(i) HOT WATER PIPING INSULATED AS REQUIRED TO CONTROL EXCESSIVE HEAT TRANSFER AND TO PROVIDE SAFETY.

(ii) COLD WATER AND DRAINAGE PIPING INSULATED AS REQUIRED TO CONTROL CONDENSATION.

(iii) AVOID EXPOSING PIPING TO FREEZING TEMPERATURES. IF UNAVOIDABLE, DESIGN TO PREVENT FREEZING.

(d) SEWERAGE.

SEWAGE DISPOSAL SYSTEM IN CONFORMANCE WITH WAC 248-50-100 AND CHAPTER 248-92 OR 248-96 WAC CODIFIED RULES, REGULATIONS AND STANDARDS OF THE STATE BOARD OF HEALTH.

(e) PLUMBING FIXTURES.

(i) DESIGNED AND INSTALLED TO BE EASILY CLEANED, MAINTAINED AND SUITABLE TO THE INTENDED USE.[24] ADEQUATE SUPPORT FOR FIXTURES.

(ii) LAVATORIES PROVIDED IN EACH TOILET ROOM EXCEPT WHERE PROVIDED IN CONNECTING PATIENT ROOM, DRESSING ROOM, OR LOCKER ROOM.

(iii) DRINKING FOUNTAINS OR EQUIVALENT AT SUITABLE LOCATIONS.[24]

(iv) SINKS IN WHICH UTENSILS AND EQUIPMENT ARE TERMINALLY CLEANED TO BE DOUBLE COMPARTMENT OF ADEQUATE SIZE AND DEPTH (Recommended each compartment 20 x 22 x 14 or similar) WITH ADEQUATE COUNTER SPACE ON BOTH SIDES.[24]

(v) EACH FIXTURE, EXCEPT WATER CLOSETS AND SPECIAL USE FIXTURES, PROVIDED WITH HOT AND COLD WATER THROUGH A MIXING OUTLET.

(vi) DEVICES TO PREVENT BACKFLOW ON WATER SUPPLY TO FIXTURES OR GROUP OF FIXTURES WHERE THE USE OF EXTENSION HOSES AND TUBE CLEANING EQUIPMENT IS ANTICIPATED (e.g., sinks in laboratory, central service, garbage can wash area, and housekeeping facilities and mechanical areas). Also refer to chapter 248-54 WAC.

(f) FITTINGS.

(i) WRIST, KNEE, OR FOOT FAUCET CONTROLS AND GOOSENECK SPOUTS OR THE EQUIVALENT ON LAVATORIES IN PATIENT ROOMS AND TOILETS ADJOINING PATIENT ROOMS EXCEPT THOSE FOR PSYCHIATRIC PATIENTS TO BE IN ACCORDANCE WITH PROGRAM REQUIREMENTS.

(ii) WRIST, KNEE, OR FOOT FAUCET CONTROLS AND GOOSENECK SPOUTS OR THE EQUIVALENT[41] ON ALL LAVATORIES AND SINKS FOR PERSONNEL USE WHERE REQUIRED TO CONTROL CROSS INFECTION (e.g., nursing service areas including isolation rooms, laboratory, and physical therapy), UNLESS THE FIXTURE IS USED FOR SOILED FUNCTIONS ONLY AND ANOTHER SINK OR LAVATORY WITH WRIST, KNEE, OR FOOT CONTROLS OR EQUIVALENT[41] IS LOCATED IN THE SAME AREA OF THE ROOM. FAUCET CONTROLS ON LAVATORIES IN NEWBORN NURSERY UNITS, NEONATAL INTENSIVE CARE UNITS, BIRTHING ROOMS AND ALL SCRUB SINKS TO BE KNEE OR FOOT CONTROLS OR EQUIVALENT.[41]

(iii) WRIST CONTROLS TO HAVE A MINIMUM OF 4 INCH SPACE BETWEEN BACK SPLASH AND ENDS OF CONTROLS AT FULL CLOSED POSITION AND A MINIMUM OF 4 INCH SPACE BETWEEN THE END OF CONTROLS AND THE WATER SPOUT IN THE FULL OPEN POSITION. 90 DEGREE VALVE OPERATION.

(g) ACCESSORIES.

(i) BACKING FOR MOUNTING TO SUPPORT THE INTENDED USE OF ALL ACCESSORIES.

(ii) SUITABLE SHELF OR EQUIVALENT, AND MIRROR AT EACH LAVATORY IN TOILET ROOMS, PATIENT ROOMS, BIRTHING ROOMS, DRESSING ROOMS, AND LOCKER ROOMS.

(iii) TOWEL BAR OR HOOK AT EACH PATIENT LAVATORY ON NURSING UNITS AND IN BIRTHING ROOMS AND AT EACH BATHING FACILITY.

(iv) ROBE HOOK AT EACH BATHING FACILITY, WATER CLOSET, DRESSING ROOMS AND EXAMINATION ROOMS.

(v) TOILET PAPER HOLDER PROPERLY LOCATED AT EACH WATER CLOSET.

(vi) Sanitary napkin dispenser in each women's toilet room except inpatient toilets.

(vii) AT LEAST TWO GRAB BARS OR EQUIVALENT[60] OF SUITABLE STRENGTH, EASILY CLEANABLE, RESISTANT TO CORROSION AND FUNCTIONAL DESIGN SECURELY MOUNTED AND PROPERLY LOCATED AT EACH BATHTUB, SHOWER AND WATER CLOSET FOR PATIENTS.

(viii) DISPENSERS FOR SINGLE USE TOWELS AT ALL LAVATORIES AND SINKS MOUNTED TO AVOID CONTAMINATION FROM SPLASH AND SPRAY.

(ix) SUITABLE PROVISION FOR SOAP AT EACH LAVATORY, SINK, AND BATHING FACILITY.

(x) Paper cup dispensers at all lavatories except in soiled areas.

(xi) Dispenser for seat covers at each water closet properly located.

(h) NONFLAMMABLE MEDICAL GAS SYSTEMS IN ACCORDANCE WITH THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA).[38]

(i) Clinical vacuum (suction) systems in accordance with the recommendations of Compressed Gas Association[59] except the zone valves may be omitted.

(7) HEATING.[39]

(a) A HEATING SYSTEM ADEQUATE TO MAINTAIN 75 DEGREES FAHRENHEIT MINIMUM TEMPERATURE IN EACH ROOM AND OCCUPIED SPACE.

(b) THE SYSTEM OF SUFFICIENT SIZE AND CAPACITY FOR THE PROPER DESIGN TEMPERATURE FOR THE LOCALITY.

(c) HEAT SUPPLY FOR EACH PATIENT ROOM PROVIDED WITH INDIVIDUAL THERMOSTATIC CONTROL. Manual or zone control acceptable for existing facility alteration projects. Individual room thermostatic control recommended for all rooms. HEATING SYSTEM SUITABLY ZONED (e.g., by exposure and usage of areas) AND THERMOSTATICALLY CONTROLLED UNLESS INDIVIDUAL ROOMS THERMOSTATICALLY CONTROLLED.

(d) Heat supply to operating rooms, delivery rooms, birthing rooms, recovery rooms, nurseries, all intensive care units and other selected areas arranged so that they may be heated at times when the general building heating system is not operating.

(e) PIPING THROUGHOUT BUILDING INSULATED AS REQUIRED TO CONTROL EXCESSIVE HEAT TRANSFER AND TO PROVIDE SAFETY.

(8) VENTILATION AND AIR CONDITIONING.[39]

(a) ALL ROOMS AND AREAS ADEQUATELY VENTILATED BY MECHANICAL MEANS. (Refer to Table B) DESIGN OF SYSTEM TO PREHEAT COLD OUTSIDE AIR MAKEUP. Gravity exhaust acceptable for gas storage rooms, mechanical rooms and similar areas.

(b) Approved recovery systems to reclaim heat from exhausts are recommended for energy conservation. DESIGN AND INSTALLATION OF HEAT RECOVERY EQUIPMENT TO CONTROL CROSS CONTAMINATION.

(c) ALL FANS SERVING EXHAUST SYSTEMS SHALL BE LOCATED AT THE DISCHARGE END OF THE SYSTEM OR THE SYSTEMS DESIGNED TO PREVENT LEAKAGE TO OCCUPIED AREAS.

(d) DESIGN OF AIR DISTRIBUTION AND BALANCING OF AIR SYSTEMS:[54]

(i) TO MAINTAIN APPROPRIATE PRESSURE GRADIENTS AMONG ADJOINING ROOMS AND AREAS TO CONTROL AIR FLOWS IN ACCORDANCE WITH THE RELATIVE DEGREE OF PROTECTION REQUIRED FROM THE SPREAD OF ODORS, MOISTURE, TOBACCO SMOKE AND CONTAMINANTS, i.e., flow from relatively clean areas to relatively soiled areas. Refer to Table B.

(ii) FOR NEWBORN NURSERY FACILITIES TO PREVENT AIR FLOW TO ANY NURSERY ROOM FROM ANY OTHER ROOM.

(iii) FOR NEONATAL INTENSIVE CARE UNIT POSITIVE PROTECTIVE AIR PRESSURE GRADIENT FROM EACH NURSERY ROOM TO SURROUNDING AREAS EXCEPT CLEAN UTILITY, CLEAN STORAGE ROOMS AND NEWBORN NURSERY FACILITIES. POSITIVE AIR PRESSURE GRADIENT FROM NEONATAL INTENSIVE CARE UNIT TO CORRIDORS AND ROOMS OUTSIDE THE UNIT.

(e) EXHAUST HOODS OR OTHER APPROVED EXHAUST DEVICES.

(i) LOCATED OVER EQUIPMENT LIKELY TO PRODUCE EXCESSIVE HEAT, MOISTURE, ODORS, OR CONTAMINANTS (e.g., kitchen, laundry, sterilizing and dishwashing equipment, laboratory and special work areas) PROPERLY DESIGNED FOR INTENDED USE.

(ii) LABORATORY HOODS WHERE INFECTIOUS MATERIALS ARE HANDLED.[53]

(A) MINIMUM FACE VELOCITY OF 75 FEET PER MINUTE AT MAXIMUM OPERATING LEVEL OF SASH.

(B) SERVED BY INDEPENDENT EXHAUST SYSTEM WITH THE EXHAUST FAN LOCATED AT THE DISCHARGE END OF THE DUCT.

(C) DUCT TO HAVE WELDED JOINTS OR EQUIVALENT FROM THE HOOD TO FILTER ENCLOSURE.

(D) FILTERS WITH 99.97% EFFICIENCY (DI-OCTYL-PHTHALATE, (DOP), TEST METHOD) IN THE EXHAUST STREAM.

(E) DESIGNED AND EQUIPPED TO PERMIT THE SAFE REMOVAL OF CONTAMINATED FILTERS.

(F) CHEMICAL FUME HOODS SHALL NOT BE USED FOR HANDLING INFECTIOUS MATERIALS.

(iii) LABORATORY HOODS WHERE STRONG OXIDIZING AGENTS, (e.g., perchloric acid,) ARE PROCESSED,

(A) MINIMUM FACE VELOCITY OF 100 FEET PER MINUTE AT MAXIMUM OPERATING LEVEL OF SASH.

(B) EACH HOOD CONNECTED TO INDEPENDENT EXHAUST SYSTEM WITH AN EXHAUST FAN AT THE DISCHARGE END OF THE DUCT.

(C) DUCT OF WELDED STAINLESS STEEL OR EQUIVALENT THROUGHOUT THE EXHAUST SYSTEM.

(D) HOOD AND EXHAUST DUCT SYSTEM EQUIPPED WITH WASHDOWN FACILITIES.

(iv) HOODS WHERE RADIOACTIVE PARTICULATE AEROSOLS MAY BE RELEASED.

(A) MINIMUM FACE VELOCITY OF 100 FEET PER MINUTE AT MAXIMUM OPERATING LEVEL OF SASH.

(B) EACH HOOD CONNECTED TO AN INDEPENDENT EXHAUST SYSTEM WITH AN EXHAUST FAN AT THE DISCHARGE END OF THE DUCT.

(C) DUCT TO HAVE WELDED JOINTS OR EQUIVALENT FROM THE HOOD TO THE FILTER ENCLOSURE.

(D) FILTERS WITH 99.97% EFFICIENCY (DI-OCTYL-PHTHALATE, (DOP) TEST METHOD) IN THE EXHAUST STREAM.

(E) DESIGNED AND EQUIPPED FOR THE SAME REMOVAL OF CONTAMINATED FILTERS.

(f) ALL CENTRAL VENTILATION OR AIR CONDITIONING SYSTEMS EQUIPPED WITH FILTERS.

(i) NUMBER OF FILTER BEDS AND FILTER EFFICIENCIES[44] NO LESS THAN THOSE SPECIFIED IN TABLE A.

(ii) FILTER BED NO. 2 SHALL BE DOWNSTREAM OF THE LAST COMPONENT OF ANY CENTRAL AIR HANDLING UNIT, EXCEPT A STEAM INJECTION TYPE HUMIDIFIER MAY BE DOWNSTREAM OF FILTER BED NO. 2. TERMINAL COOLING COILS (EXCEPT INDUCTION UNITS, FAN COIL UNITS OR EQUIVALENT INDIVIDUAL ROOM UNITS (REFER TO (g)) DOWNSTREAM OF FILTER BED NO. 2 SHALL HAVE ADDITIONAL FILTRATION MEETING REQUIREMENTS OF FILTER BED NO. 2.

Table A

FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR CONDITIONING SYSTEMS IN GENERAL HOSPITALS

AREA DESIGNATION	MINIMUM NUMBER OF FILTER BEDS	FILTER EFFICIENCIES (Percent)*** FILTER BED NO. 1	FILTER BED NO. 2
Sensitive Areas*	2	25	90
Patient Care, Treatment Diagnostic, and Related Areas	2	25	90**
Food Preparation Areas and Laundries	1	80	—
Administrative, Bulk Storage and Soiled Holding Areas	1	25	—

* Includes surgical suites, delivery suites, nursery units, recovery rooms, special procedure rooms (cardiac catheterizations) and all intensive care units.

** May be reduced to 80 percent for systems using all-outdoor air.

*** Average dust spot test.

(iii) FILTER FRAMES WITH AIRTIGHT SEAL TO THE ENCLOSING DUCTWORK BY USE OF GASKETS OR EQUIVALENT.

(iv) A MANOMETER SHALL BE INSTALLED ACROSS EACH FILTER BED SERVING SENSITIVE AREAS (Refer to Table A) OR CENTRAL AIR SYSTEMS.

(g) NONCENTRAL SUPPLY VENTILATION SYSTEMS, i.e. individual room units.

(i) IN SENSITIVE AREAS (Refer to Table A) SHALL MEET THE FILTERING OBJECTIVES FOR CENTRAL SYSTEMS.

(ii) IN AREAS OTHER THAN SENSITIVE AREAS OUTDOOR AIR FOR INDIVIDUAL ROOM UNITS SHALL MEET FILTERING REQUIREMENTS FOR CENTRAL SYSTEMS UNDER TABLE A. RECIRCULATED AIR TO INDIVIDUAL ROOM UNITS NEED NOT BE FILTERED (lint screen and/or filter recommended).

(h) AIR HANDLING DUCT SYSTEMS.

(i) IN ACCORDANCE WITH NATIONAL FIRE PROTECTION ASSOCIATION.[45]

(ii) BUILDING SPACES USED FOR PLENUMS SHALL BE RESTRICTED TO ADMINISTRATIVE, PUBLIC WAITING AND PUBLIC MEETING AREAS.

(iii) NONEROSIVE WEARING SURFACES ARE REQUIRED FOR FIBERGLASS SUPPLY DUCTS (PER UL STANDARDS[57]) AND/OR SUPPLY DUCT LINERS (PER SMACNA STANDARDS[58]), IF INSTALLED.

(iv) NINETY PERCENT EFFICIENCY FILTERS DOWNSTREAM OF LININGS SERVING SENSITIVE AREAS (Refer to Table A) EXCEPT LINING OF TERMINAL UNITS MEETING THE REQUIREMENTS OF (iii) ABOVE.

(i) AIR SUPPLY AND EXHAUSTS LOCATIONS.

(i) AIR SUPPLY INTAKES LOCATED TO ENSURE A SOURCE OF FRESH AIR (preferably above the roof or high on an exterior wall to avoid sources of contamination or pollution).

(ii) EXHAUST AIR DISCHARGE LOCATED TO AVOID CROSS CIRCULATION TO SUPPLY AIR INTAKES OR OPERABLE WINDOWS. Separation distances dependent upon factors such as air volumes, wind directions and building configurations.

(j) OPERATING ROOMS, DELIVERY ROOMS, NEWBORN NURSERY ROOMS, NEONATAL INTENSIVE CARE UNITS AND THEIR ANCILLARY FACILITIES MECHANICALLY VENTILATED TO PROVIDE ONE HUNDRED PERCENT FRESH AIR WITHOUT RECIRCULATION. Recommended for birthing rooms, labor rooms, recovery rooms and all intensive care units. Refer to Table B.

(k) VENTILATION SYSTEMS FOR ANESTHETIZING LOCATIONS USING FLAMMABLE ANESTHETICS SHALL MEET THE REQUIREMENTS OF THE NATIONAL FIRE PROTECTION ASSOCIATION, (NFPA).[38]

(l) AIR CONDITIONING TO ADEQUATELY CONTROL TEMPERATURE, AIR CHANGES AND AIR MOTION OF OPERATING ROOMS, DELIVERY ROOMS, NEONATAL INTENSIVE CARE NURSERY ROOMS, RECOVERY ROOMS, INTENSIVE CARE AND CARDIAC INTENSIVE CARE UNITS, NEWBORN NURSERY FACILITIES, AND SPECIAL PROCEDURE ROOMS.

(m) RELATIVE HUMIDITY.

(i) OPERATING ROOMS, DELIVERY ROOMS, SPECIAL PROCEDURE ROOMS, ANESTHETIZING LOCATIONS AND RECOVERY ROOMS, FIFTY PERCENT MINIMUM TO SIXTY PERCENT MAXIMUM AT SEVENTY–TWO DEGREES FAHRENHEIT.

(ii) NEWBORN NURSERY FACILITIES AND NEONATAL INTENSIVE CARE UNITS, FORTY–FIVE PERCENT MINIMUM TO SIXTY PERCENT MAXIMUM AT SEVENTY–FIVE DEGREES FAHRENHEIT.

(iii) INTENSIVE CARE UNITS, THIRTY PERCENT MINIMUM TO SIXTY PERCENT MAXIMUM AT SEVENTY–TWO DEGREES FAHRENHEIT.

(n) FIRE SHUTDOWN AS REQUIRED BY NATIONAL FIRE PROTECTION ASSOCIATION (NFPA)[45] BY BOTH MANUAL CONTROL AND EITHER OF THE FOLLOWING OPTIONS FOR AUTOMATIC SHUTDOWN:

(i) TOTAL SHUTDOWN BY AUTOMATIC CONTROLS FOR SOUNDING FIRE ALARM, CLOSING SMOKE DOORS AND SMOKE DAMPERS IN VENTILATION SYSTEM, AND SHUTTING DOWN SUPPLY FAN(s) AND EXHAUST FAN(s).

(ii) SELECTIVE SHUTDOWN BY AUTOMATIC CONTROLS FOR SOUNDING FIRE ALARM, CLOSING SMOKE DOORS AND ACTUATING ONLY SMOKE DAMPERS IN RECIRCULATION SYSTEM TO EXHAUST ALL RECIRCULATED AIR. ONLY THE SMOKE DETECTOR ON THE DOWNSTREAM SIDE OF THE LAST COMPONENT OF THE CENTRAL SUPPLY SYSTEM SHALL SHUT DOWN THE SUPPLY AND EXHAUST VENTILATION SYSTEMS AND SHALL CLOSE ALL SMOKE DAMPERS. This selective shutdown option is recommended for hospitals having multiventilation systems.

(o) VENTILATION REQUIREMENTS ARE SUMMARIZED IN TABLE B FOR TYPICAL HOSPITAL AREAS. THOSE AREAS NOT SPECIFICALLY DESIGNATED SHALL COMPLY WITH REQUIREMENTS FOR COMPARABLE AREAS.

TABLE B GENERAL PRESSURE RELATIONSHIPS AND VENTILATION[6] OF CERTAIN HOSPITAL AREAS

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS[3,4]	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR IN ROOM	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
A. ANESTHETIZING AREAS					
1. Delivery and operating rooms[1]	PP	15	15[5]	Yes	No
2. Dental Operating Rooms	P	8	8	Yes	No
3. Endoscopy Room	P	8	8	Yes	No
4. Emergency Major Treatment Rooms	N	2	6	Yes	No
5. Outpatient Operating[1] and/or Treatment Rooms	PP	5	15[4]	Yes	No
6. Special Procedures Rooms (Cardiac Catheterizations)[1]	PP	12	12	Yes	No
B. CENTRAL SERVICE					
1. Cart Wash Room or Area	N	2	10	Yes	No
2. Clean & Sterile Storage Room	PP	2	2	Optional	No[3]
3. Sterilizer Access Service Room	NN	Optional	12	Yes	No
4. Sterilizing Area	P	2	4	Optional	No[3]
5. Clean Equipment Storage Room	P	2	2	Optional	Optional
6. Decontamination Area or Room	NN	2	12	Yes	No
C. GENERAL					
1. Administrative Areas: i.e., Offices, Admitting Facilities, Registration, etc.	P	2	2	Optional	Optional
2. Bathing and Wet Treatment Facilities: i.e., Showers, Tubs, Sitz Baths, Hydrotherapy.	N	2	10	Yes	No
3. Clean Facilities: Utility or Work Rooms, Medicine Preparation Areas, Holding and Storage Rooms.	P	2	4	Optional	No[3]
4. Corridors, General Circulating.[2]	P and N	2	2	Optional	Optional
5. Entrances	P	Optional	2	Optional	Optional
6. Housekeeping Facilities: i.e., Janitor Closets, Trash Chutes or Trash Storage Rooms	N	Optional	10	Yes	No
7. Lounges, Locker & Dressing Rooms	N	Optional	10	Yes	No
8. Nurses Station & Unit Dose Medicine Cart Areas	P	2	4	Optional	Optional
9. Receiving & Stores Incl. Breakout Area	N	Optional	2	Optional	Optional
10. Scrub-up Area	P	2	2	Optional	No
11. Soiled Facilities: Utility or Work Rooms, Holding, Bedpan, Clean-up, Linen & Storage.	N	2	10	Yes	No
12. Toilet Rooms	N	Optional	10	Yes	No
13. Waiting Rooms, Conference, Solariums, Day Rooms, or Other Smoking Areas.	N	2	2	Yes	No
14. Mechanical Rooms	N	Optional	2	Yes	No
D. KITCHEN AND DIETARY					
1. Bulk Day Food	E or P	Optional	2	Optional	Optional

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS[54]	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR IN ROOM	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
Storage Room					
2. Cafeteria or Dining Room	E or N	6	8	Optional	Optional
3. Dishwashing Room or Area	NN	4	8	Yes	No
4. Garbage Storage and Can Washing Area	NN	Optional	10	Yes	No
5. Kitchen	NN	4	8	Yes	No
E. **LABORATORY**					
1. Autopsy Room and Morgue	NN	2	12	Yes	No
2. Bacteriology	NN	2	12	Yes	No
3. Blood Drawing Area or Room	P	2	4	Optional	Optional
4. General Laboratory Rooms i.e., Hemo–tology, Pathology.	N	2	10	Yes	No
5. Media Preparation and Transfer Room	P	2	4	Optional	No
6 Decontamination Area	NN	2	12	Yes	No
F. **LAUNDRY**					
1. Clean Linen Storage	P	2	2	Optional	No[3]
2. Clean sorting, fold–ing & ironing	P	2	6	Yes	No[3]
3. Detergent & Supply Storage Room	N	Optional	2	Optional	Optional
4. Processing, washing and drying	P	4	10	Yes	No
5. Soiled sorting and storage	N	Optional	10	Yes	No
G. **PATIENT CARE AREAS**					
1. Acute Cardiac Care and Intensive Care Patient Rooms	PP	2	6[4]	Optional	No[3]
2. Birthing Room	P	6	6[4]	Optional	No
3. Examination Rooms	E or P	2	6	Optional	No[3]
4. Electroencephalogram (EEG) Electromyogram (EMG) & Electrocardiogram (ECG or EKG)	E or P	2	6	Optional	Optional
5. Isolation Room, Airborne	NN	2	6	Yes	No
6. Isolation Room, Protective	P	4	4	Yes	No
7. Isolation Anteroom	NN	2	10	Yes	No
8. Isolation Room with Anteroom	Optional	2	6	Yes	No
9. Labor Room	E or P	2	2[4]	Optional	No[3]
10. Neonatal Intensive Care Room[1]	PP	6	6[5]	Optional	No
11. Newborn Nursery Room[1]	PP	6	6[5]	Optional	No
12. Observation Rooms (Out–Patient & Emergency Departments)	N	2	6	Yes	No
13. Patient Rooms	E or P	2	2	Optional	Optional
14. Pulmonary & Inhalation Therapy Treatment Rooms	E or P	2	2	Yes	No
15. Recovery Rooms[1]	PP	2	6[4]	Optional	No
H. **PHARMACY**					
1. Compounding & Dispensing Areas	P	2	2	Optional	No[3]
2. Intravenous Additive Room	PP	2	2	Optional	No[3]
I. **RADIOLOGY**					
1. C.A.T., general &	E or P	2	6	Optional	Optional

	AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS[34]	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR IN ROOM	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
	Ultrasound Rooms					
2.	Darkroom	N	2	6	Yes	No
3.	Film Viewing & Storage Room	E	2	4	Optional	Optional
4.	Fluoroscopy Rooms	N	2	6	Yes	NO
5.	Nuclear Diagnostic Rooms	E or N	2	4	Optional	Optional
6.	Radiation Therapy Treatment Rooms	N	2	6	Yes	No
7.	Special Procedures Rooms, i.e., Angiography, etc.	P	2	6	Optional	No

CODES

P = POSITIVE
N = NEGATIVE
E = EQUAL
PP = STRONGLY POSITIVE
NN = STRONGLY NEGATIVE

REFERENCE NOTATIONS:

[1] THE SEGREGATED SURGICAL, DELIVERY, COMBINED SURGICAL-DELIVERY SUITES, OTHER OPERATING ROOM SUITES AND THE NEWBORN NURSERY UNIT FACILITIES SHALL BE POSITIVE TO THE OUTSIDE CORRIDOR.

[2] GENERAL CIRCULATING CORRIDORS SHALL BE POSITIVE TO THE EXTERIOR, I.E., ELEVATORS, STAIRWELLS, EXIT DOORS AND SHALL BE NEGATIVE TO PATIENT ROOMS.

[3] Recirculating room units meeting the appropriate filtering requirements in Table A, WAC 248-18-718(8)(g)(ii) are acceptable.

[4] Recommend one hundred percent fresh outdoor air supplied to room.

[5] THESE ROOMS AND THEIR ANCILLARY FACILITIES SHALL BE SUPPLIED WITH ONE HUNDRED PERCENT OUTSIDE (FRESH) AIR.

[6] Heat recovery systems should be utilized for exhaust air.

(9) INCINERATION FACILITIES.

(a) May be omitted if another approved method of disposal is used.

(b) INCINERATOR OF ADEQUATE SIZE AND DESIGN. LOCATED AND DESIGNED TO PREVENT OBJECTIONABLE HEAT, SMOKE, AND ODORS. (Separate room or outside area).

(c) SUPPLEMENTAL FUEL FIRED FOR COMPLETE COMBUSTION.

(d) CHUTE-FED INCINERATORS NOT PERMITTED.

(10) ELECTRICAL SYSTEMS AND EMERGENCY ELECTRICAL SERVICE.

(a) IN ADDITION TO SPECIFIC REQUIREMENTS OF THIS SECTION, CHAPTER 296-46 WAC, "RULES AND REGULATIONS FOR INSTALLING ELECTRIC WIRES AND EQUIPMENT AND ADMINISTRATIVE RULES", AND THE NATIONAL ELECTRIC CODE OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA - 70) APPLY AS ADOPTED BY THE WASHINGTON STATE DEPARTMENT OF LABOR AND INDUSTRIES.

(b) ELECTRICAL SYSTEMS AND EQUIPMENT IN CONFORMANCE WITH NFPA STANDARDS[38] IN AREAS WHERE INHALATION ANESTHETICS ARE TO BE USED (such as operating rooms, delivery rooms, and major emergency treatment rooms).

(c) NUMBER OF RECEPTACLE OUTLETS.

(i) MINIMUM OF SIX RECEPTACLE OUTLETS IN OPERATING AND DELIVERY ROOMS. MINIMUM OF FOUR RECEPTACLE OUTLETS IN EMERGENCY TREATMENT ROOMS, BIRTHING ROOMS, ANESTHETIZING LOCATIONS AND SPECIAL PROCEDURES ROOMS. AT LEAST ONE RECEPTACLE OUTLET ON EACH WALL WHERE POSSIBLE. ADDITIONAL PROPERLY LOCATED RECEPTACLE OUTLETS SUITABLE FOR EQUIPMENT TO BE USED WITHOUT USE OF EXTENSION CORDS[24].

(ii) TWO DUPLEX ELECTRICAL RECEPTACLES (OR EQUIVALENT) AT THE HEAD OF EACH BED, IN PATIENT ROOMS (INCLUDING LABOR, BIRTHING ROOMS, AND RECOVERY), three duplex receptacles per bed recommended.

(iii) FOUR DUPLEX ELECTRICAL RECEPTACLES (OR EQUIVALENT) AT THE HEAD OF

EACH BED IN EACH INTENSIVE CARE[43] PATIENT ROOMS. AT LEAST SIX DUPLEX RECEPTACLES (OR EQUIVALENT)[42] FOR EACH INFANT STATION IN NEONATAL INTENSIVE CARE UNITS.[43]

(iv) AT LEAST ONE DUPLEX RECEPTACLE (OR EQUIVALENT)[42] FOR EVERY TWO BASSINETS FOR FULL TERM INFANTS AND FOR EACH BASSINET AND INCUBATOR FOR PREMATURE INFANTS.

(v) CIRCUITS SERVING RECEPTACLES AT THE HEAD OF EACH BED IN ALL INTENSIVE CARE UNITS[43] SHALL SERVE NO OTHER RECEPTACLES OR OUTLETS.

(vi) LIMITED TO SIX DUPLEX RECEPTACLES PER 20 AMP CIRCUIT IN ALL PATIENT CARE AREAS, INCLUDING OUTPATIENT CARE AREAS. LIMITED TO FOUR DUPLEX RECEPTACLES PER 20 AMP CIRCUIT SERVING PATIENT BEDS IN ALL INTENSIVE CARE UNITS.[43]

(vii) AT LEAST ONE ADDITIONAL DUPLEX RECEPTACLE (OR EQUIVALENT)[42] AT A SEPARATE CONVENIENT LOCATION IN EACH PATIENT ROOM (INCLUDING LABOR, RECOVERY, AND ALL INTENSIVE CARE ROOMS).[43] ADDITIONAL RECEPTACLE IF TELEVISION IS PROVIDED.

(viii) HOSPITAL GRADE RECEPTACLES IN RECOVERY ROOMS AND ALL INTENSIVE CARE UNITS. Recommended in other patient care areas.

(ix) FIFTEEN OR TWENTY AMPERES, 125 VOLT RECEPTACLES IN ROOMS USED BY PEDIATRIC OR PSYCHIATRIC PATIENTS SHALL BE A TAMPER PROOF OR SAFETY TYPE DEVICE.

(x) One receptacle protected by ground fault circuit interrupter adjacent to mirror over lavatory recommended.

(xi) AT LEAST ONE DUPLEX RECEPTACLE (OR EQUIVALENT)[42] PER 4 LINEAR FEET OF COUNTER IN LABORATORY FACILITIES. SURFACE METAL RACEWAYS, IF USED, SHALL INCLUDE AN EQUIPMENT GROUNDING CONDUCTOR CONNECTED TO EACH RECEPTACLE.

(d) LIGHTING FIXTURES.

(i) NUMBER, TYPE AND LOCATION OF LIGHTING FIXTURES TO PROVIDE ADEQUATE ILLUMINATION FOR THE FUNCTIONS OF EACH AREA.

(ii) A PROPERLY DESIGNED READING LAMP[6] CONVENIENTLY LOCATED FOR EACH BED IN PATIENT ROOMS.

(iii) SUITABLE LIGHT AT LAVATORIES IN PATIENT ROOMS AND PATIENT TOILET ROOMS.

(iv) NIGHT LIGHT LOCATED BELOW LEVEL OF THE PATIENT'S BED TO DIMLY LIGHT PATHWAY IN EACH PATIENT ROOM AND LOCATED AT PROPER INTERVALS IN CORRIDOR CEILINGS OR WALLS IN NURSING UNITS.

(v) SWITCHES FOR NIGHT LIGHTS AND GENERAL ILLUMINATION ADJACENT TO DOORS TO PATIENT ROOMS. SWITCHES LOCATED OUTSIDE PSYCHIATRIC AND PEDIATRIC PATIENT ROOMS. QUIET OPERATING SWITCHES IN NURSING UNITS.

(e) BRANCH CIRCUIT PANELS FOR ROOMS IN ALL INTENSIVE CARE UNITS[43] TO BE LOCATED IN EACH PATIENT ROOM OR OTHER LOCATION PROVIDING READY ACCESSIBILITY TO CIRCUIT BREAKERS FOR STAFF CARING FOR PATIENTS IN THESE ROOMS.

(f) EMERGENCY ELECTRICAL SERVICE. (REFER TO THE NATIONAL ELECTRIC CODE (NFPA – 70).)

(i) ADEQUATE ELECTRICAL GENERATING EQUIPMENT (OR EQUIVALENT) WITH AUTOMATIC TRANSFER TO THE EMERGENCY ELECTRICAL SERVICE IN CASE OF INTERRUPTION OF NORMAL SERVICE.

(ii) EMERGENCY LIGHTING OF EXITS, STAIRS, PATIENTS' CORRIDORS, OPERATING ROOMS, DELIVERY ROOMS, BIRTHING ROOMS, EMERGENCY ROOMS, NURSERIES, ALL INTENSIVE CARE UNITS AND OTHER SPECIALIZED PATIENT CARE AREAS.

(iii) EMERGENCY POWER TO THE NURSES' CALL SYSTEM, THE FIRE ALARM SYSTEM, MEDICAL GAS SYSTEMS AND THEIR ALARMS, ELECTRICALLY OPERATED DOORS, REFRIGERATORS AND FREEZERS FOR BIOLOGICALS, ONE ELEVATOR SERVING ALL FLOORS AND ADEQUATE CONVENIENCE OUTLETS FOR CRITICALLY NEEDED EQUIPMENT IN ALL PATIENT CARE AREAS (e.g., recovery rooms, nurseries, operating rooms, delivery rooms, birthing rooms, emergency rooms, intensive care units and at intervals in nursing unit corridors) recommended for food refrigerators, culture incubators, ventilation units, sterilizers, x–ray machines, and heating plant.

(11) MISCELLANEOUS.

(a) FILM ILLUMINATORS. AT LEAST TWO X–RAY FILM ILLUMINATORS[6] IN EACH OPERATING ROOM, NEONATAL INTENSIVE CARE UNIT, ONE IN EACH MAJOR EMERGENCY TREATMENT ROOM, and one in each delivery room.

(b) CALL SYSTEM.

(i) PROPERLY LOCATED ELECTRICAL SIGNALLING DEVICE[55] AT THE HEAD OF EACH BED IN PATIENT ROOMS, (INCLUDING LABOR ROOMS AND BIRTHING ROOMS) AT EACH WATER CLOSET AND BATHING FACILITY FOR PATIENTS, AT EACH TREATMENT AREA IN PHYSICAL THERAPY DEPARTMENTS and in each dayroom, solarium, dining room(s) and patient dressing areas.

(ii) EACH CALL SIGNAL TO REGISTER BY LIGHT AT THE CORRIDOR DOOR, THE NURSES' STATION, AND AT OTHER NURSES WORK STATIONS SUCH AS UTILITY ROOMS. CALL SIGNALS INITIATED WITHIN OTHER

DEPARTMENTS (such as x-ray and physical therapy) TO REGISTER AT THE CONTROL POINT OF EACH DEPARTMENT. SIGNALS FROM WATER CLOSETS AND BATHING FACILITIES TO HAVE DISTINCTIVE LIGHT (flashing lights) AND AUDIBLE SIGNAL.

(iii) MEDICAL EMERGENCY SIGNAL DEVICE FOR USE OF THE NURSE IN EACH NURSERY ROOM, PSYCHIATRIC ROOMS, OPERATING, DELIVERY, BIRTHING ROOM, RECOVERY ROOMS, AND EACH PATIENT ROOM IN ALL INTENSIVE CARE UNITS; IN EACH TREATMENT ROOM AND NURSERY ROOM OF NEONATAL INTENSIVE CARE UNITS; AND IN EACH EMERGENCY TREATMENT, EXAMINATION AND OBSERVATION ROOM. TO REGISTER DISTINCTIVE AUDIBLE SIGNAL AT LOCATION FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE.

(iv) A CALL SIGNAL FOR NIGHT USE SHALL BE PROVIDED AT EMERGENCY ENTRANCES.

(c) TELEPHONES.

(i) ON EACH NURSING UNIT, SURGICAL SUITE AND OBSTETRICAL DELIVERY SUITE. ADDITIONAL TELEPHONES OR EXTENSIONS AS REQUIRED TO PROVIDE ADEQUATE COMMUNICATION (A MINIMUM OF ONE ON EACH FLOOR OF THE HOSPITAL).

(ii) PUBLIC TELEPHONE IN LOBBY.

(iii) Telephones or other similar means for two-way communication among departments of the hospital, including doctors' locker and lounge in surgery and delivery suite.

(d) CLOCKS.

(i) WALL MOUNTED CLOCKS PROPERLY LOCATED IN OPERATING ROOMS, DELIVERY ROOMS, BIRTHING ROOMS, EMERGENCY ROOMS, NURSERIES, INTENSIVE CARE UNITS, LABORATORIES and other suitable locations.

(ii) CLOCKS IN OPERATING ROOMS, DELIVERY ROOMS, EMERGENCY ROOMS AND ALL INTENSIVE CARE UNITS TO HAVE SWEEP SECOND HANDS.

(iii) Interval timers recommended.

(e) EQUIPMENT AND CASEWORK.

(i) DESIGNED, MANUFACTURED, AND INSTALLED FOR EASE OF PROPER CLEANING AND MAINTENANCE OF EQUIPMENT AND CASEWORK, AND SURROUNDING FLOOR AND WALLS.

(ii) DESIGN, MATERIALS, AND FINISHES SUITABLE TO THE FUNCTIONS OF EACH AREA.

(iii) EQUIPMENT FOR FOOD SERVICE FUNCTIONS TO MEET STANDARDS OF NATIONAL SANITATION FOUNDATION,[46] OR EQUIVALENT.

(iv) ALL AUTOCLAVES TO HAVE RECORDING THERMOMETERS.

(f) Chutes.

(i) Linen chutes and trash chutes not recommended.

(ii) CHUTES DIRECTLY CONNECTED TO INCINERATORS NOT PERMITTED.

(iii) CYLINDRICAL DESIGN.

(iv) TWENTY-FOUR INCH MINIMUM DIAMETER.

(v) SMOOTH, WASHABLE INTERIOR FINISH, INCLUDING JOINTS.

(vi) SELF-CLOSING, TIGHT-FITTING ACCESS DOORS AT LEAST THIRTY INCHES FROM THE FLOOR.

(vii) ACCESS DOOR(S) IN SEPARATE ENCLOSED ROOM(S) OR SEPARATE AREA OF SOILED UTILITY OR CLEAN-UP ROOM USED FOR SOILED FUNCTIONS ONLY OR OTHER SIMILAR ROOM.

(viii) CHUTES TO DISCHARGE INTO SEPARATE ENCLOSED TRASH AND SOILED LINEN COLLECTION ROOMS.

(A) FLOOR DRAINS EQUIPPED WITH TRAP PRIMERS IN TRASH AND SOILED LINEN COLLECTION ROOMS.

(B) HANDWASHING FACILITY IN OR ADJACENT TO SOILED LINEN COLLECTION ROOM IF THIS ROOM USED FOR SORTING SOILED LINEN.

(ix) CHUTES DESIGNED AND/OR VENTILATED TO AVOID CONTAMINATION BY AIR FLOW FROM ACCESS DOORS WHEN OPENED.

(x) CHUTES PROVIDED WITH SUITABLE MEANS TO ADEQUATELY WASH ENTIRE LENGTH.

(g) HARDWARE.

(i) SELECTED TO SUIT THE FUNCTIONS OF EACH ROOM AND TO ENSURE QUIETNESS AND SANITATION.

(ii) PATIENT ROOM DOORS EQUIPPED TO HOLD OPEN IN ANY POSITION OR IN SEVERAL POSITIONS.

(iii) PROVISION FOR IMMEDIATE EMERGENCY ACCESS TO PATIENT ROOMS AND PATIENT TOILETS, SHOWERS, AND BATH ROOMS.

(iv) HARDWARE OF EXTERIOR DOORS DESIGNED TO PREVENT ENTRY OF UNAUTHORIZED PERSONS.

(h) IDENTIFICATION OF DOORS, ROOMS AND SPACES.[24]

(i) EACH ROOM AND SPACE NAMED AND NUMBERED IN CONSECUTIVE ORDER ON ALL DRAWINGS.

(ii) Each door numbered consecutively on all drawings.

(iii) Permanent label with the same identifying door and room numbers as used on the drawings attached to the outside upper strike side of each door.

NOTES:

[6] May be movable equipment.
[24] In accordance with program.
[37] See definition of "Grade", WAC 248-18-505.

[38] REFER TO STANDARD FOR THE USE OF INHALATION ANESTHETICS (FLAMMABLE AND NONFLAMMABLE) NATIONAL FIRE PROTECTION ASSOCIATION, (NFPA), 56-A, 1973 EDITION AND NONFLAMMABLE MEDICAL GAS SYSTEMS, NATIONAL FIRE PROTECTION ASSOCIATION, (NFPA), 56-F, 1977 EDITION.

[39] Use of the guide, published by the American Society of Heating, Refrigeration, and Air Conditioning Engineers, (ASHRAE) recommended for design of heating and ventilating systems.

[40] UNIFORM PLUMBING CODE, 1976 EDITION, BY INTERNATIONAL ASSOCIATION OF PLUMBING AND MECHANICAL OFFICIALS (IAPMO).

[41] Equivalent when used in reference to faucet controls means a mechanism for operating without the use of hands, wrists, or arms.

[42] Equivalent when used in reference to receptacle outlets means that two single receptacle outlets are considered to be equal to one duplex receptacle outlet.

[43] Refer to definitions of intensive care unit WAC 248-18-505(12), WAC 248-18-001(9), acute cardiac care unit WAC 248-18-001(2) and neonatal intensive care unit WAC 248-18-223 (1)(c) and (d).

[44] AMERICAN SOCIETY OF HEATING, REFRIGERATING AND AIR-CONDITIONING ENGINEERS, (ASHRAE), STANDARD NO. 52-76, 1976 EDITION AND AIR-CONDITIONING AND REFRIGERATION INSTITUTE (ARI) STANDARD 680-74, 1974 EDITION.

[45] NATIONAL FIRE PROTECTION ASSOCIATION, (NFPA) STANDARD NO. 90A-1975 EDITION.

[46] FOOD SERVICE EQUIPMENT STANDARDS OF THE NATIONAL SANITATION FOUNDATION, 1976, ANN ARBOR, MICHIGAN.

[49] Compressed air is filtered air free of oil and other substances, particles, or contaminants.

[50] Equivalent for x-ray receptacle outlet(s) refer to a battery operated self-contained x-ray machine.

[53] Recommend use of the following standards:

a. "Classification of Etiologic Agents on the Basis of Hazard"
U.S. Dept. of Health, Education & Welfare Publication
Public Health Service
Center for Disease Control
Office of Biosafety
Atlanta, GA 30333

b. "Selecting a Biological Safety Cabinet"
U.S. Dept. of Health, Education & Welfare
Public Health Service
National Institutes of Health
National Cancer Institute
Office of Research Safety
Bethesda, MD 20014

c. For the design, construction and performance of "Class II Biohazard Cabinetry NSF No. 49"
National Science Foundation
NSF Building
Ann Arbor, MI 48105

[54] Balance for appropriate positive and negative gradients will be evaluated by measuring proper direction of air flow at each doorway by smoke indicator. Designs should be based on anticipated leakage at each door. (Fifty CFM minimum to one hundred CFM maximum for usual room door).

[55] A PROPERLY LOCATED SIGNAL DEVICE SHALL BE ACTIVATED BY A NONCONDUCTIVE PULL CORD AT WATER CLOSETS AND BATHING FACILITIES. AT BATHING FACILITIES THE SIGNAL DEVICE PULL CORD SHALL BE LOCATED FOR EASY GRASP BY A PATIENT WHO IS IN OR HAS FALLEN BESIDE A BATHING FACILITY. AT A WATER CLOSET THE SIGNAL DEVICE PULL CORD SHALL BE LOCATED FOR EASY GRASP BY A PATIENT WHO HAS SLUMPED FORWARD ON THE WATER CLOSET OR FALLEN ONTO THE FLOOR.

[56] RINSE WATER TO BE ONE HUNDRED EIGHTY DEGREES FAHRENHEIT OR EQUIVALENT.

[57] UNDERWRITERS LABORATORIES (UL) 181-15 STANDARD FOR SAFETY AIR DUCTS, 1974 EDITION.

[58] SHEET METAL AND AIR CONDITIONING CONTRACTORS' NATIONAL ASSOCIATION, INC., (SMACNA) ARLINGTON, VA., 1975 EDITION, SECTION D.4.10.

[59] Compressed Air Association Pamphlet No. P-2.1, 1967 Edition.

[60] An equivalency for a grab bar at the side of a water closet means that the lavatory may be substituted for one grab bar: *Provided*, That because of space limitations, the lavatory must be located adjacent to the water closet on the same wall (width limited to sixty-six inches or less); the side of the lavatory will be located not more than eighteen inches from the center line of the water closet; and the lavatory will be mounted to support a three hundred pound live load without permanent deflection. [Statutory Authority: RCW 43.20.050. 80-07-014 (Order 200), § 248-18-718, filed 6/10/80; 80-03-062 (Order 193), § 248-18-718, filed 2/26/80; Order 119, § 248-18-718, filed 5/23/75.]

WAC 248-18-999 Legal authority of the State Board of Health. RCW 70.41.030 (Section 3, chapter 267, Laws of 1955). [Order 119, § 248-18-999, filed 5/23/75; Regulation 18.999, effective 3/11/60.]

WAC 248-18-99901 Appendix A--Footnotes in chapter 248-18 WAC. Footnotes in chapter 248-18 WAC shall have the following meanings.

[1] See WAC 248-18-505(11) for definition of "Hospital".

[2] See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(6), PLUMBING AND SEWERAGE.

[3] Not applicable to alterations and additions to existing hospitals.

[4] See requirements for "Windows", WAC 248-18-718(4) and see WAC 248-18-505 for definition of "Grade".

[5] See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

[6] May be movable equipment.

[7] See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

[8] Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).

[9] OUTSIDE FRACTURE ROOM IF ROOM IS TO BE USED AS AN OPERATING ROOM FOR OPEN SURGERY.

[10] See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

[11] May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

[12] May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

[13] See RECEIVING AND STORES, WAC 248-18-700(5), FLAMMABLE ANESTHETIC STORAGE.

[14] See Recovery Unit, WAC 248-18-560.

[15] See NURSING UNIT, GENERAL, WAC 248-18-530.

[16]See PATIENT TOILET AND BATHING FACILITIES, WAC 248-18-530(7) for additional requirements.

[17]See NURSING UNIT, GENERAL, WAC 248-18-530(8)(c), BEDPAN ROOM.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[19]CORROSION RESISTANT - Stainless steel recommended.

[20]IMPERMEABLE SURFACE.

[21]Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.

[22]May be omitted if program indicates is not needed.

[23]For construction and ventilation requirements for areas in which flammable agents are to be handled or stored, refer to standards of the State Fire Marshal.

[24]In accordance with program.

[25]See PHARMACY, WAC 248-18-670(4).

[26]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(11)(d), EQUIPMENT AND CASEWORK.

[27]See RECEIVING AND STORES, WAC 248-18-700.

[28]May be combined with ranges.

[29]May be combined with cooking areas.

[30]May be combined with other refrigeration.

[31]See HOUSEKEEPING DEPARTMENT, WAC 248-18-690(4), WASTE DISPOSAL FACILITIES.

[32]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(9), INCINERATION FACILITIES.

[33]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(8), VENTILATION.

[34]For construction, ventilation and electrical requirements, refer to standards of state fire marshal and the electrical inspection division of the State Department of Labor and Industries.

[35]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(1) through (11).

[36]See SPECIAL DESIGN FEATURES OF SPECIALIZED FACILITIES, WAC 248-18-530(5).

[37]See definition of "Grade", WAC 248-18-505.

[38]Refer to standards of state fire marshal, *Standard of the National Board of Fire Underwriters for the Use of Flammable Anesthetics*, NFBU No. 56, 1960 edition, as recommended by the National Fire Protection Association, (NFPA 56).

[39]Use of the guide, published by the American Society of Heating, Refrigeration, and Air Conditioning Engineers, recommended for design of heating and ventilating systems.

[40]Also printed as *Standard of the National Board of Fire Underwriters for the Use of Flammable Anesthetics*, NFBU No. 56, 1960 as recommended by the National Fire Protection Association.

[Order 119, § 248-18-99901, filed 5/23/75.]

Chapter 248-19 WAC
CERTIFICATE OF NEED--HOSPITALS AND NURSING HOMES

WAC

248-19-200 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.
248-19-400 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.
248-19-430 Provision for reconsideration decision.
248-19-440 Issuance, suspension, denial, revocation and transfer of a certificate of need.
248-19-450 Circumstances for which an amended certificate of need is required.
248-19-460 Validity and extensions.
248-19-470 Monitoring of approved projects.
248-19-480 Right and notice of appeal.
248-19-490 Certificate of need program reports.
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.] Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW.

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.

248-19-070 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.

248-19-075 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.

248-19-080 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.

248-19-090 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.

248-19-100 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.

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 statewide 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 post-decision 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 248-22 WAC

LICENSING REGULATIONS FOR PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS AND MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

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(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.

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-22-010 Medical service. [Regulation .22.010, effective 3/11/60.] Repealed by 81-02-004 (Order 205), filed 12/30/80. Statutory Authority: RCW 43.20.050.

248-22-015 License expiration dates. [Order 70, § 248-22-015, filed 1/13/72.] Repealed by 81-02-004 (Order 205), filed 12/30/80. Statutory Authority: RCW 43.20.050.

248-22-020 Nursing service. [Regulation .22.020, effective 3/11/60.] Repealed by 81-02-004 (Order 205), filed 12/30/80. Statutory Authority: RCW 43.20.050.

248-22-030 Laboratory service. [Regulation .22.030, effective 3/11/60.] Repealed by 81-02-004 (Order 205), filed 12/30/80. Statutory Authority: RCW 43.20.050.

248-22-040 Sanitation. [Regulation .22.040, effective 3/11/60.] Repealed by 81-02-004 (Order 205), filed 12/30/80. Statutory Authority: RCW 43.20.050.

248-22-050 Fire standards. [Order 12, § 248-22-050, filed 1/2/69; Regulation .22.050, filed 4/17/64; Regulation .22.050, effective 3/11/60.] Repealed by 81-02-004 (Order 205), filed 12/30/80. Statutory Authority: RCW 43.20.050.

LICENSING REGULATIONS FOR PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

WAC 248-22-001 Definitions. For the purposes of these rules and regulations for private psychiatric and alcoholism hospitals, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise:

(1) "Abuse" means the injury or sexual abuse of an individual patient by a person who is legally responsible for the welfare of that patient under circumstances which indicate that the health, welfare and safety of the patient is harmed thereby.

Person "legally responsible" shall include a parent, guardian or an individual to whom parental or guardian responsibility has been delegated, (e.g., teachers, providers of residential care and/or treatment, providers of day care).

(a) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harrassment or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Administrator" means the individual appointed as chief executive officer by the governing body of the facility to act in its behalf in the overall management of the hospital.

(3) "Alcoholic patient" means an individual demonstrating signs or symptoms of alcoholism.

(4) "Alcoholism" means a chronic, progressive, potentially fatal disease characterized by tolerance and physical dependency, pathological organic changes, or both, all of which are the consequences of alcohol ingestion.

(a) "Chronic and progressive" means that physical, emotional and social changes that develop are cumulative and progress as drinking continues.

(b) "Tolerance" means physiological adaptation to the presence of high concentration of alcohol.

(c) "Physical dependency" means that withdrawal symptoms occur from decreasing or ceasing ingestion of alcohol.

(5) "Alcoholism counselor" means a member of the clinical staff who is knowledgeable about the nature and treatment of alcoholism, is knowledgeable about community resources which provide services alcoholics may need, knows and understands the principles and techniques of alcoholism counseling and is skilled in the application of these principles and techniques.

(6) "Authenticated" or authentication means authorization of a written entry in a record or chart by means of a signature which shall include, minimally, first initial, last name and title.

(7) "Bathing facility" means a bathtub or shower.

(8) "Child psychiatrist" means a psychiatrist who is certified in child psychiatry by the board of psychiatry and neurology or board eligible.

(9) "Clinical record" means a file containing all pertinent clinical information about a particular patient to include: Identifying information, data bases, assessment, individualized comprehensive treatment plan, diagnosis and treatment, progress notes, other clinical events and a discharge summary.

(10) "Clinical staff" means qualified individuals, licensed when applicable, appointed by the governing body to practice within the parameters of the clinical staff bylaws as approved by the governing body of the hospital.

(11) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact regardless of whether or not damage is inflicted.

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

(13) "Detoxified" means withdrawn from alcohol and/or associated substance use and recovered from the transitory effects of intoxication and any associated acute physiological withdrawal reaction.

(14) "Detoxification" means the process in which an individual recovers from the transitory effects of intoxication and/or any associated physiological withdrawal reaction.

(15) "Dietitian" means an individual who is eligible for membership in the American dietetic association.

(16) "Discipline" means reasonable actions by personnel and staff aimed at regulation of unacceptable behavior.

(17) "Drug administration" means an act in which a single dose of prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the physician's order, giving the individual dose to the proper patient, and properly recording the time and dose given.

(18) "Drug dispensing" means an act entailing the interpretation of an order (prescription) for a drug or biological and, pursuant to that order (prescription), proper selection, measuring, labeling, packaging, and issuance

of the drug for a patient or for a service unit of the facility.

(19) "Family" means individuals who are important to and designated by a patient, who need not be relatives.

(20) "Governing body" means the individual or group legally responsible for operation and maintenance of the hospital.

(21) "Grade" means the level of the ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(22) "Individualized treatment plan" means a written statement of care to be provided for a patient based upon assessment of his/her strengths and problems. This statement shall include short–term and long–term goals with an estimated time frame stipulated and shall include discharge planning. When appropriate, the statement shall be developed with participation of the patient.

(23) "Intoxication" means acute poisoning or temporary impairment of an individual's mental and/or physical functioning caused by alcohol and/or associated substance use.

(24) "Intoxicated" means in the state of intoxication.

(25) "Lavatory" means a plumbing fixture designed and equipped for handwashing purposes.

(26) "Legend drug" means any drug which is required by an applicable state or federal law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.

(27) "Licensed pharmacy" means a pharmacy licensed by the state board of pharmacy and a place where the practice of pharmacy is conducted.

(28) "Medical staff" means physicians and other medical practitioners appointed by the governing body to practice within the parameters of the medical staff bylaws within the hospital.

(29) "Multidisciplinary treatment team" means a group comprised of individuals from the various clinical services who assess, plan, implement and evaluate treatment for patients under care.

(30) "Neglect" means negligent treatment or maltreatment: An act or omission which evinces a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to an individual patient's health, welfare and safety.

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations and disordered development.

(31) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as a part of the hospital.

(b) Addition(s) to existing hospital(s) to be used as part of the hospital(s).

(c) Alteration(s) or modification(s) other than minor alteration(s) to a hospital. "Minor alterations" means any structural or functional modification within the existing hospital which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department, however, this does not constitute a release from the applicable requirements contained in chapter 248–16 WAC.

(32) "Occupational therapist" means a person eligible for certification as a registered occupational therapist by the American occupational therapy association.

(33) "Owner" means an individual, firm or joint stock association or the legal successor thereof who operates the hospital whether owning or leasing the premises.

(34) "Pharmacist" means an individual who is licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW, as now or hereafter amended.

(35) "Physician" means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.

(36) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his/her professional practice, as defined by Washington state statute, for legitimate medical purposes (RCW 18.64.011(8)).

(37) "Private alcoholism hospital" means an institution, facility, building or equivalent designed, organized, maintained and operated to provide diagnosis, treatment and care of individuals demonstrating signs or symptoms of alcoholism, including the complications of associated substance use and other medical diseases that can be appropriately treated and cared for in the facility and providing accommodations, medical services and other necessary services over a continuous period of twenty–four hours or more for two or more individuals unrelated to the operator, provided that this chapter shall not apply to any facility, agency or other entity which shall be both owned and operated by a public or governmental body.

(38) "Private psychiatric hospital" means an institution, facility, building or agency specializing in the diagnosis, care and treatment of individuals demonstrating signs and/or symptoms of mental disorder (as defined in RCW 71.05.020(2)) and providing accommodations and other necessary services over a continuous period of twenty–four hours or more for two or more individuals not related to the operator, provided that this chapter shall not apply to any facility, agency or other entity which shall be both owned and operated by a public or governmental body.

(39) "Psychiatrist" means a physician who has successfully completed a three–year residency program in psychiatry and is eligible for certification by the American board of psychiatry and neurology.

(40) "Psychologist" means an individual who is licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW, as now or hereafter amended.

(41) "Recreational therapist" means an individual with a bachelor's degree with a major or option in therapeutic recreation or in recreation for ill and handicapped.

(42) "Registered nurse" means an individual duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW, as now or hereafter amended.

(43) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting volitional body movements.

(44) "Scheduled drugs" means those drugs, substances or immediate precursors controlled under Article II of the Uniform Controlled Substances Act, chapter 69.50 RCW.

(45) "Seclusion room" means a small secure room specifically designed and organized to provide for temporary placement, care and observation of one patient and further, providing an environment with minimal sensory stimuli, maximum security and protection and visualization of the patient by authorized personnel and staff.

(a) Inside or outside rooms are acceptable for seclusion.

(b) Doors of seclusion rooms shall be provided with locks. There shall be relites in the door, or equivalent, affording visability of the occupant at all times.

(c) Seclusion room shall provide at least eighty square feet of floor space, exclusive of fixed equipment, with a minimum room dimension of eight feet.

(46) "Security room" means a patient sleeping room designed, furnished and equipped to provide maximum safety and security. This room shall be provided with window protection or security windows and a lockable door with provision for observation of the occupant(s).

(47) "Security window" means a window designed to inhibit exit, entry and injury to a patient. A "maximum security window" shall mean a window that can only be opened by keys or tools that are under control of personnel. The operation of the sash of the maximum security window shall be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and/or other appropriate security features shall be incorporated.

(48) "Self-administration" means those instances when a patient takes his/her own medication from a properly labeled container, while on the premises of the hospital, with the responsibility for appropriate use maintained by the hospital.

(49) "Shall" means compliance with the regulation is mandatory.

(50) "Should" means compliance with the regulation or rule is suggested or recommended but not required.

(51) "Social worker" means an individual with a master's degree in social work from an accredited school of social work.

(52) "Special services" means clinical and rehabilitative activities and/or programs which shall include but not be limited to: Educational and vocational training; speech, language, hearing, vision, dentistry, and physical therapy.

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

(54) "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: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-001, filed 12/30/80; Regulation .22.001, effective 3/11/60.]

WAC 248-22-005 Licensure. Private psychiatric hospitals and private alcoholism hospitals for adults, adolescents, and children shall be licensed under chapter 71.12 RCW, Private Establishments. The purpose of this section is to establish minimum standards for safety and adequate care of patients with signs and/or symptoms of acute emotional or psychiatric impairment or acute alcoholism and associated substance use during diagnosis and treatment.

(1) Application for license.

(a) An application for a private hospital license shall be submitted on forms furnished by the department. The application shall be signed by the legal representative of the governing body.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes which would affect current accuracy of such information as to the identity of each officer and director of the corporation, if the hospital is operated by a legally incorporated entity, profit or nonprofit, and of each partner if the hospital is operated through a legal partnership.

(2) Disqualified applicants.

(a) Each and every individual named in an application for a license shall be considered separately and jointly as applicants and if anyone is deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked. A license may be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with these rules and regulations promulgated pursuant thereto and, in addition, any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Aiding or abetting the commission of an illegal act on the premises of the hospital;

(iii) Cruelty, assault, abuse, neglect or indifference to the welfare of any patient;

(iv) Misappropriation of property of the patients; and

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual patient, the department, or the business community.

(b) Before granting a license to operate as a hospital, the department shall consider the ability of each individual named in the application to operate a hospital in

accordance with the law and with these regulations. Individuals who have previously been denied a license to operate a health care facility in the state or elsewhere, or who have been convicted criminally or civilly of operating such a facility without a license, or who have had their license to operate such a facility suspended or revoked shall not be granted a license unless, to the satisfaction of the department, they affirmatively establish clear, cogent, and convincing evidence of their ability to operate the hospital for which the license is sought, and for conformance with all applicable laws and rules and regulations.

(3) Denial, suspension or revocation of a license. Upon finding as a result of an inspection, that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and these rules and regulations, the department may, if the interests of the patients so demand, issue a written notification letter to the applicant or licensee giving notice of intent to deny a license application, suspend or revoke a license thirty days after the date of mailing. This letter shall be followed by a formal revocation letter, provided the applicant or licensee does not within thirty days from the date of mailing of the department's notice of intent to reject, revoke or suspend a license make written application to the department for a hearing. Upon receipt of such an application, the department shall fix a time for such hearing and shall give the applicant or licensee a notice of the time fixed for such hearing. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC, especially WAC 248-08-750 through 248-08-790, as now or hereafter amended. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW.

(4) Submission of plans. The following shall be submitted with an application for license: *Provided, however,* That when any of the required plans are already on file with the department for previous applications for license or construction approval, only plans for portions or changes which are not on file need to be submitted.

(a) A plan showing streets, driveways, water and sewage disposal systems, the location of buildings on the site, and grade elevations within ten feet of any building in which patients are to be housed.

(b) Floor plans for each building in which patients are to be housed. The floor plans shall provide the following information: Identification of each patient's sleeping room by use of a lettering or numbering system; the useable square feet of floor space in each room; the clear glass window area in each patient's sleeping room, the height of the lowest portion of the ceiling in any patient's sleeping room; the floor elevations referenced to the grade level.

(5) Posting of a license. The license for the hospital shall be posted in a conspicuous place on the premises.

(6) New construction.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations;

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, water and sewage disposal systems, grade and location of building(s) on the site; the plans for each floor of the building(s), existing and proposed, which designate the function of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of the water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plans;

(ii) Plans for each floor of the building(s) which designate the function of each room and show all fixed equipment in the planned locations of beds and other furniture in patient's sleeping rooms;

(iii) Interior and exterior elevations, building sections and construction details;

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows; plumbing, heating ventilation and electrical systems; and

(v) Specifications which fully describe workmanship and finishes.

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

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. As indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated into the construction project shall be submitted for the department's file on the project, even though it was not required that these be submitted prior to approval.

(7) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under the provisions of RCW 71.12-.485 which are found in Title 212 WAC apply.

(b) If there is no local plumbing code, the uniform plumbing code of the international association of plumbing and mechanical officials shall be followed.

(c) Compliance with these regulations does not exempt private hospitals from compliance with the local and state electrical codes or local zoning, building, and plumbing codes.

(8) Transfer of ownership. The ownership of a hospital shall not be transferred until the transferee has been

notified by the department that the transferee's application for license has been approved. Change in administrator shall be reported to the department. [Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-005, filed 12/30/80.]

WAC 248-22-011 Governing body and administration. (1) The hospital shall have a governing body which is responsible for the overall operation and maintenance of the hospital, including adoption of written personnel policies and written policies for safety, care and treatment of patients.

(2) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies and special services to meet the needs of the patients.

(3) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(4) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority and relationships of positions within the hospital.

(5) Governing body bylaws, in accordance with legal requirements, shall be adopted by the governing body, reviewed biennially and revised as necessary.

(6) The governing body shall have the authority and responsibility for the appointment and reappointment of the medical and clinical staff. This authority may be delegated.

(a) Each private alcoholism hospital shall have a medical director who is a physician preferably with training and/or experience in alcoholism and associated substance use. Each private psychiatric hospital shall have a medical director who is a psychiatrist. The medical director shall have twenty-four hour accountability and responsibility for directing and supervising medical care and medical treatment of patients.

(b) The governing body shall keep on file evidence that each practitioner appointed to the medical or clinical staff has appropriate, current qualification and, when required by Washington state law, a current license to practice and/or certification as required.

(c) The medical and clinical staff shall develop bylaws, rules and regulations subject to approval by the governing body. These bylaws and rules shall include requirements for medical and clinical staff membership, delineation of clinical privileges and organization of the medical and clinical staff. [Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-011, filed 12/30/80.]

WAC 248-22-016 Personnel--Volunteers--Research. (1) There shall be sufficient, qualified personnel to provide the services needed by the patients and to maintain the hospital.

(a) There shall be a written job description for each position classification within the hospital.

(b) There shall be a personnel record system and a current personnel record for each employee to include application for employment, verification of education or training when required, a record of verification of a valid, current license for any employee for whom licensure is required and an annual written performance evaluation.

(c) A planned, supervised and documented orientation, including employee responsibility regarding patient rights, patient discipline and patient abuse shall be provided for each new employee. (See WAC 248-22-021(7).)

(d) There shall be an ongoing inservice education program which is documented and affords each employee the opportunity to maintain and update the competencies needed to perform assigned duties and responsibilities. Cardiopulmonary resuscitation training shall be provided. Employees who work with patients should have first aid training.

(2) When volunteer services are provided or permitted within the hospital, the following shall apply:

(a) Volunteer services and activities shall be coordinated by a designated, qualified employee of the hospital.

(b) There shall be appropriate, documented orientation and training provided for each volunteer in accordance with the service or job to be performed which shall include patient rights.

(c) There shall be supervision and periodic written evaluation by qualified hospital personnel of volunteers who work directly with patients.

(3) Research and human subjects review committee. When research is proposed or conducted which involves patients, there shall be a documented multidisciplinary initial and continuing review process.

(a) The purpose of this review shall be to protect the patient's rights with acceptance or rejection and continuing review for the duration of the study.

(b) Policies and procedures of the committee shall reflect Title 42 Code of Federal Regulations, Part 2. [Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-016, filed 12/30/80.]

WAC 248-22-021 Patient care services. (1) Each hospital shall have written policies regarding admission criteria and treatment methods. Admission and retention of patients shall be in keeping with the stated policies and shall be limited to patients for whom the facility is qualified by staff, services and equipment to give adequate care. When alcoholic patients are admitted and retained in psychiatric hospitals, all rules and regulations specific to alcoholism hospitals shall apply.

(2) Treatment and discharge planning.

(a) Private psychiatric hospital treatment and discharge planning shall include:

(i) An initial treatment plan for each patient upon admission to the hospital.

(ii) A written, comprehensive, individualized, treatment plan developed for each patient within seventy-two hours of admission. This plan shall be implemented, reviewed and modified as indicated by the clinical course of the patient. The individualized treatment plan and revisions shall be interpreted to the personnel, staff and patient and to the family when possible and appropriate.

(iii) There shall be participation of the multidisciplinary treatment team in treatment and discharge planning and participation of patient, family and/or guardian when possible and appropriate.

(b) Private alcoholism hospital treatment and discharge planning shall include:

(i) A written, comprehensive, individualized treatment plan developed for each patient not requiring detoxification within seventy–two hours of admission or seventy–two hours following completion of detoxification of a patient. This plan shall be implemented, regularly reviewed, and modified as indicated by the clinical course of the patient.

(ii) There shall be participation of the multidisciplinary treatment team in treatment and discharge planning. There should be participation of patient, family, and/or guardian when possible and appropriate.

(3) Clinical services. Clinical services shall be prescribed by the attending physician or other appropriate clinical staff.

(a) Private alcoholism hospital clinical services shall include but not be limited to, provision of physiological care, collection of social data, alcohol and associated substance use education, direct therapeutic services and activities, and development of referral procedures to community resources.

(b) Private psychiatric hospital clinical services shall include, but not be limited to, provision of physiological care, emotional care, social services, direct therapeutic services and activities, health education, development of community resources, and referral procedures.

(4) Private psychiatric hospital specific service requirements shall include the following:

(a) Medical services. Each patient in a private psychiatric hospital shall be admitted by a member of the medical staff as defined by the staff bylaws.

(i) A staff psychiatrist shall be available for consultation daily and make visits as necessary to meet the needs of each patient.

(ii) There shall be an initial health assessment by a qualified person upon admission. There shall be a comprehensive health assessment and medical history completed and recorded by a physician within forty–eight hours after admission unless a comprehensive health assessment and medical history has been done within fourteen days prior to admission and the information is recorded in the clinical record.

(iii) A psychiatric evaluation, including provisional diagnosis, shall be completed and documented for each patient within seventy–two hours following admission.

(iv) There shall be orders signed by a physician for drug prescriptions, medical treatments and discharge.

(v) There shall be a physician on call at all times. Provisions shall be made for emergency medical services when needed.

(vi) When hospital policy permits admission of children and/or adolescents, a child psychiatrist shall be available for regular consultation.

(b) Nursing services. There shall be a director of nursing who is a registered nurse employed full time who shall be responsible for nursing services twenty–four hours per day.

(i) The director of nursing shall have, at least, a bachelor's degree and experience in working with psychiatric patients or there shall be documented evidence of regular consultation with a registered nurse who has a masters degree in psychiatric nursing.

(ii) There shall be a registered nurse on duty within the hospital at all times who shall supervise nursing care.

(c) Social work services. There shall be a social worker with experience in working with psychiatric patients responsible for supervision and coordination of social work service staff, review of social work activities and integration of social work services into treatment.

(d) Psychological services. There shall be a psychologist, who should provide documented evidence of skill and experience in working with psychiatric patients, responsible for supervision and coordination of psychological services.

(e) Occupational therapy services. There shall be available an occupational therapist who has experience in working with psychiatric patients and who shall be responsible for the occupational therapy functions and for the integration of these into the individualized treatment plans.

(f) Recreational therapy services. There shall be available a recreational therapist who has experience in working with psychiatric patients and who shall be responsible for the recreational therapy functions and for the integration of these into the individualized treatment plans.

(5) Private alcoholism hospital specific service requirements shall include the following:

(a) Medical services. Each patient in a private alcoholism hospital shall be admitted by a physician and receive continuing care from a member of the medical staff.

(i) There shall be an initial health assessment by a qualified person upon admission. There shall be a comprehensive health assessment and medical history completed and recorded by a physician within forty–eight hours after admission or within seventy–two hours after completion of detoxification.

(ii) There shall be a physician on call at all times. Provisions shall be made for emergency medical services when needed.

(b) Nursing services. There shall be a director of nursing who is a registered nurse, preferably with experience and/or training in alcoholism and associated substance use, employed full time who shall be responsible for nursing services twenty–four hours per day.

(i) The director of nursing shall be responsible for appropriate nursing assessment and implementation of nursing elements of the individualized treatment plan.

(ii) There shall be a registered nurse on duty within the hospital at all times who shall supervise nursing care.

(c) Alcoholism counseling services. There shall be on staff at least one full–time alcoholism counselor and such additional alcoholism counselors as necessary to provide the alcoholism counseling services needed by patients.

(6) Private psychiatric and private alcoholism hospitals shall make provisions for special services. These services shall be provided within the facility or contracted outside the facility to meet the needs of patients and shall be prescribed by a staff physician or other appropriate clinical staff. Special services shall be provided by qualified individuals.

(7) General patient safety and care requirements.

(a) Patient rights shall be described in policy and reflected in care as described in chapter 71.05 RCW and in WAC 275-55-170, 275-55-200(1), 275-55-050, 275-55-260, 275-55-270, and 275-55-288.

(b) Disciplinary policies and practices shall be stated in writing.

(i) Discipline shall be related to the behavior of the patient, the responsibility of the multidisciplinary treatment team, and documented in the clinical record.

(ii) Corporal punishment shall not be used.

(iii) Discipline shall not be prescribed or administered by patients.

(c) Seclusion and restraints, when used, shall be used in accordance with WAC 275-55-280 (2)(o), (p)(i), (ii), (iii), (iv). There shall be documentation in the clinical record of observation and assessment of patient needs every fifteen minutes during restraint or seclusion with intervention as indicated.

(d) Patients shall be protected from assault, abuse and neglect.

(i) Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty or neglect of a patient shall be reported to the department or to a law enforcement agency, within provisions of applicable state or federal statute (see chapter 71.05 RCW and Title 42 Code of Federal Regulations, Part 2).

(ii) Reporting requirements for suspected incidents of child abuse and/or neglect shall comply with chapter 26.44 RCW.

(e) Each patient's personal property and valuables left on deposit with the facility shall be properly recorded.

(f) Patients shall not be used for basic maintenance of the facility and/or equipment, housekeeping, or food service. Tasks may be performed under direct supervision insofar as they are included in and appropriate to the individualized treatment plan and documented as part of the treatment program. Work assignments shall be appropriate to the age, physical and mental condition of the patient.

(g) There shall be current written policies and orders signed by a physician to guide the action of personnel when medical emergencies or threat to life arise and a physician is not present.

(i) Emergency medical policies shall be reviewed annually and revised as needed in writing, by representatives of the medical, nursing and administrative staffs.

(ii) There shall be a current transfer agreement with an acute care general hospital. Relevant data shall be transmitted with the patient in the event of a transfer.

(h) Written policies and procedures shall address immediate notification of legal guardian or next-of-kin in the event of a serious change in the patient's condition, transfer of a patient to another facility, elopement, death or when unusual circumstances warrant (see Title 42 Code of Federal Regulations, Part 2).

(i) There shall be written policies and procedures addressing safety precautions to include:

(i) Smoking by personnel, patients, visitors and others within the facility.

(ii) Provision for immediate emergency access to sleeping rooms, toilets, showers, bathrooms or any other rooms occupied by patients.

(iii) Availability and access to emergency supplies and equipment to include airways, bag resuscitators, intravenous fluids, oxygen, appropriate sterile supplies, and other equipment as identified in the emergency medical policies.

(iv) The summoning of internal or external resource agencies and/or persons (e.g., poison center, fire department, police).

(v) Systems for routine preventive maintenance, checking and calibration of electrical, biomedical and therapeutic equipment with documentation of the plan and dates of inspection.

(vi) Fire and disaster plans which include documentation of rehearsals on a regular basis.

(vii) Immediate actions or behaviors of facility staff when patient behavior indicates that he/she is assaultive, out of control or self-destructive. There shall be documentation of rehearsals by staff on a regular basis and an attendance record shall be maintained.

(j) There shall be written policies and procedures governing actions to be taken following any accident or incident which may be harmful or injurious to a patient and which shall include documentation in the clinical record.

(k) There shall be written policies and procedures addressing transportation of patients for hospital connected business or programs. [Statutory Authority: RCW 43-.20.050. 81-02-004 (Order 205), § 248-22-021, filed 12/30/80.]

WAC 248-22-026 Food and dietary services. (1) There shall be an individual designated to manage and supervise food and dietary services who shall assume twenty-four hour per day responsibility. Personnel from dietary or food service shall be present in the hospital during all meal times.

(2) The dietary service shall incorporate the ongoing input of a dietitian. Adequate nutritional and dietary consultation services shall be provided by a dietitian.

(3) At least three meals a day shall be served at regular intervals with not more than fourteen hours between the evening meal and breakfast. Meals shall be prepared and served under the supervision of food service personnel.

(4) Meals and nourishment shall provide a well balanced diet of food of sufficient quantity and quality to meet the nutritional needs of the patients. Unless contraindicated, the dietary allowances of the food and nutrition board of the national research council, adjusted for age, sex and activities shall be used. Snacks of nourishing quality shall be available as needed for patients and posted as part of the menu.

(5) There shall be written medical orders for all therapeutic diets served to patients. Therapeutic diets shall be prepared and served as prescribed. A current therapeutic diet manual, approved in writing by the dietitian and medical staff, shall be used for planning and preparing therapeutic diets.

(6) All menus shall be approved in writing by the dietitian, written at least one week in advance, posted in a location easily accessible to all patients, and retained for one year.

(7) Food service sanitation shall be governed by chapter 248-84 WAC.

(8) There shall be current written policies and procedures for food storage, food preparation, food service, scheduled cleaning of all food service equipment and work areas. A copy of the procedures shall be kept within the dietary service area and shall be available for reference by dietary personnel at all times. [Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-026, filed 12/30/80.]

WAC 248-22-031 Pharmaceutical services. (1) Pharmacy services shall be available to provide drugs, supplies and to fill prescriptions within an appropriate interval. A pharmacist shall be responsible for coordinating and supervising pharmaceutical services.

(2) The hospital shall provide for the proper handling and storage of drugs and shall comply with federal and state laws controlling drugs and pharmacy operation.

(a) A pharmacist, in conjunction with representatives from nursing, medical and administrative staff, shall be responsible for developing written policies and procedures addressing all aspects of pharmaceutical services including: Procuring, prescribing, administering, dispensing and storage of medications; transcription of orders; use of standing orders; disposal of drugs; self-administration of medication; control or disposal of drugs brought into the facility by patients; and recording of drug administration in the clinical record.

(b) There shall be written orders signed by a physician for all medications administered to patients. There shall be an organized system which insures accuracy in receiving, transcribing and implementing orders for the administration of medications.

(c) Drugs shall be dispensed only by practitioners licensed to dispense and administered only by practitioners licensed to administer drugs.

(d) Whether provided as floor stock, individual prescription supply or unit dose packaging, all drugs within the hospital shall be clearly and legibly labeled. The label shall include, at least, the drug name (trade and/or generic), drug strength and, if available, expiration date. Labeling shall comply with applicable state and federal drug labeling regulations.

(e) All medicines, poisons and chemicals kept in any department of the hospital shall be plainly labeled and stored in specifically designated, securely locked, well illuminated cabinets, closets or storerooms and made accessible only to authorized personnel. External medications shall be separated from internal medications.

(f) All prescription records shall be kept for five years. All records for Schedule II drugs shall be kept for three years.

(g) All Schedule II drugs in any department of the hospital except the pharmacy shall be checked by actual count of two licensed persons at least one time each shift. There shall be records of receipts, issuance and disposition of Schedule II drugs stored in the facility.

(3) Drugs brought into the hospital for patients use while in the hospital shall be specifically ordered by the attending physician. These drugs shall be checked by a pharmacist or physician to insure proper identification and lack of deterioration of the drug prior to administration.

(4) Purchase, storage and control of drugs shall be such as to prevent outdated, deteriorated, impure or improperly standardized drugs in the hospital.

(5) Profiles of drug use for each patient, while in the hospital, shall be maintained and utilized by the pharmacist in accordance with WAC 360-16-260.

(6) If a licensed pharmacy is maintained by the hospital, the pharmacy shall be organized, managed and equipped as described in chapter 360-16 WAC and there shall be:

(a) Provision for supervision of the pharmacy by pharmacists;

(b) Provision for adequate area which is secure, properly lighted and ventilated, and suitably equipped to carry out all pharmacy operations, including proper storage for all pharmaceuticals;

(c) Provision for only legally authorized members of the pharmacy staff to have access to the pharmacy stock of drugs, except that in a pharmacist's absence from the hospital, a registered nurse, designated by the hospital, may obtain from the pharmacy stock of drugs such drugs as are needed in an emergency, not available in floor supplies (excepting Schedule II drugs) and the nurse, not the pharmacist, becomes accountable for her/his actions. Only one registered nurse in a given shift shall have access to the pharmacy stock of drugs.

(i) A nurse shall leave in the pharmacy on a suitable form a record of any drugs removed. Such records shall be kept for three years.

(ii) The container from which the single dose was taken for drug administration purposes shall be left in order that it may be properly checked by a pharmacist. Such records shall be kept for three years. [Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-031, filed 12/30/80.]

WAC 248-22-036 Infection control. (1) There shall be written policies and procedures addressing infection control.

(2) Provisions shall be made for isolation of patients in accordance with the most recent edition of *Isolation Techniques for Use in Hospitals, United States Department of Health, Education and Welfare.*

(3) There shall be a written policy related to reporting of communicable disease in accordance with chapter 248-100 WAC.

(4) Recognized standards of medical aseptic techniques including basic handwashing practices shall be followed in all direct personal care of patients.

(5) Methods for cleaning, disinfecting or sterilizing, handling and storage of all supplies and equipment shall be such as to prevent the transmission of infection.

(6) There shall be in effect a current system of discovering, reporting, investigating and reviewing infections among patients and personnel with maintenance of records on such infections.

(7) Upon employment, each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method, unless medically contraindicated. When this skin test is negative (less than 10mm induration read at forty-eight to seventy-two hours), no further tuberculin skin tests shall be required. A positive skin test shall consist of 10mm of induration, or greater, 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. Exceptions and specifics are as follows:

(a) Those with positive skin tests as defined above, shall have an annual screening in the form of a chest x-ray.

(b) Those with positive skin test 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 and chest x-rays.

(c) Those with positive skin test who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(d) A record of test results, x-rays or exemptions from such shall be kept by the facility.

(8) Employees with a communicable disease in an infectious stage shall not be on duty. [Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-036, filed 12/30/80.]

WAC 248-22-041 Clinical records. (1) The hospital shall have one well defined clinical record system, staff with demonstrated competence and experience or training in patient record administration, adequate facilities, equipment and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use and preservation of patient care data.

(2) The hospital shall have current written policies and procedures related to the clinical record system which shall meet requirements of Title 42 Code of Federal Regulations, Part 2, and shall include the following:

(a) Establishment of the format of the clinical record for each patient.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of the information in accordance with Title 42 Code of Federal Regulations, Part 2 and RCW 71.05.390.

(c) Retention, preservation, and destruction of clinical records in accordance with Title 42 Code of Federal Regulations, Part 2 and RCW 71.05.390.

(3) There shall be an adequate clinical record maintained for every patient which is readily accessible for members of the treatment team. Each entry shall be legible, dated, authenticated, and in permanent form.

(4) There shall be one systematic method for identification of each patient's clinical record(s) in a manner which provides for ready identification, filing, and retrieval of all of the patient record(s).

(5) The originals or durable, legible, direct copies of original reports shall be filed in patient's individual clinical records.

(6) Diagnosis, abbreviations and terminology shall be consistent with the most recent edition of *The American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases.*

(7) In private psychiatric hospitals, the psychiatric condition of the patient shall be clearly described, including history of findings and treatment rendered for the specific psychiatric condition for which the patient is hospitalized.

In private alcoholism hospitals, the disease of alcoholism and associated substance use shall be clearly described, including history of findings and treatment rendered for the condition for which the patient is hospitalized.

(8) There shall be a master patient index.

(9) Procedures related to retention, preservation and final disposal of clinical records and other patient care data and reports shall include the following:

(a) The clinical record of each patient over the age of eighteen years shall be retained and preserved for a period of no less than ten years. Clinical records of patients under the age of eighteen years shall be obtained and preserved for at least ten years or until the patient attains the age of twenty-one, whichever is the longer period of time.

(b) Final disposal of any patient clinical record(s), indices, or other reports which permit identification of the individual shall be accomplished so that retrieval and subsequent use of data contained therein are impossible.

(c) In event of transfer or ownership of the hospital, patient clinical records, indices and reports shall remain in the facility and shall be retained and preserved by the new owner in accordance with subsections above. Records of patients with diagnosed alcoholism and/or substance use shall be handled as prescribed in Title 42, Code of Federal Regulations, Part 2.

(d) If the hospital ceases operation, it shall make arrangements for preservation of its clinical records, reports and patient data in accordance with subsections above and when appropriate, Title 42, Code of Federal Regulations, Part 2. The plan for such arrangements shall have been approved by the department prior to cessation of operation. [Statutory Authority: RCW 43-.20.050. 81-02-004 (Order 205), § 248-22-041, filed 12/30/80.]

WAC 248-22-046 Physical environment. (1) The hospital shall provide a safe and clean environment for patients, staff and visitors.

(a) There shall be current, written policies and procedures for maintenance and housekeeping functions.

(b) Routine and periodic maintenance and cleaning schedules shall be developed and maintained.

(2) The hospital shall be readily accessible to and equipped to accommodate physically handicapped individuals.

(3) A safely maintained outdoor recreation area shall be available for use of patients in private psychiatric hospitals.

(4) There shall be provision for adequate personal privacy for each patient during toileting, bathing, showering, and dressing.

(5) Patient sleeping rooms.

(a) Each sleeping room shall be directly accessible from a corridor or a common use activity room or an area for patients.

(b) Sleeping rooms shall be outside rooms with clear window area on the outside wall or approximately 1/8 of the usable floor area or more.

(i) When security rooms are provided, security or maximum security windows appropriate to the area and program shall be used.

(ii) Shatterproof glass or other clear, shatterproof materials shall be used in sleeping rooms used as security rooms.

(c) No room more than three feet six inches below grade shall be used for the housing of patients. There shall be at least 80 squared feet of usable floor space in a single bedroom and multipatient rooms shall provide not less than 70 square feet of floor area per bed. The maximum capacity shall not exceed four patients. There shall not be less than 7 1/2 feet ceiling height over the required floor area.

(d) Each patient shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within her/his room or nearby. There shall be provision in the room or elsewhere for secure storage of patients' valuables.

(e) Each patient shall have access to his/her room except when contraindicated by the determination of the treatment team staff.

(f) Each patient shall be provided a bed at least 36 inches wide or appropriate to the special needs and size of the patient with a cleanable, firm mattress and cleanable or disposable pillow.

(g) Sufficient room furnishings shall be provided and maintained in a clean and safe condition.

(h) Patient beds shall be spaced so that they do not interfere with entrance, exit or traffic flow within the room. Patient rooms shall be of a dimension and conformation allowing not less than three feet between beds.

(6) Each patient occupied floor of the facility shall provide one toilet and lavatory for every six patients or fraction thereof.

(a) There shall be one bathing facility for each six patients or fraction thereof.

(b) Separate toilet and bathing facilities for each sex are required if the toilet facility contains more than one water closet or bathing facility. Such facilities shall provide doors and partitions for privacy.

(c) Grab bars shall be provided at each water closet and bathing facility.

(7) Adequate lighting shall be provided in all areas of the hospital.

(8) Ventilation.

(a) Ventilation of all rooms used by patients or personnel shall be sufficient to remove all objectionable odors, excessive heat or condensation.

(b) All inside rooms, including toilets, bathrooms, smoking rooms and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(9) Heating. The heating system shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by patients during the coldest weather conditions ordinarily encountered in the geographical location of the hospital.

(10) Water supply. There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the State Board of Health, chapter 248-54 WAC. Hot water at all fixtures used by patients shall be at a safe temperature. Hot water temperature at bathing fixtures used by patients shall be automatically regulated so as not to exceed 110° F. There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(11) Linen and laundry.

(a) A safe and adequate storage area with a supply of clean linen shall be provided.

(b) When laundry facilities are provided, they shall be located in an area separate from food preparation and dining area(s).

(c) The soiled laundry storage and sorting area(s) shall be in well ventilated area(s), separate from clean linen handling area(s). If linen/laundry is washed on the premises, an adequate supply of hot water shall be available to provide water at a minimum of 160° F in the washing machine.

(d) When commercial laundry service is used, the hospital shall ensure that all requirements above are met.

(e) Provision for laundering of personal clothing of patients shall meet the above standards.

(12) Visiting area. An adequate number of rooms shall be provided within the hospital to allow privacy for patients and visitors.

(13) Counseling/therapy rooms.

(a) An adequate number of rooms shall be provided for group or individual therapy programs.

(b) Therapy rooms shall be enclosed and reasonably soundproofed, as necessary to maintain confidentiality.

(c) Private psychiatric hospitals shall provide at least one seclusion room, intended for short term occupancy, which provides for direct supervision by the treatment staff. Each seclusion room shall have provisions for ventilation and light.

(14) Physical examination room. There shall be a physical examination room within the facility. An inside room may be used.

(a) The examination room shall be equipped with an examination table, examination light, and storage units for medical supplies and equipment.

(b) There shall be a handwashing facility and soap dispenser in or readily accessible to the examination room.

(15) Utility and storage facilities. There shall be sufficient utility and storage facilities which are designed and equipped for washing, disinfecting, storing and other handling of medical and nursing supplies and equipment in a manner which ensures segregation of clean and sterile supplies and equipment from those that are contaminated.

(16) Housekeeping facilities.

(a) At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable setting on each floor of the facility.

(b) All sewage, garbage, refuse and liquid waste shall be collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition or a nuisance.

(17) There shall be designated charting area(s) which provides space for reading and charting in patient records and provides for maintenance of confidentiality of each record.

(18) Dining area. There shall be a dining area(s) for those patients wishing to eat in the dining area(s). Appropriate furnishings shall be provided for dining.

(19) Communications.

(a) There shall be a telephone readily available for patients to make and receive confidential calls.

(b) There shall be a "nonpay" telephone or equivalent communication device readily accessible on each patient occupied floor in event of fire or other emergencies. [Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-046, filed 12/30/80.]

WAC 248-22-051 Laboratory services. Laboratory services shall be immediately available to or provided by the hospital. If the hospital maintains and operates a laboratory service within the facility, the following standards shall apply:

(1) Proficiency testing.

(a) The laboratory shall successfully participate in state-operated or state-approved proficiency testing programs covering all the specialties or subspecialties in which the laboratory is approved to perform tests. Records of proficiency testing performance shall be maintained and available for review.

(b) The clinical laboratory shall perform only those laboratory tests and procedures that are within the specialties or subspecialties in which the laboratory director or supervisors are qualified.

(2) Quality controls imposed and practiced by the laboratory must provide for and assure:

(a) Preventive maintenance, periodic inspection, and testing for proper operation of equipment and instruments as may be appropriate; validation of methods; evaluation of reagents and volumetric equipment; surveillance of results; and remedial action to be taken in response to detected defects.

(b) Adequacy of facilities, equipment, instruments, and methods for performance of the procedures or categories of procedures for which a certification is approved; proper lighting for accuracy and precision; convenient location of essential utilities; monitoring of temperature-controlled spaces and equipment, including water baths, incubators, sterilizers and refrigerators, to assure proper performance; evaluation of analytical measuring devices, such as photometers and radioactivity counting equipment, with respect to all critical operating characteristics.

(c) Labeling of all reagents and solutions to indicate identity, and when significant, titer strength, or concentration, recommended storage requirements, preparation or expiration date, and other pertinent information. Materials of substandard reactivity and deteriorated materials may not be used.

(d) The availability at all times, in the immediate bench area of personnel engaged on examining specimens and performing related procedures within a category (e.g., clinical chemistry, hematology, and pathology), current laboratory manuals or other complete written descriptions and instructions relating to:

(i) The analytical methods used by those personnel, properly designated and dated to reflect the most recent supervisory reviews;

(ii) Reagents;

(iii) Control and calibration procedures; and

(iv) Pertinent literature references.

(v) Textbooks may be used as supplements to such written descriptions but may not be used in lieu thereof.

(e) Written approval by the director or supervisor of all changes in laboratory procedures.

(f) Maintenance of the laboratory, availability of laboratory personnel and availability of records reflecting dates and, where appropriate, the nature of inspection, validation, remedial action, monitoring, evaluation, changes and dates of changes in laboratory procedures.

(g) Solicitation designed to provide for collection, preservation, and transportation of specimens sufficiently stable to provide accurate and precise results suitable for clinical interpretation.

(3) Provision shall be made for an acceptable quality control program covering all types of analysis performed by the laboratory for verification and assessment of accuracy, measurement of precision, and detection of error. The factors explaining the standard are as follows:

(a) Microbiology. Chemical and biological solutions, reagents, and antisera shall be tested and inspected each day of use for reactivity and deterioration.

(i) Bacteriology and mycology. Staining materials shall be tested for intended reactivity by concurrent application to smears of micro-organisms with predictable staining characteristics. Each batch of medium shall be tested before or concurrently with use with selected organisms with predictable staining characteristics. Each batch of medium shall be tested before or concurrently with use with selected organisms to confirm required growth characteristics, selectivity, enrichment, and biochemical response.

(ii) Parasitology. A reference collection of slides, photographs, or gross specimens of identified parasites shall be available and used in the laboratory for appropriate comparison with diagnostic specimens. A calibrated ocular micrometer shall be used for determining the size of ova and parasites, if size is a critical factor.

(iii) Virology. Systems for the isolation of viruses and reagents for the identification of viruses shall be available to cover the entire range of viruses which are etiologically related to clinical diseases for which services are offered.

Records shall be maintained which reflect the systems used and the reaction observed. In tests for the identification of viruses, controls shall be employed which will identify erroneous results. If serodiagnostic tests for virus diseases are performed, requirements for quality control as specified for serology shall apply.

(b) Serology.

(i) Serologic tests or unknown specimens shall be run concurrently with a positive control serum of known titer or controls of graded reactivity plus a negative control in order to detect variations in reactivity levels. Controls for all test components (antigens, complement, erythrocyte indicator systems, etc.) shall be employed to insure reactivity and uniform dosage. These results shall not be reported unless the predetermined reactivity pattern of the controls is obtained.

(ii) Each new lot of reagent shall be tested concurrently with one of known acceptable reactivity before the new reagent is placed in routine use.

(iii) Equipment, glassware, reagents, controls, and techniques for tests for syphillis shall conform to those recommended in the "Manual of Tests for Syphillis 1969," United States Public Health Service Publication No. 411, January 1969.

(c) Clinical chemistry.

(i) Each instrument or other device shall be recalibrated or rechecked at least once on each day of use. Records which document the routine precision of each method, automated or manual, and its recalibration schedule shall be maintained and be available to laboratory personnel and the secretary. At least one standard and one reference sample (control) shall be included with each run of unknown specimens where such standards and reference samples are available. Control limits for standards and reference samples shall be recorded and displayed and shall include the course of action to be instituted when the results are outside the acceptable limits.

(ii) Screening or qualitative chemical urinalysis shall be checked daily by use of suitable reference samples.

(d) Immuno-hematology.

(i) ABO grouping shall be performed by testing unknown red cells with anti-A and anti-B grouping serums licensed under Part 73, Title 42, Code of Federal Regulations, or possessing equivalent potency, using the technique for which the serum is specifically designed to be effective. For conformation of ABO grouping, the unknown serum shall be tested with known A1 and B red cells.

(ii) The Rh. (D) type shall be determined by testing unknown red cells with anti-RH (anti-D) typing serum licensed under 42 CFR Part 73, or possessing equivalent potency, using the technique for which the serum is specifically designed to be effective. Anti-RH' (CD), anti-RH'' (DE) and anti-RH rh'rh'' (CDE) serums licensed pursuant to 42 CFR Part 73, or possessing an equivalent potency may be used for typing donor blood. All Rh negative donor and patient cells shall be tested for the Rh variant (D''). A control system of patient's cells suspended in his own serum or in albumin shall be employed when the test is performed in a protein medium.

(iii) The potency and reliability of reagents (antisera known test cells, and antiglobulin-Coombs serum) which are used for ABO grouping, RH typing, antibody detection and compatibility determinations must be tested for reactivity on each day of use and when a new lot of reagents is first used.

(e) Hematology. Instruments and other devices used in hematological examination of specimens shall be recalibrated or retested or reinspected, as may be appropriate, each day of use. Each procedure for which standards and controls are available shall be rechecked each day of use with standards or controls covering the entire range of expected values. Tests such as the one-stage prothrombin time test shall be run in duplicate unless the laboratory can demonstrate that low frequency of random error or high precision makes such testing unnecessary. Reference materials, such as hemoglobin pools, and stabilized cells, shall be tested at least once each day of use to insure accuracy of results. Standard deviation, coefficient of variation, or other statistical estimates of precision shall be determined by random replicate testing of specimens. The accuracy and precision of blood cell counts and hematocrit and hemoglobin measurements shall be tested each day of use.

(f) Exfoliative cytology; histopathology; oral pathology—

(i) Exfoliative cytology. The laboratory director or supervisor qualified in cytology or cytotechnologist shall rescreen for proper staining and correct interpretation at least a 10-percent random sample of gynecological smears which have been interpreted to be in one of the benign categories by personnel not possessing director or supervisor qualifications. All gynecological smears interpreted to be in the "suspicious" or positive categories by screeners shall be confirmed by the laboratory director or qualified supervisor and the report shall be signed by a physician qualified in pathology or cytology. All nongynecological cytological preparations, positive and negative, shall be reviewed by a director or supervisor qualified in cytology. Nonmanual methods shall provide quality control similar to that provided in other nonmanual laboratory procedures. All smears shall be retained for not less than two years from date of examination.

(ii) Histopathology and oral pathology. All special stains shall be controlled for intended reactivity by use of positive slides. Stained slides shall be retained for not less than two years from date of examination and blocks shall be retained for not less than one year from such

date. Remnants of tissue specimens shall be retained in a fixative solution until those portions submitted for microscopy have been examined and a diagnosis made by a pathologist.

(g) Radiobioassay. The counting equipment shall be checked for stability at least once on each day of use, with radioactive standards or reference sources. Reference samples with known activity and within expected levels of normal samples shall be processed in replicate quarterly. For each method, records which document shall be maintained and be available to the department. [Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-051, filed 12/30/80.]

WAC 248-22-060 Housing requirements for patients. (Construction, floor space, lighting, ventilation). The housing requirements and standards applicable to nursing homes as authorized in chapter 18.51 RCW and as prescribed in chapter 248-14 WAC are herewith adopted by reference as part of these rules and regulations and shall have the same force and effect as if they were recited herein. [Regulation .22.060, effective 3/11/60.]

WAC 248-22-070 Therapy. Therapy facilities and procedures will be noted and fully described at time of inspection. [Regulation .22.070, effective 3/11/60.]

WAC 248-22-080 Restraint. Restraint, both mechanical and medicinal, shall be applied only on the written order of the attending physician, which order shall be dated and signed by the said physician. The order shall specify the time and the building to be used for the restraint. The building must measure up to reasonable fireproof standards. A strict record shall be kept as to the patient restrained, the apparatus or drugs used, length of time applied, and reason for same. [Regulation .22.080, effective 3/11/60.]

WAC 248-22-090 Records. The following records shall be kept, and copies of same be furnished to the state department of health when required:

(1) Copies of all commitment papers, including voluntary agreement.

(2) Adequate identifying information, including name, age, sex, marital status, date of birth, birthplace, race, occupation, religion, residence, name and address of close relative or friend who can be reached in an emergency.

(3) Notices and dates of admissions, both voluntary or other commitment, including statement of physical condition and diagnosis, signed by qualified physician. Also recommended treatment.

(4) Record of patient's valuables and clothing upon admission or received.

(5) Record of physician's visits and observations of patient and treatment prescribed.

(6) A separate book shall list narcotics prescribed, giving patient's name, date, name and dosage of medication recommended, time given, and initials of nurse.

(7) Record of physician's written order prescribing narcotics.

(8) The nurse's record shall include the physician's signed orders.

(9) Notice and date of discharge, accident or escape.

(10) Monthly statistical report on form furnished by the state department of health. [Regulation .22.090, effective 3/11/60.]

MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

WAC 248-22-500 Purpose. Regulations relating to alcoholism treatment facilities are hereby adopted pursuant to chapter 71.12 RCW. The purpose of these regulations is to provide health and safety standards and procedures for the issuance, denial, suspension, and/or revocation of licenses for facilities maintained and operated primarily for receiving or caring for alcoholics.

The board recognizes the secretary's authority to allocate and delegate the various functions, duties and responsibilities involved in licensing alcoholism treatment facilities to the department's administrative units and staff as he deems necessary to ensure the administration of these licensing regulations is consistent with the administration of the Uniform Alcoholism and Intoxication Treatment Act, chapter 70.96A RCW. [Order 100, § 248-22-500, filed 6/10/74.]

WAC 248-22-501 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) All adjectives and adverbs such as adequate, approved, competent, qualified, necessary, reasonable, satisfactory, sufficiently, effectively, appropriately, or suitable used in these rules and regulations to qualify a person, a procedure, equipment, or building shall be as determined by the Washington state department of social and health services.

(2) **Administrator** – means the individual appointed as the chief executive officer by the governing body of a facility to act in its behalf in the overall management of the alcoholism treatment facility.

(3) **Alcoholic** – means a person with alcoholism.

(4) **Alcoholism** – means an illness characterized by habitual lack of self-control as to the consumption of alcoholic beverages or the consumption of alcoholic beverages to the extent that a person's health is substantially impaired or endangered or his social or economic function is substantially disrupted.

(5) **Alcoholism counselor** – means a person who is knowledgeable about the nature and treatment of alcoholism, is knowledgeable about community resources which provide services alcoholics may need, knows and understands the principles and techniques of counseling and is skilled in the application of these principles and techniques.

(6) **Alcoholism treatment facility** – means a private hospital, sanitarium, treatment center or other place

which is operated primarily for the treatment of alcoholism.

(7) **Alteration** – means any structural, electrical, mechanical, or functional changes in any room or area of an alcoholism treatment facility.

(a) **Minor alteration** – means any repair or replacement which is necessary to maintain the facility in good operating condition. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from applicable rules and regulations.

(8) **Area (except when used in reference to a major section of an alcoholism treatment facility)** – means a portion of a room which contains the equipment essential to carry out a particular function and is separated from other facilities of the room by a physical barrier or adequate space.

(9) **Bathing facility** – means a bathtub or shower.

(10) **Client** – means any person (inpatient or outpatient) receiving services for the treatment of alcoholism.

(11) **Counseling, individual** – means an interaction between a counselor and a client for the purpose of helping the client gain a better understanding of himself and develop the ability to deal more effectively with the realities of his environment.

(12) **Counseling, group (or group therapy)** – means an interaction between two or more clients and alcoholism counselor(s) for the purpose of helping the clients gain better understandings of themselves and develop abilities to deal more effectively with the realities of their environments.

(13) **Distinct part** – means a segregated, physical, and functional section of an alcoholism treatment facility which provides the facilities, staff, and services required for a particular category of alcoholism treatment service.

(14) **Detoxification** – means care or treatment of an intoxicated person during a period in which his system is cleared of alcohol and he recovers from the transitory effects of intoxication.

(15) **Detoxicated** – means withdrawn from the consumption of alcohol and recovered from the transitory effects of intoxication.

(16) **Department** – means the Washington state department of social and health services.

(17) **Facilities** – means a room or area and/or equipment to serve a specific function.

(18) **General health supervision** – means provision of the following services as indicated:

(a) Reminding a client to self–administer medically prescribed drugs and treatments;

(b) Encouraging a client to follow any modified diet and rest or activity regimen which has been medically prescribed for him;

(c) Reminding and assisting a client to keep appointments for health care services, such as appointments with physicians, dentists, visiting nurse service or clinics;

(d) Encouraging a client to have a complete physical examination if he has not had such an examination within the past year or if he manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment are indicated.

(19) **Governing body** – means an individual or group which is legally responsible for the conduct of an alcoholism treatment facility.

(20) **Grade (adjacent ground elevation)** – means the lowest point of elevation of the finished surface of the ground between the exterior wall of a building and a point five feet distant from said wall, or the lowest point of elevation of the finished surface of the ground between the exterior wall of a building and the property line if it is less than five feet distant from said wall. In case walls are parallel to and within five feet of public sidewalk, alley, or other public way, the grade shall be the elevation of the sidewalk, alley, or public way.

(21) **Immediate supervision** – means being on duty at the same time as another person over whose work performance one has responsibility and authority to maintain surveillance and take corrective action when indicated.

(22) **Inpatient** – means a client to whom the alcoholism treatment facility is providing board and room on a 24–hour a day basis.

(23) **Intoxication** – means acute alcohol poisoning or temporary impairment of a person's mental or physical functioning caused by alcohol in his system.

(24) **Intoxicated** – means in the state of intoxication.

(25) **Lavatory** – means a plumbing fixture of adequate size and proper design for washing hands.

(26) **Legend drug** – means a drug bearing the legend, "Caution, Federal law prohibits dispensing without a prescription."

(27) **Licensed nurse** – means either a registered nurse or a licensed practical nurse.

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

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

(28) **May** – means permissive or at the discretion of the department.

(29) **New construction** – means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as an alcoholism treatment facility.

(b) Addition(s) to existing building(s) to be used as an alcoholism treatment facility.

(c) Alteration(s) other than minor alteration(s) to an existing alcoholism treatment facility.

(30) **Outpatient** – means a client to whom the alcoholism treatment facility does not provide board and room on a 24–hour a day basis.

(31) **Owner** – means an individual, firm, partnership, corporation, company, association, or joint stock association or the legal successor thereof who operates an alcoholism treatment facility whether he owns or leases the premises.

(32) **Pharmacist** – means a person duly licensed by the Washington state board of pharmacy to engage in

the practice of pharmacy under the provisions of chapter 18.64 RCW.

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

(34) **P.r.n. drug** – means a drug which a physician has ordered to be administered only when needed under certain circumstances.

(35) **Physician** – means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.

(36) **Room** – means a space set apart by floor to ceiling partitions on all sides with proper access to a corridor or a common-use living room or area and with all openings provided with doors or windows.

(37) **Secretary** – means the secretary of the Washington state department of social and health services, or his designee.

(38) **Service sink** – means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(39) **Shall** – means compliance is mandatory.

(40) **Should** – means compliance is suggested or recommended but is not required.

(41) **Through traffic** – means traffic for which the origin and destination are outside the room or area which serves as a passageway.

(42) **Toilet** – means a room containing at least one water closet.

(43) **Usable floor space** – as used in reference to clients' sleeping rooms means the floor space exclusive of vestibules and closets, wardrobes, or portable lockers. [Order 148, § 248-22-501, filed 6/29/77; Order 100, § 248-22-501, filed 6/10/74.]

WAC 248-22-510 Licensure. (1) APPLICATION FOR LICENSE.

(a) An application for an alcoholism treatment facility license shall be submitted on forms furnished by the department. An application shall be signed by the owner of the facility or his legal representative and by the administrator.

(b) The applicant shall furnish to the department full and complete information, and promptly report any changes which would affect the current accuracy of such information, as to the identity:

(i) Of each person having (directly or indirectly) an ownership interest of 10 percent or more in such alcoholism treatment facility;

(ii) Of each officer and director of the corporation, if the program is operated by a legally incorporated entity, profit, or nonprofit; and

(iii) Of each partner, if the program is a legal partnership.

(2) DISQUALIFIED APPLICANTS.

(a) Each and every individual named in an application for an alcoholism treatment facility license shall be considered separately and jointly as applicants, and if anyone be deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked. A license may be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with these rules and regulations promulgated pursuant thereto, and, in addition, any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of any illegal act on the premises of the alcoholism treatment facility;

(iii) Cruelty or indifference to the welfare of any client;

(iv) Misappropriation of the property of the clients; and

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual client, the department, or the business community.

(b) Before granting a license to operate an alcoholism treatment facility, the department shall consider the ability of each individual named in the application to operate the alcoholism treatment facility in accordance with the law and these regulations. Individuals who have previously been denied a license to operate a health care facility in this state or elsewhere, or who have been convicted civilly or criminally of operating such a facility without a license, or who have had their license to operate such a facility suspended or revoked shall not be granted a license unless to the satisfaction of the department they affirmatively establish clear, cogent, and convincing evidence of their ability to operate the alcoholism treatment facility, for which the license is sought, in full conformance with all applicable laws and rules and regulations.

(3) SUBMISSION OF PLANS. The following shall be submitted with an application for license: *Provided, however*, That when any of the required plans are already on file with the department through previous applications for license or construction approval, only plans for portions or changes which are not on file need to be submitted.

(a) A plot plan showing streets, driveways, water and sewage disposal systems, the location of buildings on the site and grade elevations within ten feet of any building in which clients are to be housed.

(b) Floor plans of each building in which clients are to be housed. The floor plans shall provide the following information: Identification of each client's sleeping room by use of a lettering or numbering system; the usable square feet of floor space in each room; the clear window glass area in each client's sleeping room; the height of the lowest portion of the ceiling in any client's sleeping room; and floor elevations referenced to the grade level.

(4) CLASSIFICATION OF ALCOHOLISM TREATMENT SERVICES. For the purpose of licensing, alcoholism treatment services provided by alcoholism treatment facilities shall be classified as follows:

(a) *Alcoholism detoxification services* are those services required for the care and/or treatment of persons intoxicated or incapacitated by alcohol during the period

in which the system is cleared of alcohol and the individual recovers from the transitory effects of intoxication. These include screening of intoxicated persons; detoxification of intoxicated persons; counseling of alcoholics regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxicated alcoholics to other, appropriate alcoholism treatment programs.

(b) *Alcoholism intensive inpatient treatment* services are those services provided to the detoxified alcoholic in a residential setting which inlcude, as a minimum, limited medical evaluation and health supervision, alcoholism education, organized individual and group counseling, discharged referral to necessary supportive services, and a client follow–through program after discharge.

(c) *Alcoholism recovery house services are* the provision of an alcohol free residential setting with supportive services and social and recreational facilities for detoxicated alcoholics to aid their adjustment to normal patterns of living and their engagement in occupational training, gainful employment or other types of normal community activities.

(d) *Alcoholism long–term treatment services* are long term (90 days or more) provision of a residential care setting with personal care services for alcoholics with impaired self–maintenance capabilities who need personal guidance and assistance to maintain sobriety and optimum health status.

(5) CONDITIONS FOR AUTHORIZATION OF MULTIPLE CATEGORIES OF ALCOHOLISM TREATMENT SERVICES.

(a) An alcoholism treatment facility may provide more than one category of alcoholism treatment services provided the following requirements are met:

(i) The owner (licensee) shall request the department to license the alcoholism treatment facility as one with distinct parts classified according to categories of treatment.

(ii) For each category of alcoholism treatment service, the owner (licensee) shall designate and maintain a distinct part for which the department has shown approval for the particular category of alcoholism treatment service on the license.

(iii) Each distinct part of an alcoholism treatment facility shall comply with all special regulations applicable to a facility which provides the particular category of alcoholism treatment service for which it is approved as well as the applicable general regulations for alcoholism treatment facilities.

(iv) For each distinct part there shall be a staff which is sufficient in numbers and qualifications to provide the services needed by clients and to comply with the regulations applicable to a facility which provides the particular category of alcoholism treatment service for which the distinct part is approved. Administrative, supervisory and other personnel may be shared by an entire alcoholism treatment facility provided consistency and continuity in the care and treatment of clients are assured and the sharing of staff does not adversely affect the program for any category of alcoholism treatment service.

(v) Prior to initiation of a program for a particular category of alcoholism treatment service which is not shown on an alcoholism treatment facility's current license, the owner of the facility shall obtain the department's approval of the designated distinct part and the program for the particular category of treatment service.

(b) If the maintenance and operation of a distinct part is not in compliance with applicable laws and regulations, the department may deny, suspend, or revoke authorization to provide the particular category of alcoholism treatment service for which the distinct part is designated without denying, suspending, or revoking the alcoholism treatment facility's license: *Provided, however,* That the maintenance and operation of the alcoholism treatment facility is otherwise in essential compliance with applicable laws and regulations.

(6) DESIGNATION OF CATEGORIES OF ALCOHOLISM TREATMENT SERVICES ON LICENSE. The license issued to an alcoholism treatment facility shall show the category(ies) of alcoholism treatment which the alcoholism treatment facility is authorized to provide and the number of beds approved for each category of treatment service.

(7) POSTING OF LICENSE. The license for an alcoholism treatment facility shall be framed and posted in a conspicuous place on the premises.

(8) NEW CONSTRUCTION.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building(s) on the site; and plans of each floor of the building(s), existing and proposed, which designate the function of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of the water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plan;

(ii) Plans of each floor of the building(s) which designate the function of each room and show all fixed equipment and the planned locations of beds and other furniture in clients' sleeping rooms;

(iii) Interior and exterior elevations, building sections and construction details;

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows;

(v) Plumbing, heating, ventilating, and electrical systems; and

(vi) Specifications which fully describe workmanship and finishes.

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

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated into a construction project. In all cases, modified plans or addenda on changes which are incorporated into the construction project shall be submitted for the department's file on the project even though it was not required that these be submitted prior to approval.

(9) EXEMPTIONS.

(a) The secretary or his designee may, in his discretion, exempt an alcoholism treatment facility from compliance with parts of these regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without jeopardizing the safety or health of the clients in the particular alcoholism treatment facility.

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

(c) All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the department of social and health services and the alcoholism treatment facility.

(10) COMPLIANCE WITH OTHER REGULATIONS.

(a) Rules and regulations adopted by the Washington state fire marshal under the provisions of RCW 71.12-.485 which are found in chapter 212 WAC apply.

(b) If there is no local plumbing code, the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials shall be followed.

(c) Compliance with these regulations does not exempt an alcoholism treatment facility from compliance with local and state electrical codes or local zoning, building and plumbing codes.

(11) TRANSFER OF OWNERSHIP. The possession or ownership of an alcoholism treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for license has been approved.

(12) DENIAL, SUSPENSION OR REVOCATION OF LICENSE. Upon finding, as a result of an inspection, that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and these rules and regulations, the department may, if the interests of the clients so demand, issue an order to the applicant or licensee giving notice of any denial of a license application, suspension, or revocation of a license, which order shall become final thirty (30) days after the date of mailing, provided the applicant or licensee does not within ten (10) days from the date of mailing of the department's order of rejection, revocation or suspension of license make written application to the department for a hearing. Upon receipt of such an application, the department shall fix a time for such hearing and shall give the applicant or licensee a notice of the time fixed for such hearing. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC, especially WAC 248-08-700 through 248-08-740. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW. [Order 148, § 248-22-510, filed 6/29/77; Order 118, § 248-22-510, filed 5/23/75; Order 100, § 248-22-510, filed 6/10/74.]

WAC 248-22-520 Administrative management. (1) **Governing body.**

(a) The alcoholism treatment facility shall have an effective governing body which is legally responsible for the conduct of the alcoholism treatment facility.

(b) The governing body shall:

(i) Adopt bylaws which establish the mechanism for selection of officers and members of the governing body.

(ii) Maintain a current job description for the position of administrator, which delineates the qualifications for and the responsibilities of the position.

(iii) Establish the philosophy and overall objectives for the alcoholism treatment facility and each distinct part thereof.

(iv) Adopt administrative policies which establish the mechanism for delegation of responsibility and accountability for operation and maintenance of the alcoholism treatment facility.

(v) Adopt policies for the care of clients in the facility and every distinct part thereof. These policies shall govern the admission of clients, the length of stay, the type and scope of services provided to clients, and the transfer or discharge of clients and shall provide for a continuing evaluation of the alcoholism treatment program(s).

(vi) Provide for the personnel, facilities, equipment, supplies, and special services which are necessary to meet clients' needs for services and to maintain and operate the facility in accordance with applicable laws and regulations.

(c) The bylaws, job description for the administrator, philosophy and objectives, administrative policies and policies regarding the care of clients shall be: consistent with applicable federal and state laws and regulations; written, current, dated and signed by officers of the governing body; and shall be readily available to all members of the governing body and other persons in accordance with their responsibilities or involvement in implementation.

(2) **Administrator.**

(a) There shall be an administrator at least 21 years of age who manages the alcoholism treatment facility effectively.

(b) At any time the administrator is not on duty or on call, there shall be a person on duty or on call to whom the administrator has delegated the authority and responsibility to act in his stead. Any person to whom the administrator's authority and responsibility are delegated shall be a competent person at least 21 years of age who is not currently a client in the facility.

(c) The administrator shall establish and maintain a current written plan of organization which includes all positions and delineates the functions, responsibilities, authority and relationships of all positions within the alcoholism treatment facility.

(d) The administrator shall ensure that written policies and procedures are: developed, reviewed and revised, as necessary to keep them current; dated and signed by persons having responsibility for approval of the policies and procedures; readily available to personnel; and followed in the care and treatment of clients.

(3) **Personnel.**

(a) There shall be sufficient qualified personnel, who are not of the client population, to provide the services needed by clients and properly maintain the alcoholism treatment facility. This shall not preclude the assignment of work to a client when the assignment is part of the client's treatment program and the client works under the immediate supervision of a member of the staff.

(b) There shall be a written job description for each position classification within the facility.

(i) Each job description shall include: the job title, the definition of the position, the title of the immediate supervisor, a summary of the duties and responsibilities and the minimum qualifications.

(ii) Qualifications listed in a job description shall include the education, training, experience, knowledge and special abilities required for the position.

(iii) The appropriate job description shall be explained to each employee, and shall be used thereafter as one of the means for evaluating his performance.

(iv) Job descriptions shall be dated and shall be reviewed and revised so they are kept current.

(c) There shall be an education program which affords each employee opportunity to develop the competencies needed to perform the duties and responsibilities assigned to him.

(i) A planned, supervised orientation shall be provided to each new employee to acquaint him with the organization of the facility, the physical plant layout, his particular duties and responsibilities, the policies, procedures and equipment which are pertinent to his work and the disaster plan for the facility.

(ii) A planned training program shall be provided to any employee who has not been prepared for his job responsibilities through completion of a recognized, formal educational program.

(iii) Each employee shall be provided training for the performance of the specific functions, duties, and procedures for which he is responsible, but lacks adequate training or experience.

(iv) A record shall be maintained of the orientation, on–the–job training and continuing education provided for the employee. The data contained in this record shall be sufficient to allow determination of whether or not the employee has received the training or education necessary for performance of his functions and duties.

(d) Upon employment, each person shall have or provide documented evidence of a tuberculin test by the Mantoux method unless medically contraindicated. When this skin test is negative (less than 10 mm of induration) no tuberculin skin test shall be required. A positive test will consist of 10 mm or more of induration read at 48 to 72 hours. Positive reactors shall have a chest x–ray within 90 days of the first day of employment. Exceptions:

(i) Those with positive tests (as defined above) shall have an annual screening in the form of a chest x–ray.

(ii) 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.

(iii) Those with positive tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(e) Employees with a communicable disease in an infectious stage shall not be on duty.

(f) For each employee there shall be a current personnel record (or file) which includes the following:

(i) Application form, which includes or is supplemented by a resume' of the employee's education or training and work experience.

(ii) Verification of the employee's professional, technical or vocational education or training.

(iii) Written performance evaluations for the initial six months of employment and for each year of employment thereafter.

(iv) A record of verification of a valid, current license for any employee for whom licensure is required.

(v) Evidence of adequate health supervision including a record of tuberculin skin tests or chest x–rays, accidents occurring on duty, and illness occurring during the time of employment.

(4) **Agreement for student practice.** If an alcoholism treatment facility provides a setting for student practice in a formal educational or training program, there shall be a written agreement with the educational agency or institution concerned. This agreement shall define the nature and scope of student activities within the facility, and ensure supervision of student activities in the interest of clients' welfare.

(5) **Disaster plan.** The alcoholism treatment facility shall have a current written plan to be followed in the event of fire, explosion or other type of disaster. This plan shall be developed with the assistance of fire, safety and other appropriate experts and shall include directions regarding: the course of action to be taken according to the type and nature of a disaster; the location and use of devices for activating the alarm system; procedures for notifying the fire department; methods of containing fire; the location and use of equipment for

extinguishing fires; evacuation procedures and routes; procedures for notifying appropriate persons; care and transfer of casualties; and removing and safeguarding records. The plan shall be posted in appropriate locations throughout the alcoholism treatment facility so it is readily available to all personnel. Orientation and training on the disaster plan and procedures shall be provided to all personnel and drills shall be conducted at irregular intervals during the day and night and at least 12 times each year so each employee is prepared to act in the role for which he would be responsible should a disaster occur. [Statutory Authority: RCW 43.20.050. 80-02-003 (Order 191), § 248-22-520, filed 1/4/80; Order 100, § 248-22-520, filed 6/10/74.]

WAC 248-22-530 Client care and services, general. (1) INDIVIDUAL TREATMENT PLAN. For each client there shall be an individual treatment plan which is designed to help him understand and overcome his illness and which takes into account: his current health status; any medical treatment prescribed for him; and his physical, mental, emotional, social and religious needs. The client shall be encouraged to participate in developing his treatment plan to the extent that he is able.

(2) GENERAL CARE AND TREATMENT.

(a) Each client shall be provided the equipment, supplies, and assistance he needs to maintain his personal comfort, cleanliness and grooming.

(b) Each client shall be provided at least one comfortable pillow and adequate, lightweight warm bedding, clean bed linen, towels and washcloths.

(c) The client shall be treated in a manner that respects his individual identity and human dignity and fosters a constructive self-esteem on his part.

(d) The client's right to observe the tenets of his faith shall be respected. The client's care and treatment regimen shall be adapted to accommodate the client's religious beliefs and practices insofar as is reasonable.

(3) COUNSELING SERVICES. There shall be on staff at least one alcoholism counselor and such additional counselors as necessary to provide the alcoholism counseling services needed by clients. The alcoholism treatment facility may meet this requirement by having in effect a written agreement with a community alcoholism treatment agency or private practitioner who is an alcoholism counselor.

(4) SOCIAL AND RECREATIONAL ACTIVITIES. There shall be definite provision for social and recreational activities to promote and assist a client's engagement in normal activities in accordance with his interests, needs and potential.

(5) HEALTH CARE SERVICES, GENERAL.

(a) There shall be a physician who is responsible for direction of the medical aspects of the alcoholism treatment program. This physician may be one whose services the alcoholism treatment facility has engaged on a regular basis or, where there is an organized medical staff, a representative of the medical staff. This physician's responsibility for medical guidance of the treatment program shall include approval of policies and procedures pertaining to: medical screening of clients; care of clients having minor illnesses or other conditions requiring minor treatment or first aid; and medical emergencies. At the time of making original application for license, the alcoholism treatment facility shall furnish the department with the name of such physician together with a letter from the physician stating he has accepted responsibility for directing the medical aspects of the alcoholism treatment program. In the event of a change of such physician, immediate notice shall be given the department together with a similar letter from the physician who has then assumed the responsibility.

(b) There shall be written medical policies and procedures to guide the action of personnel in caring for clients having minor illnesses or other conditions requiring minor treatment or first aid. First aid supplies as needed to implement medical policies and procedures shall be readily available.

(c) If a client manifests signs and symptoms of a physical or mental condition for which services not provided by the alcoholism treatment facility are indicated, the alcoholism treatment facility shall, to the extent feasible, advise and assist the client to obtain the services which are indicated.

(d) A client shall be transferred to a hospital at any time he manifests signs and symptoms of a condition (serious illness including delirium tremens or severe trauma) that warrant acute care and treatment in a hospital.

(e) The delegation or assignment of any medical or nursing function, duty, or responsibility to personnel shall be consistent with the laws governing the practice of medicine, osteopathy, registered nursing, and licensed practical nursing in Washington state and with the training and experience of the person to whom the delegation or assignment is made.

(f) Recognized standards of medical aseptic technics, including basic handwashing practices, shall be followed in all direct, personal care of clients.

(g) There shall be reporting of communicable diseases in accordance with chapter 248-100 WAC.

(6) ADMINISTRATION OF DRUGS AND TREATMENTS.

(a) There shall be written orders, signed by a physician or other legally authorized practitioner acting within the scope of his license, for all drugs and treatments administered to a client by personnel. There shall be an organized system, which ensures accuracy in receiving, transcribing, and implementing physicians' or other legally authorized practitioners' orders for the administration of drugs and treatments.

(i) Orders for drugs and treatments, including standing orders, used in the care of a client, shall be entered in the client's treatment record and shall be signed by a physician or other legally authorized practitioner prior to administration except when it is necessary to accept a verbal or telephone order.

(ii) Orders for drugs or medical treatments shall include: the date ordered; the name of the drug or description of the treatment including the name of the drug, solution or other agent to be used in the treatment;

the dose of the drug or, for a treatment, the dose concentration or intensity of a drug, solution or other agent to be used; the route or method of administration; and the time and frequency of administration. In lieu of the time and frequency, a p.r.n. order for a drug or treatment shall clearly indicate: the minimum interval of time between doses or treatments; the maximum number of doses or treatments that may be administered; and the circumstances for which the drug or treatment is to be administered.

(iii) A verbal or telephone order for the administration of drug(s) or medical treatment(s) shall be received by a licensed nurse from the physician or other practitioner legally authorized to prescribe. Upon receipt of such an order the following shall be entered into the client's treatment record immediately: the data required under the preceding (6)(a)(ii); the name of the physician or other authorized practitioner who gave the order; and the signature of the licensed nurse who received the order. The physician's or other legally authorized practitioner's signature for such an order shall be obtained as soon as possible and not later than 48 hours after receipt of the verbal or telephone order.

(iv) Persons who administer drugs and medical treatments to clients shall be qualified by training and legally permitted to assume this responsibility.

(v) Any drug administered to a client shall be prepared, administered, and recorded in the client's record by the same person. This shall not be interpreted to preclude a physician's administration of a drug which has been prepared for administration by a person who is assisting the physician in the performance of a diagnostic or treatment procedure or the administration of a single, properly labeled drug which has been dispensed or issued from a pharmacy so it is ready to administer.

(b) Self-administration of drugs by a client shall be in accord with the following:

(i) The client shall be physically and mentally capable of administering his own drug properly.

(ii) Any legend drug which a client has for self-administration shall have been prescribed for the client by a physician or other legally authorized practitioner acting within the scope of his license and shall have been dispensed in a legibly and securely labeled container by a pharmacist.

(iii) Prescription drugs, over-the-counter drugs purchased independently by the client and other medicinal materials used by a client shall be kept in individually keyed and locked storage units (e.g., drawers, medicine cabinets, compartments). Access to and use of such drugs and materials shall be restricted to the particular client for self-administration. It is recommended that all such individual, locked drug storage units be in a central location where personnel can maintain surveillance over clients' self-administration of drugs.

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

There shall be written policies and procedures which provide for the procurement, storage, control, use, retention, release, and disposal of drugs and biologicals in accordance with applicable federal and state laws and regulations. Except as provided for in the preceding WAC 248-22-530(6)(b) for self-administration of drugs by a client, the procurement, storage, control, use, retention, release and disposal of drugs shall comply with the following:

(a) There shall be adequate drug facilities which provide for locked storage of all drugs without crowding and for the observance of safe procedures and techniques in the preparation of medicines for administration. Any room or area which serves as a drug facility shall serve clean functions only and shall be well illuminated and ventilated. There shall be a sink with hot and cold running water in or adjacent to the room serving as a drug facility.

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

(c) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet: *Provided, however,* That schedule III controlled substances may be stored with schedule II controlled substances.

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

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

(f) At all times, keys to drug boxes, cabinets, and rooms shall be carried by persons who are legally authorized to administer drugs.

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

(i) Each legend drug shall have a label which shows: the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the patient's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; the controlled substances schedule,

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

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

(h) No drugs may be returned from the alcoholism treatment facility to a pharmacy except as provided in the preceding subsection (g)(ii).

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

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

(k) All of an individual client's drugs, except those released to the client on discharge and schedule II controlled substances, shall be destroyed by a licensed nurse immediately after discharge of the client.

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

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

(l) The physician responsible for the direction of the medical aspects of the alcoholism detoxification service may provide an emergency drug supply within the alcoholism detoxification service provided the following requirements are met.

(i) The emergency drug supply shall be considered an extension of the physician's own drug supply and remain his responsibility.

(ii) All drugs for an emergency supply shall be kept in a separate, secure, locked, emergency drug drawer or cabinet.

(iii) The emergency drug supply shall be limited to drugs needed for genuine medical emergencies, including the need for the medical management of an intractible intoxicated person.

(iv) The quantity of any drug in a particular dosage strength shall be limited to a seventy-two (72) hour supply which shall be determined by calculating the number of clients and their potential need for emergency medication.

(v) A list of the drugs to be kept in the emergency drug supply shall be kept on file in the alcoholism treatment facility. This list shall include the name and dosage strength of each drug, and be dated and signed by the physician. The emergency drug supply shall contain only those drugs which are on this list.

(vi) There shall be an emergency drug supply record book, which is a bound book with numbered pages, in which a continuous inventory of the emergency drug supply is maintained and each receipt and withdrawal of an emergency drug is recorded. The record for each emergency drug (according to name and strength) shall be on a separate page. For each receipt of a drug, the following shall be recorded: the date of receipt, the number of dosage units received, the total amount of the drug on hand after the receipt and the signature of the physician or licensed nurse who placed the drug in the emergency drug supply. For each withdrawal of an emergency drug, the following shall be recorded: the name of the client to whom the drug was administered, the nature of the medical emergency condition for which the drug was administered, the date and time of administration, the amount of the drug withdrawn, the balance of the drug remaining in the emergency supply after the withdrawal and the signature of the licensed nurse or physician who withdrew the drug from the emergency drug supply.

(vii) The contents of the emergency drug supply, the approved list of drugs to be kept in the emergency drug supply, and records relating to the emergency drug supply shall be subject to inspection by representatives of the department and the state board of pharmacy.

(m) Special requirements for controlled substances. The following requirements shall apply to all controlled substances except controlled substances which are self-administered by a client and stored in accordance with WAC 248-22-530(6)(b) and controlled substances in an emergency drug supply which is maintained in accordance with WAC 248-22-530(7)(l).

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

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

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

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

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

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

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

All schedule II controlled substances which remain after the discharge of clients shall be returned to the drug enforcement administration at least once each month. They may be delivered in person by an authorized representative of the alcoholism treatment facility or sent by registered mail to:

District Supervisor
Drug Enforcement Administration
221 First Avenue West, Room 200
Seattle, Washington 98199

Appropriate forms are furnished by the drug enforcement administration. Receipts for drugs from the drug enforcement administration shall be kept on file in the alcoholism treatment facility and readily accessible to authorized representatives of the department and the Washington state board of pharmacy.

(8) SAFETY MEASURES.

(a) There shall be written policies and procedures governing the action to be taken following any accident or incident which jeopardizes a client's health or life. These should include: errors in the administration of drugs or treatments; adverse reactions to a drug or treatment; and any accident or other untoward incident within the alcoholism treatment facility which may have been harmful or injurious to the client. Policies and procedures should ensure the following for each such accident or injury: timely reporting to a physician when indicated; reporting to appropriate administrative staff; and entry in the client's treatment record describing what happened and the action taken; investigation to ascertain the circumstances of the accident or incident; and institution of appropriate measures to prevent similar occurrences in the future insofar as possible.

(b) There shall be provision for personnel to gain immediate emergency access to any sleeping room, toilet, shower or bathroom and any other room occupied by clients.

(c) Methods for the cleaning, disinfecting or sterilizing, handling, and storage of all supplies and equipment shall be such as to prevent the transmission of infection.

(9) NOTIFICATION REGARDING CHANGE IN A CLIENT'S CONDITION. A client's next of kin, legal guardian or other person or agency responsible for the client shall be notified as rapidly as possible should a serious change in the client's condition, transfer of the client to a hospital or death of the client occur.

(10) REGISTER AND TREATMENT RECORDS.

(a) Client Register. There shall be a permanent, current register of all persons admitted for care or treatment in the alcoholism treatment facility on either an inpatient or outpatient basis. This shall contain the following data for each person: date and time of admission, full name, date of birth, social security number and address; date and time of discharge or transfer; and the name and address of the place to which discharged or transferred. Data on clients shall be entered into the register in chronological order according to the date and time of admission. When an alcoholism treatment facility provides more than one category of alcoholism treatment service, there shall be a separate register for each distinct part of the facility.

(b) Record system. There shall be an organized record system which provides for:

(i) Maintenance of a current, complete treatment record for each client;

(ii) A systematic method of identifying and filing clients' records so each record can be located readily;

(iii) Maintenance of the confidentiality of clients' treatment records by storing and handling them under conditions which allow only authorized persons access to them.

(c) Individual treatment records. Each client's treatment record shall include:

(i) Identifying and sociological data including the client's full name, birthdate, social security number, marital status, home address and religion;

(ii) The date of admission;

(iii) The name, address, and telephone number of the client's next of kin or other responsible person;

(iv) The name, address, and telephone number of the client's personal physician, if any;

(v) A record of the findings of each health screening;

(vi) A record of the findings of any physical examination by a physician within the alcoholism treatment facility;

(vii) A record of observations of the client's condition;

(viii) Written orders for any drugs or medical treatment administered to a client by personnel (these orders shall be dated and signed by a physician);

(ix) A physician's written order for any modified diet provided to the client;

(x) A record of any administration of a drug or treatment to a client by a physician or personnel (this shall include the time and date of administration and the signature of the person who administered the drug or treatment);

(xi) A record of counseling and educational services;

(xii) Progress notes on response to care and treatment;

(xiii) A record of a client's signed voluntary admission and consent to care and treatment or a commitment record;

(xiv) A record of discharge or transfer which shall include the date and time and a statement on the client's condition at the time of discharge or transfer;

(xv) Each entry in a client's record shall be dated and shall be authenticated by the signature and title of the person making the entry.

(11) FOOD SERVICES.

(a) The dietary service shall be directed by a person who manages the food service effectively.

(b) The number and scheduled working hours of dietary service personnel shall be adequate to meet the food service needs of clients.

(c) Work assignments of dietary personnel and schedules of routine duties of each position in the dietary service shall be posted in the dietary service area and shall be kept on file at least thirty (30) days.

(d) At least three meals a day or their equivalent shall be served daily at regular intervals with not more than 14 hours between a substantial evening meal and breakfast. The substantial evening meal shall be one that provides one-third to one-half of the protein requirement for the day.

(e) There shall be written physicians' orders for all therapeutic (special) diets served to clients. Therapeutic diets shall be prepared and served as prescribed. A current diet manual which is approved by the department shall be used as a guide in planning and preparing therapeutic diets.

(f) Meals shall provide a well-balanced diet of good quality food in sufficient quantity to meet the nutritional needs of clients and, unless medically contraindicated, the dietary allowances of the Food and Nutrition Board of the National Research Council, adjusted for age, sex and activity.

(g) All menus shall be written and prepared at least a week in advance for use in purchasing, preparing, and serving food for clients. When changes in menus are necessary, the variations or substitutions shall be recorded on the menu by the person who prepared the meal(s). Menus as prepared and served (showing any variations or substitutions which were made) shall be kept on file for at least 12 months.

(h) A file of recipes tested in the facility and adjusted to appropriate yield should be maintained.

(i) Snacks of nourishing quality shall be available as needed by clients.

(j) Cooking shall not be permitted in sleeping rooms.

(k) There shall be current written policies and procedures for food storage, preparation, and service. A copy of these policies and procedures shall be kept within the dietary service and shall be readily available to food service personnel at all times.

(l) There shall be current written procedures and schedules for cleaning of all food service equipment and work areas. A copy of the procedures shall be kept within the dietary service and shall be available for reference by the dietary personnel at all times.

(m) Food service sanitation shall be governed by chapter 248-84 WAC, "Rules and Regulations of the State Board of Health Governing Food Service Sanitation".

(12) LAUNDRY SERVICES. The alcoholism treatment facility shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods. [Order 100, § 248-22-530, filed 6/10/74.]

WAC 248-22-540 Maintenance and housekeeping. (1) The alcoholism treatment facility structure, its component parts, facilities, and equipment shall be kept clean and in good repair and maintained in the interest of clients' safety and well-being.

(2) The storage and disposal of garbage and refuse shall be by methods which prevent conditions which are conducive to the transmission of disease or create a nuisance, breeding place for flies, or a feeding place for rodents.

(3) The alcoholism treatment facility shall be kept free from insects and rodents. [Order 100, § 248-22-540, filed 6/10/74.]

WAC 248-22-550 Special additional requirements for an alcoholism treatment facility which provides alcoholism detoxification service. Any alcoholism treatment facility, or distinct part thereof, which provides alcoholism detoxification service shall comply with the following additional requirements.

(1) REQUIRED SERVICES. There shall be an organized treatment program and staff which provide the following services:

(a) Medical screening of each person prior to admission to determine whether he manifests signs or symptoms of serious illness (including delirium tremens) or severe trauma which warrants acute care and treatment in a hospital and whether he needs detoxification.

(b) Detoxification of intoxicated persons.

(c) Counseling of alcoholics regarding their illness.

(d) Referral of detoxicated alcoholics to other appropriate alcoholism treatment programs.

(2) CATEGORY OF CLIENTS. Admission of clients to an alcoholism detoxification service shall be limited to persons who need detoxification services and do not manifest signs and symptoms of a condition (serious illness including delirium tremens or severe trauma) which warrants acute care and treatment in a hospital.

(3) TRANSFER AGREEMENT. The alcoholism treatment facility shall have in effect a written transfer agreement with one or more hospitals which provides assurance that a person can and will be transferred to a hospital when his condition necessitates acute care and treatment in a hospital.

(4) MEDICAL SCREENING. There shall be policies and procedures governing the medical screening of persons prior to admission. These shall be designed to ensure that any medical screening is done by a person who is: knowledgeable about medical conditions, skilled in observation and in eliciting information pertinent to assessment of a health problem, and competent to recognize significant signs and symptoms of illness or trauma.

(5) EMERGENCY MEDICAL POLICIES AND ORDERS.

(a) There shall be current, written medical policies and orders to guide the action of personnel should a medical emergency arise when a physician is not present. These shall:

(i) Delineate the circumstances or signs and symptoms for which the particular policies and orders are to be followed;

(ii) Provide for a physician to be called as rapidly as possible;

(iii) Delineate the minimum qualifications or training of persons who may execute particular medical orders; and

(iv) Be approved in writing by the administrator, the physician responsible for direction of the medical aspects of the treatment program and the registered nurse responsible for the direction and supervision of nursing services.

(b) Any order for the administration of drugs or treatments during a medical emergency shall include:

(i) The name of the drug or a description of the treatment which includes the name of any drug or other agent;

(ii) The dosage of a drug, or the concentration or intensity of another agent;

(iii) The route or method of administration;

(iv) Where pertinent, the time interval, frequency or duration of administration;

(v) The date the order was written; and

(vi) The signature of the physician.

(6) PROVISIONS FOR MEDICAL COVERAGE. The alcoholism treatment facility shall make definite arrangements for a physician to be on call at all times to advise regarding medical problems and to provide emergency medical services if needed. A current schedule of the names and telephone numbers or the call services through which on-call physicians can be contacted rapidly shall be posted at the nurse's station in the alcoholism treatment facility.

(7) NURSING SERVICES.

(a) Nursing services shall be provided to each client in accordance with his needs.

(b) A registered nurse shall be responsible for planning and supervising the nursing services and for the selection and training of personnel who provide nursing observation and care. In an alcoholism treatment facility where there is not need for the full-time services of a registered nurse, the facility may, through a written contract, employ a registered nurse supervisor on a part-time basis, provided such a supervisor is on duty within the facility at least four hours per week and such additional time as may be needed to perform nursing supervisory functions.

(c) At least one staff member who is qualified to provide the nursing observation and care needed by persons undergoing detoxification shall be on duty at all times.

At any time a licensed nurse is not on duty, there shall be on call a registered nurse who will come to the alcoholism treatment facility when indicated and who is able to reach the alcoholism treatment facility within 15 minutes.

(d) Continuing observation of each client's condition shall be by persons competent to recognize and evaluate significant signs and symptoms and take appropriate action. The frequency of observation shall correspond with the degrees of acuity, severity, and instability of a client's condition.

(i) Observations of a client's condition shall include the client's vital signs, motor and sensory abilities, mental and emotional behavior, physical discomfort, response to care and treatment, and other signs and symptoms indicative of abnormality, adverse change, or favorable progress.

(ii) Observation of significant signs and symptoms which are indicative of abnormality, adverse change or favorable progress shall be recorded in the client's record and signed by the person who made the observations.

(iii) There shall be timely reporting to a physician about significant adverse signs and symptoms presented

by a client in accordance with the nature and severity of the signs and symptoms and the indications for medical evaluation or intervention.

(8) REQUIRED FACILITIES FOR DISTINCT PART. When an alcoholism detoxification service is in a distinct part of an alcoholism treatment facility, the distinct part shall include the following facilities which shall be used exclusively for the alcoholism detoxification services: clients' sleeping rooms, toilets and bathing facilities, drug facilities and nurse's station with a telephone. Dining and living areas shall be available but may be shared with alcoholism intensive treatment or alcoholism rehabilitative services. [Order 148, § 248-22-550, filed 6/29/77; Order 100, § 248-22-550, filed 6/10/74.]

WAC 248-22-560 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism intensive inpatient treatment or services or alcoholism recovery house services. (1) CATEGORY OF CLIENTS.

(a) Admission and retention of clients for care and treatment shall be limited to detoxicated alcoholics. Persons needing detoxification shall be referred or transferred to an alcoholism detoxification service unless they manifest signs and symptoms of a condition that warrants acute care and treatment in a hospital.

(b) Nursing care of ill or disabled persons shall be limited to the following services: simple nursing care of a type ordinarily given in a private home by a lay person to a client with a mild temporary illness which does not exceed fourteen days in duration; administration of medicines and treatments of minimal complexity to clients who are unable to administer their own medicines and simple treatments properly; and periodic or occasional visiting nurse service from a community health agency. Any person who requires nursing care beyond these services shall not be admitted or retained as a client but shall be referred or transferred to another health care facility which regularly provides the nursing services he needs.

(2) REQUIRED FACILITIES FOR A DISTINCT PART. When alcoholism intensive inpatient treatment services or alcoholism recovery house services are provided in a distinct part of an alcoholism treatment facility, the distinct part shall include the following facilities: clients' sleeping rooms and toilet and bathing facilities. There shall be two or more rooms, suitably furnished, to accommodate client dining and social activities, group meetings for clients and staff meetings. An alcoholism detoxification service, an alcoholism intensive treatment service and an alcoholism recovery house service may share the use of such rooms, provided such sharing does not result in the activities of one category of alcoholism service interfering with or otherwise detracting from the program of another category of alcoholism treatment service.

(3) REQUIRED SERVICES AND STAFF COVERAGE — ALCOHOLISM INTENSIVE INPATIENT TREATMENT SERVICES.

(a) Required services. There shall be an organized alcoholism intensive treatment program and staff which provide the following services:

(i) Education of clients regarding alcoholism;

(ii) Intensive individual and group counseling;

(iii) Social and recreational activities;

(iv) General health supervision.

(b) Staff coverage. At all times, a staff member who is competent to supervise clients shall be on duty. During the night hours, a staff member shall make regular periodic tours of the facility to check on safety of the clients and the facility.

(4) REQUIRED SERVICES AND STAFF COVERAGE — ALCOHOLISM RECOVERY HOUSE SERVICE.

(a) Required services. There shall be an organized alcoholism rehabilitative program and staff which provide the following services:

(i) Vocational rehabilitative services, which may be provided through arrangements with another appropriate community agency;

(ii) Social and recreational activities, which shall include provision for participation in community activities as well as activities within the alcoholism treatment facility;

(iii) General health supervision.

(b) Staff coverage. At all times, a staff member who is competent to supervise clients shall be on duty or in residence within the alcoholism treatment facility and available should a client need his services. [Order 148, § 248-22-560, filed 6/29/77; Order 100, § 248-22-560, filed 6/10/74.]

WAC 248-22-570 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism long-term treatment service. (1) CATEGORY OF CLIENTS.

(a) Admission and retention of clients for care shall be limited to detoxicated alcoholics who are ambulatory or are independently mobile by use of a functional aid (i.e., wheel chair, brace or cane) but need personal care services to maintain sobriety and optimum health.

(b) Nursing care of ill or disabled persons shall be limited to the following services: simple nursing care of a type ordinarily given in a private home by lay persons, to a client with a mild temporary illness which does not exceed fourteen (14) days in duration; administration of medicines and treatments of minimal complexity to clients who are unable to administer their own medicines and simple treatments; and periodic or occasional visiting nurse service from a community health agency. Any person who requires nursing care beyond these services shall not be admitted or retained as a client but shall be referred or transferred to another health care facility which regularly provides the nursing services he needs.

(2) REQUIRED SERVICES.

(a) Alcoholism long-term treatment services shall include the furnishing of board, room, laundry, a program of social and recreational activities, and personal care services.

(b) Personal care services shall include the furnishing of the following services to clients in accordance with their individual needs:

(i) Ensuring that functional aids or equipment (e.g., glasses, hearing aids, wheel chairs, canes) which a client needs are properly maintained.

(ii) Assistance, guidance or supervision in personal hygienic care, dressing and grooming, maintaining clothing and other personal effects, maintaining a safe and comfortable personal environment, handling personal business or financial affairs, participation in social, recreational, or church activities, and engagement in productive employment in accordance with their potentials.

(iii) General health supervision.

(3) REQUIRED FACILITIES FOR A DISTINCT PART. When an alcoholism long-term treatment service is provided in a distinct part of an alcoholism facility, the distinct part shall include the following: client's sleeping rooms, toilets and bathing facilities and two or more rooms suitably furnished to accommodate clients' dining, social and recreational activities.

(4) STAFF COVERAGE. At all times, a staff member who is competent to supervise clients shall be on duty or in residence within the alcoholism treatment facility and available should a client need his services. [Order 148, § 248-22-570, filed 6/29/77; Order 100, § 248-22-570, filed 6/10/74.]

WAC 248-22-580 Site and grounds. (1) The alcoholism treatment facility shall be located in an area which is properly drained and is served by at least one street which is usable under all weather conditions.

(2) There should be adequate grounds for clients' outdoor exercise and recreation. [Order 100, § 248-22-580, filed 6/10/74.]

WAC 248-22-590 Physical plant and equipment. (1) CLIENTS' SLEEPING ROOMS.

(a) There shall be at least 80 square feet of usable floor space in single-bed sleeping rooms and 70 square feet of usable floor space per bed in multi-bed sleeping rooms. No portion of a sleeping room having less than 7'6" ceiling height may be counted as part of the required area. For an alcoholism receiving and detoxification service, there shall be at least one semi-private room or two private rooms. For an alcoholism intensive inpatient treatment service, alcoholism recovery house or an alcoholism long-term treatment service, the maximum capacity of any client's sleeping room shall not exceed twelve (12) beds. It is recommended that no client's sleeping room exceed a four (4) bed capacity.

(b) Each sleeping room shall be located to prevent through traffic and to minimize the entrance of excessive noise, odors and other nuisances.

(c) Each sleeping room shall be directly accessible from a corridor or a common-use activity room or area for clients.

(d) Sleeping rooms shall be outside rooms with a clear glass window area of approximately 1/8 of the usable floor area or more. Rooms shall not be considered to be outside rooms if such required window area is within 10 feet of another building or other obstruction to view or opens into a window well, enclosed porch, light shaft, ventilation shaft or other enclosure of a similar confining nature. Windows shall operate freely.

(e) No room, the floor of which is more than 3 feet, 6 inches below grade at any required window, shall be used as a client's sleeping room.

(f) Each client shall be provided with sufficient storage facilities, either in or immediately adjacent to his sleeping room, to adequately store a reasonable quantity of clothing and personal possessions.

(g) Each client shall be provided a bed which is at least 36" wide and has a firm spring and firm mattress with a waterproof protective covering. A client's bed may be a standard household bed, studio couch or day bed. A folding bed, rollaway bed, cot, daveno, or davenport shall not be used as a client's bed. Beds used for detoxification of clients should be equipped with side rails.

(h) Clients' beds shall be spaced at least 3 feet apart.

(i) Each sleeping room shall be provided with adequate furnishings which shall include one chair per bed in the room.

(2) TOILET AND BATHING FACILITIES.

(a) There shall be, for the floor served, one water closet and one lavatory for each eight persons or fraction thereof. There shall be one bathing facility for each twelve persons or fraction thereof residing in the facility. The word "persons" as used in this requirement includes all clients and staff members who do not have private toilet and bathing facilities for their exclusive use.

(b) Each water closet and each bathing facility shall be enclosed in a separate room or stall, with the exception that one water closet may be permitted in a bathroom containing a single bathing facility. When a room contains more than one water closet or one bathing facility, it shall be used for one sex only.

(c) Grab bars shall be securely mounted at water closets and bathing facilities in such numbers and in such locations that accidental falls will be minimized.

(3) CLIENT DINING, LIVING AND THERAPY ROOMS.

(a) The alcoholism treatment facility shall have two or more rooms, suitably furnished, to accommodate clients' dining, social, educational and recreational activities, group therapy and staff meetings. At least one of these rooms shall be an outside room with window(s).

(i) There shall be a dining room or area large enough to provide table service for all clients at one time.

(ii) If a multi-purpose room is used for dining and social and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.

(iii) At least 25 square feet of floor space per bed shall be provided for dining, social, educational, recreational activities and group therapy.

(b) There shall be at least one room (or office) which provides privacy for interviewing and counseling of clients on an individual basis. Such additional rooms (or

offices) shall be provided as needed to provide the individual counseling services needed by clients.

(4) MEDICAL EXAMINATION ROOM. If there is regular provision for a physician to perform physical examinations of clients within the facility, there shall be an examination room in the alcoholism treatment facility. This examination room shall be equipped with an examination table, examination light and storage units for medical supplies and equipment. There shall be a handwashing facility in or readily accessible to the examination room.

The examination room may also serve as a private interviewing and counseling room if the room space and arrangement are adequate to accommodate the equipment and furniture for both purposes.

(5) UTILITY AND STORAGE FOR MEDICAL AND NURSING SUPPLIES AND EQUIPMENT. If the services provided by the alcoholism treatment facility involve the use of medical and nursing supplies and equipment, there shall be utility and storage facilities which are designed and equipped for washing, disinfection or sterilization, storage and other handling of medical and nursing supplies and equipment in a manner that ensures segregation of clean and sterile supplies and equipment from those that are contaminated.

(6) STAFF QUARTERS. Any sleeping or living quarters provided for staff within the alcoholism treatment facility shall be separate from clients' sleeping rooms and living area.

(7) FOOD SERVICE FACILITIES.

(a) The alcoholism treatment facility shall have food service facilities which are adequate to meet the food service needs of clients and to comply with chapter 248-84 WAC, "Rules and Regulations of the State Board of Health Governing Food Service Sanitation".

(b) Areas used for the storage, preparation, display or serving of food shall be located to avoid through traffic to other areas of the alcoholism treatment facility and shall be used for no other purpose except that a dining room may be used as a client or staff activity room.

(c) The location and arrangement of food service facilities shall be such that clients and personnel (other than dietary personnel) do not go through a food storage, preparation or serving area in order to go to the dining room.

(8) LAUNDRY FACILITIES.

(a) If a commercial laundry service is utilized, adequate soiled linen storage facilities shall be provided.

(b) If linen is washed on the premises:

(i) The laundry equipment shall be located in an area separate from the kitchen, dining, and living areas;

(ii) An adequate supply of hot water shall be available to provide water at a minimum of 160°F. in the washing machine; and

(iii) The soiled linen storage and sorting area shall be in a well-ventilated area separate from the washing and clean linen handling area.

(9) HOUSEKEEPING FACILITIES. At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable location. Additional service sinks and housekeeping closets equipped with shelving may be required depending on the size and arrangement of the alcoholism treatment facility.

(10) STORAGE FACILITIES. There shall be sufficient, suitable storage facilities to provide for storage of clean linen, and other supplies and equipment under sanitary conditions.

(11) HANDRAILS ON STAIRWAYS AND RAMPS.

(a) All stairways and ramps shall be provided with handrails on both sides.

(b) Adequate guardrails and other safety devices shall be provided on all open stairways and ramps.

(12) SURFACES (FLOORS, WALLS, CEILINGS).

(a) The surfaces in each room and area of the alcoholism treatment facility shall be easily cleanable and suited to the functions of the room or area.

(b) Toilet rooms, bathrooms, kitchens, and other rooms subject to excessive soiling or moisture shall have washable, impervious floors.

(c) Interior ramp surfaces and stairway treads shall be of nonslip materials.

(13) COMMUNICATIONS.

(a) There shall be at least one telephone and such additional telephones as may be needed to operate the alcoholism treatment facility and to provide for a telephone to be readily accessible in the event of a fire or other emergency.

(b) There should be a public telephone which is readily available for clients' use.

(14) LIGHTING.

(a) Lighting in all areas of the facility shall provide adequate illumination.

(b) Adequacy of lighting will be determined according to the following table.

Location	Lighting Level (foot candles)
Corridors and interior ramps	20
Exit stairways and landing, on floor	5
Recreation area	30
Dining area	30
Sleeping room	
General	10
Reading light	30
Toilet and bathing facilities	30
Laundry	50
Kitchen activities	
Sink	70
Range and work surfaces	50
Shaving (face grooming at mirror)	50
Storage rooms	15

(c) An adequate number of electrical outlets shall be provided to permit the use of lamps, radios, and other electrical fixtures as needed.

(d) General lighting shall be provided for sleeping rooms.

(e) Emergency lighting facilities such as flashlights or battery-operated lamps shall be available and maintained in operating condition.

(15) HEATING.

(a) The heating system shall be capable of maintaining a temperature of 72° to 76° throughout the alcoholism treatment facility during winter conditions in the particular geographical area.

(b) The heating system shall be operated to provide a comfortable temperature for clients and personnel at all times.

(c) Reliable thermometers shall be mounted four feet from the floor in a sufficient number of suitable locations to provide for monitoring the temperature throughout the building(s).

(16) VENTILATION.

(a) Ventilation of all rooms used by clients or personnel shall be sufficient to remove all objectionable odors or excessive heat or condensation.

(b) All inside rooms including toilets, bathrooms and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(17) WATER SUPPLY. There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the state board of health, chapter 248-54 WAC. The hot water temperature at bathing fixtures used by clients shall be automatically regulated so as not to exceed 110°F.

(18) PLUMBING AND PLUMBING FIXTURES.

(a) Plumbing for the water supply, plumbing fixtures and the waste and drainage system shall be constructed and maintained so as to avoid unsanitary conditions.

(b) Plumbing fixtures shall be designed and installed to be easily cleaned and maintained.

(c) There shall be a lavatory in each toilet room.

(d) Each plumbing fixture, except water closets, shall be provided with a hot and cold water outlet.

(e) There shall be devices to prevent back flow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(19) SEWAGE DISPOSAL SYSTEM.

(a) All sewage shall be discharged into a public sewerage system where such system is available and is acceptable to the department. Otherwise, sewage shall be collected, treated and disposed of in an independent sewage disposal system which has been approved by the appropriate local health department.

(b) Discharge of sewage directly onto the ground surface, into bodies of water or directly into the ground water is prohibited.

(20) GARBAGE AND REFUSE DISPOSAL FACILITIES.

(a) A separate well-ventilated room or suitable outside area shall be provided for the storage of garbage and refuse.

(b) Garbage and refuse storage containers shall be of a leakproof, nonabsorbent construction with close fitting covers. [Order 148, § 248-22-590, filed 6/29/77; Order 100, § 248-22-590, filed 6/10/74.]

Chapter 248-23 WAC
RESIDENTIAL TREATMENT FACILITIES FOR PSYCHIATRICALLY IMPAIRED CHILDREN AND YOUTH

WAC

248-23-001 Definitions.
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WAC 248-23-001 Definitions. (1) "Abuse" means injury, sexual abuse or negligent treatment or maltreatment of a child or adolescent by a person who is legally responsible for the child's/adolescent's welfare under circumstances which indicate that the child's/adolescent's health, welfare and safety is harmed thereby. (RCW 26.44.020.)

Person "legally responsible" shall include a parent or guardian or a person to whom parental responsibility has been delegated (e.g., teachers, providers of residential care, providers of day care).

(a) "Physical abuse" means damaging or potentially damaging, nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Administrator" means the individual appointed as chief executive officer by the governing body of the facility, to act in its behalf in the overall management of the residential treatment facility.

(3) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title.

(4) "Child psychiatrist" means a psychiatrist who has specialization in the assessment and treatment of children and youth with psychiatric impairments. This individual shall be certified in child psychiatry by the board of psychiatry and neurology or board eligible.

(5) "Client" means an individual child or youth who is living in a residential treatment facility for the purpose of receiving treatment and/or other services for a psychiatric impairment.

(6) "Clinical staff" means mental health professionals who have been appointed by the governing body of a residential treatment facility to practice within the parameters of the clinical staff bylaws as established by the governing body of that residential treatment facility.

(7) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact of a harmful or potentially harmful nature regardless of whether or not damage is actually inflicted.

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

(9) "Dietician" means a person who is eligible for membership in the American dietetic association.

(10) "Discipline" means actions taken by personnel and staff to encourage the establishment of habits of self-control or to regulate unacceptable client behavior. The individualized treatment plan shall define both of these.

(11) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper patient, and properly recording the time and dose given.

(12) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(13) "Governing body" means the individual or group which is legally responsible for operation and maintenance of the residential treatment facility.

(14) "Individualized treatment plan" means a written statement of care to be provided to a client based upon assessment of his/her strengths, assets, interests, and problems. This statement shall include short and long-term goals with an estimated time frame stipulated, identification of the process for attaining the goals and a discharge plan. When possible, this statement shall be developed with participation of the client.

(15) "Mental health professional" means those individuals described in RCW 71.05.020 and WAC 275-55-100.

(16) "Multidisciplinary treatment team" means a group comprised, when indicated, of individuals from various clinical services, to include medicine, psychiatry, psychology, social work, nursing, occupational and recreational therapies, dietary, pharmacy, education, speech, and hearing. Members of this group shall assess, plan, implement, and evaluate treatment for clients under care.

(17) "Neglect" means negligent treatment or maltreatment or an act of omission which evinces a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a child's/adolescent's health, welfare, and safety. (RCW 26.44.020.)

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for client level of development, inadequate food, clothing, or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation, or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations, and disordered development.

(18) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as part of the residential treatment facility;

(b) Addition(s) to or conversions of existing building(s) to be used as part of the residential treatment facility;

(c) Alteration(s) or modification(s) other than minor alteration(s) to a residential treatment facility or to a facility seeking licensure as a residential treatment facility.

"Minor alteration(s)" means any structural or functional modification(s) within the existing residential treatment facility which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from the applicable requirements contained in chapter 248-16 WAC.

(19) "Occupational therapist" means a person eligible for certification as a registered occupational therapist by the American occupational therapy association.

(20) "Occupational therapy services" means activities directed toward provision of ongoing evaluation and treatment which will increase the client's ability to perform those tasks necessary for independent living, including daily living skills, sensory motor, cognitive and psychosocial components.

(21) "Owner" means an individual, firm, or joint stock association or the legal successor thereof who operates residential treatment facilities for psychiatrically impaired children, whether owning or leasing the premises.

(22) "Pharmacist" means a person who is licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(23) "Physician" means a doctor of medicine or a doctor of osteopathy licensed to practice in the state of Washington.

(24) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his/her professional practice, as defined by Washington state statutes for legitimate medical purposes. (RCW 18.64.011.)

(25) "Psychiatric impairment" means severe emotional disturbance corroborated by clear psychiatric diagnosis provided that one or more of the following symptomatic behaviors is exhibited:

(a) Bizarreness, severe self-destructiveness, schizophrenic ideation, chronic school failure, or other signs or symptoms which are the result of gross, ongoing distortions in thought processes;

(b) School phobias, suicide attempts, or other signs or symptoms associated with marked severe or chronic affective disorders as defined in the most recent edition of "American Psychiatric Association Diagnostic and Statistical Manual;"

(c) Chronic sexual maladjustment, history of aggressive unmanageability including violent, chronic, grossly maladaptive behaviors which are associated with (a) or (b) above.

(26) "Psychiatrist" means a physician who has successfully completed a three-year residency program in psychiatry and is certified by the American board of psychiatry and neurology.

(27) "Psychological services" means activities directed towards the provision of interpretation, review and supervision of psychological evaluations; treatment services; participation in admission and discharge; diagnostic formulation; consultation and research.

(28) "Psychologist" means a person who is licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW with training in child clinical psychology.

(29) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, regulating the practice of registered nursing in the state of Washington.

(30) "Recreational therapist" means a person with a bachelor's degree with a major or option in therapeutic recreation or in recreation for ill and handicapped or a bachelor's degree in a related field with equivalent professional experience.

(31) "Recreational therapy services" means those activities directed toward providing assessment of a client's current level of functioning in social and leisure skills and implementation of treatment in areas of deficiency.

(32) "Residential treatment facility for psychiatrically impaired children and youth" means a residence, place or facility designed and organized to provide twenty-four hour residential care and long-term individualized, active treatment for clients who have been diagnosed or evaluated as psychiatrically impaired.

(33) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting volitional body movement.

(34) "Scheduled drugs" means those drugs, substances, or immediate precursors listed in Scheduled I through V, Article II, RCW 69.50.201, State Uniform Controlled Substance Act, as now or hereafter amended.

(35) "Self-administration of medication" means that a client administers or takes his/her own medication from a properly labeled container: *Provided*, That the facility maintains the responsibility for seeing that medications are used correctly and that the client is responding appropriately.

(36) "Shall" means that compliance with regulation is mandatory.

(37) "Should" means that compliance with a regulation or standard is suggested or recommended but not required.

(38) "Social work services" means "professional social work services" which includes activities and/or services which are performed to assist individuals, families, groups or communities in improving their capacity for social functioning or in effecting changes in their behavior, emotional responses or social conditions.

(39) "Social worker" means a person with a master's degree in social work obtained from an accredited school of social work.

(40) "Special services" means clinical and rehabilitative activities and/or programs which shall include but not be limited to: Laboratory, radiology and anesthesiology services; education and vocational training; speech, language, hearing, vision, dentistry, and physical rehabilitation. [Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-001, filed 3/3/80.]

WAC 248-23-010 Licensure. Residential treatment facilities shall be licensed under chapter 71.12 RCW, private establishments. Chapter 248-23 WAC establishes minimum licensing standards for the safety, adequate care and treatment of clients who are residents in a residential treatment facility.

(1) Application for license.

(a) An application for a residential treatment facility license shall be submitted on forms furnished by the department. Applications shall be signed by the legal representative of the owner.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes which would affect the current accuracy of such information as to the identity of each officer and director of the corporation, if the program is operated by a legally incorporated entity, profit or nonprofit, and of each partner, if the program is a legal partnership.

(2) Disqualified applicants.

(a) Each and every individual named in an application for a residential facility license shall be considered separately and jointly as applicants, and if anyone is deemed disqualified/unqualified by the department in accordance with the law or these rules and regulations, a license may be denied, suspended or revoked. A license may be denied, suspended or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with rules and regulations promulgated pursuant thereto, and, in addition, for any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding or abetting the commission of an illegal act on the premises of the residential treatment facility;

(iii) Cruelty, abuse, neglect or assault, or indifference to the welfare of any client;

(iv) Misappropriation of the property of the client; and

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual client, the department, or the business community.

(b) Before granting a license to operate a residential treatment facility, the department shall consider the ability of each individual named in the application to operate the residential treatment facility in accordance with the law and with these regulations. Individuals who have previously been denied a license to operate a health care or child care facility in this state or elsewhere, or who have been convicted civilly or criminally of operating such a facility without a license, or who have had their license to operate such a facility suspended or revoked, shall not be granted a license unless, to the satisfaction of the department, they affirmatively establish clear, cogent and convincing evidence of their ability to operate the residential treatment facility, for which the

license is sought, in full conformance with all applicable laws, rules and regulations.

(3) Visitation and examination of the residential treatment facility by the department to ascertain compliance with this chapter and chapter 71.12 RCW shall occur as necessary and at least one time each twelve months.

(4) Denial, suspension or revocation of license. Upon finding, as a result of an inspection, that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and these rules and regulations, the department may, if the interests of the clients so demand, issue a written notification letter to the applicant or licensee giving notice of intent to deny a license application or to suspend or revoke a license thirty days after the date of mailing. This letter shall be followed by a denial, suspension or revocation letter provided the applicant or licensee does not within thirty days from the date of mailing of the department's notice of intent to reject, revoke or suspend a license make written application to the department for a hearing. Upon receipt of such an application to the department, the department shall fix a time for such hearing and shall give the applicant or licensee a notice of the time fixed for such hearing. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248–08 WAC, especially WAC 248–08–700 through 248–08–740. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW.

(5) Submission of plans. The following shall be submitted with an application for license: *Provided, However,* That when any of the required plans are already on file with the department through previous applications for license or construction approval, only plans for portions or changes which are not on file need to be submitted.

(a) A plot plan showing street, driveways, water and sewage disposal systems, the location of buildings on the site and grade elevations within ten feet of any building in which clients are to be housed.

(b) Floor plans of each building in which clients are to be housed. The floor plans shall provide the following information:

(i) Identification of each client's sleeping room by use of a lettering or numbering system, or some equivalent mechanism of identification;

(ii) The usable square feet of floor space in each room;

(iii) The clear window glass area in each client's sleeping room;

(iv) The height of the lowest portion of the ceiling in any client's sleeping room;

(v) The floor elevations referenced to the grade level.

(6) Posting of license. A license for the residential treatment facility shall be posted in a conspicuous place on the premises.

(7) New construction.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building(s) on the site; the plans for each floor of the building(s), existing and proposed, which designate the functions of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of the water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plans;

(ii) Plans for each floor of the building(s) which designate the function of each room and show all fixed equipment and the planned location of beds and other furniture in client's sleeping rooms;

(iii) Interior and exterior elevations, building sections and construction details;

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows;

(v) Plumbing, heating, ventilation, and electrical systems; and

(vi) Specifications which fully describe workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of clients as construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated into a construction project. In all cases, modified plans or addenda on changes which are incorporated into the construction project shall be submitted for the department's file on the project even though it was not required that these be submitted prior to approval.

(8) Exemptions. The state board of health may, in its discretion, exempt a residential treatment facility from complying with parts of these rules pursuant to the procedures set forth in WAC 248–08–595.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshall under provisions of RCW 71.12.485 which are found in Title 212 WAC apply.

(b) If there is no local plumbing code, the uniform plumbing code of the international association of plumbing and mechanical officials shall be followed.

(c) Compliance with these regulations does not exempt a residential treatment facility from compliance with local and state electrical codes or local zoning, building and plumbing codes.

(10) Transfer of ownership. The ownership of a residential treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for a license has been approved. Change in administrator shall be reported to the department. [Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-010, filed 3/3/80.]

WAC 248-23-020 Administration. (1) Governing body.

(a) The residential treatment facility shall have a governing body which shall establish and adopt personnel policies; written policies for the admission, care, safety and treatment of clients; bylaws, rules and regulations for the responsible administrative and clinical staffs.

(b) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies and special services necessary to meet the needs of clients.

(c) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(d) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority and relation of positions within the facility.

(2) Personnel.

(a) There shall be sufficient qualified personnel to provide the services needed by the clients and to maintain the residential treatment facility.

(b) There shall be a current written job description for each position classification.

(c) There shall be a personnel record system and a current personnel record for each employee to include application for employment, verification of education or training when required, a record of verification of a valid, current license for any employee for whom licensure is required, and an annually documented performance evaluation.

(d) A planned, supervised and documented orientation shall be provided for each new employee.

(e) There shall be ongoing in-service education which affords each employee the opportunity to maintain and update competencies needed to perform assigned duties and responsibilities. Cardiopulmonary resuscitation training and review shall be provided.

(f) Volunteer services and activities, when provided shall be coordinated by a qualified member of the facility staff.

(i) There shall be appropriate documented orientation and training provided for each volunteer in accordance with the job to be performed.

(ii) There shall be supervision and periodic written performance evaluation of volunteers who have contact with clients, by qualified staff.

(3) Research and human subjects review committee. When research is proposed or conducted which directly involves clients, there shall be a documented multidisciplinary initial and continuing review process. The purpose of this review shall be to protect rights of the clients with acceptance or rejection and continuing review for the duration of the study. [Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-020, filed 3/3/80.]

WAC 248-23-030 Client care services. (1) The residential treatment facility shall have written policies regarding admission criteria and treatment methods. The admission of clients shall be in keeping with the stated policies and shall be limited to clients for whom the facility is qualified by staff, services, and equipment to give adequate care.

(2) Acceptance of a client for admission and treatment shall be based upon an assessment and intake procedure that determines the following:

(a) A client requires treatment which is appropriate to the intensity and restrictions of care provided by the programs; and/or

(b) The treatment required can be appropriately provided by the program(s) or program component(s); and

(c) Alternatives for less intensive or restrictive treatment are not available.

(3) Treatment and discharge planning.

(a) An initial treatment plan shall be developed for each client upon admission.

(b) The multidisciplinary treatment team shall develop an individualized treatment plan for each client within fourteen days of admission to the facility.

(i) This plan shall be developed following a complete client assessment which shall include, but not be limited to assessment of physical, psychological, chronological age, developmental, family, educational, social, cultural, environmental, recreational, and vocational needs of the clients.

(ii) The individualized treatment plan shall be written and interpreted to the client, guardian, and client care personnel.

(iii) There shall be implementation of the individualized treatment plan by the multidisciplinary treatment team with written review and evaluation at least one time each thirty days. Modifications in the treatment plan shall be made as necessary. Implementation and review shall be evidenced in the clinical record.

(iv) The individualized treatment plan shall include a written discharge plan developed and implemented by the multidisciplinary treatment team.

(v) The individualized treatment plan shall be included in the clinical record.

(4) A written plan shall be developed describing the organization of clinical services. This plan shall address the following:

(a) Medical services.

(i) A comprehensive health assessment and medical history shall be completed and recorded by a physician within five working days after admission unless a comprehensive health assessment and history have been completed within thirty days prior to admission and records are available to the residential treatment facility.

(ii) A complete neurological evaluation shall be completed when indicated.

(iii) A physician member of the clinical staff shall be responsible for the care of any medical condition that may be present during residential treatment.

(iv) Orders for medical treatment shall be signed by a physician.

(v) There shall be a physician on call at all times to advise regarding emergency medical problems. Provisions shall be made for emergency medical services when needed.

(vi) A psychiatric evaluation shall be completed and documented by a psychiatrist within thirty days prior or fourteen days following admission.

(vii) If there is not a child psychiatrist on the staff, there shall be a child psychiatrist available for consultation.

(b) Psychological services. There shall be a psychologist with documented evidence of skill and experience in working with children and youth available either on the clinical staff or by consultation, responsible for planning and reviewing psychological services and for developing a written set of guidelines for psychological services.

(c) Nursing service. There shall be a registered nurse, with training and experience in working with psychiatrically impaired children and youth, on staff as a full–time or part–time employee who shall be responsible for all nursing functions.

(d) Social work services. There shall be a social worker with experience in working with children and youth on staff as a full–time or part–time employee who shall be responsible for social work functions and the integration of these functions into the individualized treatment plan.

(e) Special services.

(i) There shall be an educational/vocational assessment of each client with appropriate educational/vocational programs developed and implemented or assured on the basis of that assessment.

(ii) Special services shall be provided by qualified persons as necessary to meet the needs of the clients.

(f) Occupational therapy services. There shall be an occupational therapist available who has experience in working with psychiatrically impaired children and youth responsible for occupational therapy functions and the integration of these functions into treatment.

(g) Recreational therapy services. There shall be a recreational therapist available who has had experience in working with psychiatrically impaired children and youth responsible for the recreational therapy functions and the integration of these functions into treatment.

(h) Food and dietary services.

(i) Food and dietary services shall be provided and managed by a person knowledgeable in food service.

(ii) Dietary service shall incorporate the services of a dietician in order to meet the individual nutritional needs of clients.

(iii) All menus shall be written at least one week in advance, approved by a dietician, and retained for one year.

(iv) There shall be client–specific physician orders for therapeutic diets served to clients. Therapeutic diets shall be prepared and served as prescribed. A current therapeutic diet manual approved by the dietician shall be used for planning and preparing therapeutic diets.

(v) Meals and nourishment shall provide a well balanced diet of good quality food in sufficient quantity to meet the nutritional needs of children and youth. Unless contraindicated, the dietary allowances of the food and nutrition board of the national research council adjusted for age, sex, and activity shall be used. Snacks of a nourishing quality shall be available as needed for clients.

(vi) Food service sanitation shall be governed by chapter 248–84 WAC, "food service sanitation."

(5) Other client safety and care requirements.

(a) Disciplinary policies and practices shall be stated in writing.

(i) Discipline shall be fair, reasonable, consistent, and related to the behavior of the client. Discipline, when needed, shall be consistent with the individualized treatment plan.

(ii) Abusive, cruel, hazardous, frightening, or humiliating disciplinary practices shall not be used. Seclusion and restraints shall not be used as punitive measures. Corporal punishment shall not be used.

(iii) Disciplinary measures shall be documented in the clinical record.

(b) Assault, abuse and neglect. Clients shall be protected from assault, abuse and neglect. Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty or neglect to a child or adolescent shall be reported to a law enforcement agency or to the department.

Reporting requirements for suspected incidents of child abuse and/or neglect shall comply with chapter 26.44 RCW.

(i) Staff and/or practitioners legally obligated to report suspected abuse or neglect include licensed practical nurses, registered nurses, physicians and their assistants, podiatrists, optometrists, chiropractors, dentists, social workers, psychologists, pharmacists, professional school personnel, and employees of the department.

(ii) Orientation material shall be made available to the facility personnel, clinical staff and/or consultants informing practitioners of their reporting responsibilities and requirements. Appropriate local police and department phone numbers shall be available to personnel and staff.

(iii) When suspected or alleged abuse is reported, the clinical record shall reflect the fact that an oral or written report has been made to the child protective services of the department or to a law enforcement agency. This note shall include the date and time that the report was

made, the agency to which it was made and the signature of the person making the report. Contents of the report need not be included in the clinical record.

(iv) Conduct conforming with reporting requirements of this section or chapter 26.44 RCW shall not be deemed a violation of the confidential communication privileges of RCW 5.60.060 (3) and (4) and 18.83.110.

(c) Allowances, earnings, and expenditures shall be accounted for by the facility. When a client is discharged, he/she may be permitted to take the balance of his/her money or be fully informed about the transfer of his/her money to another facility or other transfer as permitted by state or federal law.

(d) Clients shall not be used to carry the responsibility for basic housekeeping and maintenance of the facility and equipment. Assigned tasks may be performed insofar as they are appropriate and are a part of the individualized treatment plan. Work assignments shall be adequately supervised and there shall be documentation of the work as part of the treatment program. Work assignments shall be appropriate to the age, physical and mental condition of the client.

(e) Written policy statements and procedures shall describe client rights as specified in WAC 275-55-170, 275-55-200(1), 275-55-260, and 275-55-270.

(f) There shall be current written policies and orders signed by a physician to guide the action of facility personnel when medical emergencies or a threat to life arise and a physician is not present.

(i) Medical policies shall be reviewed as needed and at least biennially and approved in writing by representatives of the medical, nursing, and administrative staffs.

(ii) There shall be current transfer agreement with an acute care general hospital. Medical and related data shall be transmitted with the client in the event of a transfer.

(g) Written policies and procedures shall address notification of legal guardian or next of kin in the event of a serious change in the client's condition, transfer of a client to another facility, elopement, death, or when unusual circumstances warrant.

(h) There shall be written policies and procedures addressing safety precautions to include:

(i) Smoking by personnel, clients, visitors, and others within the facility.

(ii) Provision for immediate emergency access to sleeping rooms, toilets, showers, bathrooms, or any other rooms occupied by clients.

(iii) Use and monitoring of seclusion rooms and restraints in accordance with WAC 275-55-280(2) (o), (p) (i) through (iv).

(iv) Availability and access to emergency supplies and equipment to include airways, bag resuscitators and other equipment as identified in the emergency medical policies.

(v) Summoning of internal or external resource agencies or persons, e.g., poison center, fire department, police.

(vi) Systems for routine preventative maintenance, checking and calibration of electrical, biomedical, and therapeutic equipment with documentation of the plan and dates of inspection.

(vii) Fire and disaster plans which include a documentation process and evidence of rehearsals on a regular basis.

(viii) Immediate actions or behaviors of facility staff when client behavior indicates that he/she is assaultive, out of control, or self-destructive. There shall be documentation that rehearsals of staff occur on a regular basis.

(i) There shall be written policies and procedures governing actions to be taken following any accident or incident which may be harmful or injurious to a client which shall include documentation in the clinical record.

(j) There shall be written policies addressing transportation of clients which shall include consideration of the following:

(i) When transportation is provided for clients in a vehicle owned by the facility, the vehicle shall be in safe operating condition as evidenced by preventive maintenance records.

(ii) Authorization of all drivers of vehicles transporting clients by administration of the facility. Drivers shall possess a current driver's license.

(iii) Observation of maximum safe vehicle driving capacity. Seat belts or other safety devices shall be provided for and used by each passenger.

(iv) Conditions under which clients may be transported in nonfacility-owned vehicles. [Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-030, filed 3/3/80.]

WAC 248-23-040 Pharmaceutical services. (1) The facility shall have an agreement with a pharmacist to provide the services called for in the following paragraphs and to advise the facility on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) There shall be written policies and procedures approved by a physician and pharmacist addressing the procuring, prescribing, administering, dispensing, storage, transcription of orders, use of standing orders, disposal of drugs, self-administration of medication, control or disposal of drugs brought into the facility by clients, and recording of drug administration in the clinical record.

(a) There shall be written orders signed by a physician or by another legally authorized practitioner acting within the scope of his/her license for all medications administered to clients. There shall be an organized system which ensures accuracy in receiving, transcribing, and implementing orders for administration of medications.

(b) Drugs shall be dispensed by persons licensed to dispense drugs. Drugs shall be administered by persons licensed to administer drugs.

(c) Drugs brought into the facility for client use while in the facility shall be specifically ordered by a physician.

(i) These drugs shall be checked by a pharmacist prior to administration to determine proper identification of the drug and lack of deterioration of the drug.

(ii) The facility is responsible for the control and appropriate use of all drugs administered or self-administered within the facility.

(d) There shall be provision for procurement, labeling, and storage of medications, drugs and chemicals.

(i) Drugs ordered or prescribed for specific clients shall be procured by individual prescription.

(ii) The services of the pharmacist and the pharmacy shall be such that medications, supplies and individual prescriptions are provided without undue delay.

(iii) Medication containers within the facility shall be clearly and legibly labeled with the medication name (generic and/or trade), strength and expiration date, (if available).

(iv) Medications, poisons and chemicals kept anywhere in the facility shall be plainly labeled and stored in a specifically designated, secure, well-illuminated cabinet, closet or store room and made accessible only to authorized persons. External medications shall be separated from internal medications.

(v) Poisonous external chemicals, caustic materials and drugs shall show appropriate warning or poison labels and shall be stored separately from all other drugs.

(3) The facility shall have a current drug reference readily available for use by clinical staff and treatment team members. [Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-040, filed 3/3/80.]

WAC 248-23-050 Infection control. (1) There shall be written policies and procedures addressing infection control and isolation of clients (should isolation be necessary and medically appropriate for an infectious condition).

(2) There shall be reporting of communicable disease in accordance with WAC 248-100-075 and 248-100-080 as now or hereafter amended.

(3) There shall be a current system for reporting, investigating and reviewing infections among clients and personnel and for maintenance of records on such infections.

(4) Upon employment, each person 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 induration read at forty-eight to seventy-two hours), no further tuberculin skin test shall be required. A positive skin test shall consist of ten millimeters of induration, or greater, 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. Exceptions and specific requirements are as follows:

(a) Those with positive skin tests (as defined above) shall have an annual screening in the form of a chest x-ray.

(b) Those with positive skin tests whose chest x-rays show no sign of active disease at least three years after the first documented positive skin test shall be exempted from further annual testing.

(c) Those with positive skin tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing and chest x-rays.

(d) A record of test results, x-rays or exemptions to such shall be kept by the facility.

(5) Employees with communicable diseases in an infectious stage shall not be on duty. [Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-050, filed 3/3/80.]

WAC 248-23-060 Clinical records. (1) The residential treatment facility shall have a well defined clinical record system, adequate and experienced staff, adequate facilities, equipment and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use and preservation of client care data. There shall be a person responsible for the clinical record system who has demonstrated competency and experience or training in clinical record administration.

(2) The client records and record system shall be documented and maintained in accordance with recognized principles of clinical record management.

(3) The residential treatment facility shall have current policies and procedures related to the clinical record system which shall include the following:

(a) The establishment of the format and documentation expectations of the clinical records for each client.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of the information contained in records and release of information in accordance with RCW 71.05.390 and WAC 275-55-260.

(4) There shall be an adequate clinical record maintained for each client which is readily accessible to members of the treatment team. Each entry in the clinical record shall be legible, dated and authenticated.

(5) There shall be a systematic method for identifying the clinical record of each client.

(6) Entries in the clinical record shall be made on all diagnostic and treatment procedures and other clinical events. Entries shall be in ink, typewritten, or on a computer terminal.

(7) Diagnosis, abbreviations and terminology shall be consistent with the most recent edition of the "American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders" and "International Classification of Diseases."

(8) Clinical records shall include identifying information, assessments by the multidisciplinary treatment team, regular progress notes by members of the multidisciplinary treatment team, individualized treatment plans and a discharge summary.

(9) There shall be a master client index.

(10) Procedures related to retention, preservation, and final disposal of clinical records and other client care data shall include the following:

(a) Each client's clinical record shall be retained and preserved for a period of no less than five years, or for a period of no less than three years following the date upon which the client obtained the age of eighteen years,

or five years following the client's most recent discharge, whichever is the longer period of time.

(b) A complete discharge summary, by a member of the clinical staff, and reports of tests related to the psychiatric condition of each client shall be retained and preserved for a period of no less than ten years or for a period of no less than three years following the date upon which the patient obtained the age of eighteen years, or ten years following the client's most recent discharge, whichever is the longer period of time.

(c) Final disposal of any client clinical record(s), indices or other reports which permit identification of the individual shall be accomplished so that retrieval and subsequent use of data contained therein are impossible.

(d) In the event of transfer of ownership of the residential treatment facility, client clinical records, indices and reports shall remain in the facility and shall be retained and preserved by the new operator of the facility in accordance with subsections above.

(e) If the residential treatment facility ceases operation, it shall make arrangements for preservation of its clinical records, reports, indices, and client data in accordance with subsections above. The plans for such arrangements shall have been approved by the department prior to cessation of operation. [Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-060, filed 3/3/80.]

WAC 248-23-070 Physical environment. (1) The residential treatment facility shall provide a safe, clean environment for clients, staff, and visitors.

(2) The residential treatment facility shall be accessible to physically handicapped persons.

(3) Client sleeping rooms.

(a) Each sleeping room shall be directly accessible from a corridor or a common use activity room or an area for clients.

(b) Sleeping rooms shall be outside rooms with a clear glass window area of approximately one-eighth of the usable floor area. Windows shall be shatter-proof and of the security type. This may be an operating security type window.

(c) No room more than three feet six inches below grade shall be used for the housing of clients. There shall be a minimum of ninety square feet of usable floor space in a single bedroom and multi-client rooms shall provide not less than eighty square feet of floor area per bed. The maximum capacity of a sleeping room shall be two clients. There shall not be less than seven and one-half foot ceiling height over the required floor area.

(d) There shall be provision for visual privacy from other clients as needed. This may be achieved through program assuring privacy in toileting, bathing, showering and dressing.

(e) Each client shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within or convenient to his/her room. There shall be provision in the room or elsewhere for secure storage of client valuables.

(f) Each client shall have access to his/her room except when contraindicated by the determination of the treatment team staff.

(g) Each client shall be provided a bed at least thirty-six inches wide or appropriate to the special needs and size of the client with a cleanable, firm mattress and cleanable or disposable pillow.

(h) Sufficient room furnishings shall be provided and maintained in a clean and safe condition.

(i) Client beds shall be spaced so that they do not interfere with entrance, exit or traffic flow within the client's room. Client rooms shall be of a dimension and conformation allowing not less than three feet between beds.

(4) Each client-occupied floor of the facility shall provide one toilet and sink for each five clients or any fraction thereof. There shall be one bathing facility for each five clients or fraction thereof. If there are more than five clients, separate toilet and bathing facility for each sex are required. Privacy shall be assured.

(5) Adequate lighting shall be provided in all areas of the residential treatment facility.

(a) An adequate number of electrical outlets shall be provided to permit use of electrical fixtures appropriate to the needs of the program. These outlets shall be of a tamper-proof type.

(b) General lighting shall be provided for sleeping rooms. There shall be an electrical wall switch located at the door of each sleeping room to control one built-in light fixture within the room.

(c) Emergency lighting equipment, such as flashlights or battery-operated lamps, shall be available and maintained in operating condition.

(6) Ventilation.

(a) Ventilation of all rooms used by clients or personnel shall be sufficient to remove objectionable odors, excessive heat or condensation.

(b) Inside rooms, including toilets, bathrooms, and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(7) There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the state board of health, chapter 248-54 WAC.

(a) The hot water temperature at bathing fixtures used by clients shall be automatically regulated and shall not exceed one hundred twenty degrees Fahrenheit.

(b) There shall be hot water at a temperature of one hundred forty degrees Fahrenheit available for laundry equipment and dishwashing.

(c) There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross-connections may be used.

(8) Linen and laundry.

(a) An adequate storage area and supply of clean linen, washcloths and towels shall be available for client use.

(b) At least one laundry room with washer and dryer located in an area separate from the kitchen and dining area shall be available.

(c) Soiled laundry/linen storage area and sorting areas shall be in a well-ventilated area physically separated from the clean linen handling area, the kitchen and the eating areas.

(9) Within the facility, at least one private area shall be provided for the visiting of clients and visitors.

(10) An adequate number of rooms shall be provided for group and individual therapy.

(a) These rooms shall be enclosed and reasonably sound-proofed as necessary to maintain confidentiality.

(b) When seclusion or maximum security rooms are required by program(s), at least one seclusion room intended for short-term occupancy, which provides for direct supervision by the treatment team staff shall be provided.

(i) Seclusion rooms and furnishings shall be designed to provide maximum security for clients.

(ii) Seclusion rooms shall have provisions for natural or artificial light and may be inside or outside rooms.

(iii) There shall be window lights in doors or other provisions for direct visibility of a client at all times during occupancy.

(iv) Seclusion rooms shall provide fifty square feet of floor space, exclusive of fixed equipment, with a minimum dimension of six feet.

(11) When physical examinations of clients are done on a regular basis within the facility, there should be an examination room available which provides privacy and adequate light. A handwashing facility and soap dispenser shall be available.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored or handled within the facility, there shall be utility and storage areas which shall be designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from those that are contaminated.

(13) Housekeeping facilities.

(a) At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable setting.

(b) Sewage, garbage, refuse and liquid wastes shall be collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition or nuisance.

(14) The heating system shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by clients during the coldest weather conditions ordinarily encountered in the geographical location of the residential treatment facility.

(15) There shall be an area provided for secure storage of client records and for privacy of authorized personnel to read and document in the client records.

(16) There shall be a dining room(s) or area(s) large enough to provide table service for all clients. Appropriate furnishings shall be provided for dining.

(a) If a multipurpose room is used for dining and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.

(b) At least forty square feet per bed shall be provided for the total combined area which is utilized for dining, social, educational, recreational activities and group therapies.

(17) There shall be at least one "nonpay" telephone readily accessible in the event of fire or other emergencies. There shall be a telephone which is readily available for use of clients (located so that privacy is possible).

(18) A safely maintained outdoor recreation area shall be available for use of clients. [Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-070, filed 3/3/80.]

Chapter 248-29 WAC
CHILDBIRTH CENTERS

WAC

248-29-001	Purpose.
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WAC 248-29-001 Purpose. Regulations relating to childbirth centers are hereby adopted pursuant to chapter 18.46 RCW. The purpose of these regulations is to provide health and safety standards for the organization, maintenance and operation of childbirth centers and to set forth procedures for the issuance, denial, suspension and/or revocation of licenses for facilities maintained and operated to provide birth services: *Provided*, That birth takes place within the birth center. [Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-001, filed 5/2/80.]

WAC 248-29-010 Definitions. (1) "Administration of drugs" means an act in which a single dose of a prescribed drug or biological is given to a client by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container) verifying it with the orders of a practitioner who is legally authorized to prescribe, giving the individual dose to the proper client and properly recording the time and dose given.

(2) "Authenticated or authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title.

(3) "Bathing facility" means a bathtub or shower.

(4) "Birth center or childbirth center" means a type of maternity home which is a house, building, or equivalent, organized to provide facilities and staff to support a birth service provided that the birth service includes or is limited to low risk maternal clients during the intrapartum period.

(5) "Birthing room" means a room designed, equipped, and arranged to provide for the care of a woman and newborn and to accommodate her support person(s) during the process of vaginal childbirth, (the three stages of labor and recovery of a woman and newborn).

(6) "Birth service" means the prenatal, intrapartum, and postpartum care provided for individuals with uncomplicated pregnancy, labor, and vaginal birth, to include the newborn care during the recovery period.

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

(8) "Client" means a woman, fetus, and/or newborn receiving care and services provided by a birth center during pregnancy and/or childbirth and recovery.

(9) "Clinical staff" means physicians and midwives appointed by the governing body authority to practice within the birth center and governed by rules approved by the governing body.

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

(11) "Governing body" means the individual or group which is legally responsible for the operation and maintenance of the childbirth center.

(12) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty–four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator or suffering from any other condition which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this definition does not include hotels, or similar places furnishing only food and lodging, or simply, domiciliary care; nor does it include clinics, physicians' offices where patients are not regularly kept as bed patients for twenty–four hours or more; nor does it include nursing homes, as defined and which comes under the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come under the scope of chapter 71.12 RCW; nor any other hospital or institution specifically intended for use and the diagnosis and care of those suffering from mental illness, metal retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this definition shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with creed or tenets of any well recognized church or religious denomination.

(13) "Lavatory" means a plumbing fixture designed and equipped for handwashing purposes.

(14) "Low–risk maternal client" means an individual who:

(a) Is in general good health with uncomplicated prenatal course, and participating in ongoing prenatal care;

(b) Is participating in an appropriate education program;

(c) Has no major medical problems;

(d) Has no previous significant obstetrical complications likely to recur, nor previous uterine wall surgery or Caesarean section;

(e) Has parity under six unless a justification for a variation is documented by clinical staff;

(f) Is not a nullipara of greater than thirty–six years of age;

(g) Is not less than sixteen years of age;

(h) Has no significant signs or symptoms of hypertension, toxemia, hydramnios, abruptio placenta, chorioamnionitis, malformed fetus, multiple gestation, intrauterine growth retardation, fetal meconium, fetal distress, alcoholism or drug addiction;

(i) While in active labor, demonstrates no significant signs or symptoms of anemia, active herpes genitalis, significant hypertension, placenta praevia, malpositioned fetus, breech;

(j) Is in labor, progressing normally;

(k) Is without prolonged ruptured membranes;

(l) Is not in premature labor nor postmature gestation;

(m) Is appropriate for a setting where anesthesia is limited to local infiltration of the perineum, or a pudendal block, and analgesia is limited.

(15) "Maternity home" means any home, place, hospital, or institution in which facilities are maintained for the care of four or more women not related by blood or marriage to the operator during pregnancy or during or within ten days after delivery: *Provided, however,* That this chapter shall not apply to any hospital licensed under chapter 70.41 RCW, "Hospital Licensing Rules and Regulations."

(16) "Midwife" means an individual recognized by the Washington state board of nursing as a certified nurse midwife as provided in chapter 18.88 RCW, WAC 308–120–310 or an individual possessing a valid, current license to practice midwifery in the state of Washington as provided in chapter 18.50 RCW.

(17) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New buildings to be used as a birth center;

(b) Addition(s) to an existing building(s) to be used as a birth center;

(c) Alteration(s) or modification(s) other than minor alterations to a birth center or to a building or place that is intending to be licensed as a birth center.

"Minor alterations" means any structural or functional modification within an existing birth center which does not change the approved use of a room or an area. Minor alterations performed under this definition do not require prior approval of the department.

(18) "Personnel" means individual(s) employed by the birth center.

(19) "Physician" means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.

(20) "Registered nurse" means a person licensed under the provision of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW, who is practicing in accordance with the rules and regulations promulgated thereunder.

(21) "Recovery" means that period or duration of time starting at birth and ending with discharge of a client from the birth center or the period of time between the birth and the time a client leaves the premises of the birth center.

(22) "Shall" means compliance is mandatory.

(23) "Should" means a suggestion or recommendation, but not a requirement.

(24) "Support person" means the individual(s) selected or chosen by a maternal client to provide emotional support and to assist her during the process of labor and childbirth.

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

(26) "Volunteer" means an individual who is an unpaid worker in the birth center, other than a support person.

(27) "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: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-010, filed 5/2/80.]

WAC 248-29-020 Licensure. (1) Application for license—Fee.

(a) An application for a childbirth center license shall be submitted on forms furnished by the department. The application shall be signed by the legal representative of the governing body.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes which would affect the current accuracy of such information as to the identity of each officer and director of the corporation, if the birth center is operated by a legally incorporated entity, profit or nonprofit, and of each partner if the birth center is operated through a legal partnership.

(c) Each application for license shall be accompanied by a license fee of fifteen dollars plus one dollar per birthing room. No fee shall be required of charitable or nonprofit or government operated birth centers. Upon receipt of the license fee, when required, the department shall issue a child birth center license, if the applicant and the birth center facilities meet the requirements of this chapter.

(2) License renewal—Limitations—Display.

(a) A license, unless suspended or revoked, shall be renewed annually.

(i) Licenses shall expire on the first day of July next succeeding the date of issuance.

(ii) Applications for renewal shall be on forms provided by the department and shall be filed by the department not less than ten days prior to expiration.

(iii) Each application for renewal shall be accompanied by a license fee of twenty-five dollars. No fee shall be required of charitable, nonprofit, or government operated facilities.

(iv) The department shall inspect and investigate each childbirth center as needed and at least annually to determine compliance with standards herein (chapter 249-29 WAC) [chapter 248-29 WAC] and applicable standards of chapter 18.46 RCW.

(b) Each license shall be issued only for the premises and persons named. Licenses shall be transferrable or assignable only with written approval by the department.

(c) Licenses shall be posted in a conspicuous place, on the licensed premises.

(3) License—Denial, suspension, revocation. The department may, if the interests of the clients so demand, deny, suspend, or revoke a license when there has been failure or refusal to comply with the requirements established in chapter 248-29 WAC or applicable sections of chapter 18.46 RCW, in accordance with RCW 18-.46.050 and chapter 248-08 WAC.

(4) New construction—Major alterations.

(a) When new construction or major alteration is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations;

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, water, and sewage disposal systems, grade and location of building(s) on the site; the plans for each floor of the building(s), existing and proposed, which designate the functions of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to, and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings or major alterations in existing buildings. These shall include:

(i) Plot plans;

(ii) Plans for each floor of the building(s) which designate the function of each room and show all fixed equipment and the planned location of beds and other furniture in patient sleeping rooms;

(iii) Interior and exterior elevations, building sections, and construction details;

(iv) Schedule of floors, wall, and ceiling finishes, and the types and sizes of doors and windows; plumbing, heating, ventilation, and electrical systems; and

(v) Specifications which fully describe workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of clients as construction work takes place in or near an occupied area.

(d) Construction shall take place in accordance with approved final plans and specifications. Only those changes which have been approved by the department may be incorporated into the construction project. Modified plans, additions, or changes incorporated into the

construction project shall be submitted to the department for the department file on the project.

(5) Compliance with other regulations.

(a) Applicable rules and regulations adopted by the Washington state fire marshal.

(b) If there is no local plumbing code, the Uniform Plumbing Code of the National Association of Plumbing and Mechanical Officials shall be followed.

(c) Compliance with these regulations does not exempt birth centers from compliance with the local and state electrical codes or local fire, zoning, building, and plumbing codes. [Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-020, filed 5/2/80.]

WAC 248-29-030 Governing body and administration. (1) The birth center shall have a governing body which is responsible for overall operation and maintenance of the center.

(2) The governing body shall be responsible for provision of personnel, facilities, equipment, supplies and special services needed to meet the needs of the clients.

(3) The governing body shall adopt policies for the care of clients within or on the premises of the birth center.

(4) The governing body shall appoint an administrator or director who shall be responsible for implementing the policies adopted by the governing body.

(5) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority, and relationship of positions within the birth center.

(6) The governing body shall have the authority and responsibility for appointments and reappointments of clinical staff and ensure that only members of the clinical staff shall admit clients to the birth center.

(a) Each birth center shall have designated physician participation in clinical services.

(b) Each birth center shall have a written policy and program which shall stipulate the extent of physician participation in the services offered.

(c) Each physician and midwife appointed to the clinical staff shall provide evidence of current licensure in the state of Washington.

(d) The clinical staff shall develop and adopt bylaws, rules, and regulations subject to the approval of the governing body, which shall include requirements for clinical staff membership; delineation of clinical privileges and the organization of clinical staff.

(7) The governing body shall be responsible for documenting and implementing a program to review the care of patients within the center. [Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-030, filed 5/2/80.]

WAC 248-29-040 Personnel, clinical staff and volunteers who work directly with patients. (1) There shall be sufficient, qualified personnel and clinical staff to provide the services needed by client(s) and for safe maintenance and operation of the birth center.

(2) A physician certified by the American Board of Obstetrics and Gynecology or a physician who is otherwise qualified, authorized by training and recognized by peers in the community as an experienced, competent practitioner in obstetrics and gynecology shall be immediately available by phone twenty-four hours a day. A written agreement is recommended.

(3) Appropriate personnel and clinical staff of the birth center shall be trained in infant and adult resuscitation. Clinical staff or personnel who have demonstrated ability to perform neonatal resuscitation procedures shall be present during each birth.

(4) A physician or midwife shall be present at each birth. A second person, who is an employee or member of the clinical staff with resuscitation skills shall be immediately available during each birth.

(5) Appropriate, qualified personnel and/or clinical staff shall be present in the birth center at all times when clients are present. [Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-040, filed 5/2/80.]

WAC 248-29-050 Birth center policies and procedures. Written policies and procedures shall include, but not be limited to:

(1) Definition of a low-risk maternal client who shall be eligible for birth services offered by the birth center.

(2) Definition of a client who shall be ineligible for birth services at the birth center.

(3) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.

(4) Identification and transfer of clients who, during the course of labor or recovery, are determined to be ineligible for continued care in the birth center.

(5) Written plans for consultation, backup services, transfer and transport of a newborn and/or maternal client to a hospital where appropriate care is available.

(6) Written informed consent which shall be obtained prior to the onset of labor and shall include evidence of an explanation by personnel of the birth services offered and potential risks.

(7) Provision for the education of clients, family, and support persons in childbirth and newborn care.

(8) Plans for immediate and long term follow-up of clients after discharge from the birth center.

(9) Registration of birth and reporting of complications and anomalies.

(10) Prophylactic treatment of the eyes of the newborn in accordance with RCW 70.24.040, WAC 248-100-295 as now, or as hereafter, amended.

(11) Metabolic screening of newborns.

(a) Educational materials shall be provided to each client relative to metabolic screening and informed consent for metabolic screening. These materials shall be obtained from the genetics program of the department.

(b) There shall be a mechanism for weekly reporting of all live births to the genetics program of the department on forms provided by the genetics program.

(c) The birth center shall provide each client with instructions and a metabolic screening collection kit, (obtained from the genetics program of the department).

There shall be a procedure and/or evidence of a plan for follow-up so that blood samples are collected between the eighth and twelfth day of life.

(d) When parents refuse metabolic screening, there shall be provisions for a signed refusal statement which shall be sent to the genetics program of the department in lieu of the blood sample.

(12) Infection control to include consideration of housekeeping; cleaning, sterilization, sanitization, and storage of supplies and equipment, and health of personnel. Health records for personnel shall include documented evidence of a tuberculin skin test by the Mantoux method upon employment and annually unless medically contraindicated. When this skin test is negative, (less than 10mm induration read at 48 to 72 hours) no further tuberculin skin test shall be required. A positive skin test shall consist of 10mm of induration, or greater, read at 48 to 72 hours. Positive reactors shall have a chest X-ray within ninety days of the first day of employment. Exceptions and specifics are as follows:

(a) Those with positive skin tests, (as defined above) shall have an annual screening in the form of a chest X-ray.

(b) Those with positive skin tests whose chest X-rays show no sign of active disease at least two years after the first documented, positive skin test shall be exempted from further annual testing and chest X-rays.

(c) Those with positive skin tests who have completed the recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(d) A record of test results, X-rays, or exemptions to such, shall be kept by the facility.

(e) Employees with any communicable disease in an infectious stage shall not be on duty. [Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-050, filed 5/2/80.]

WAC 248-29-060 Birth center equipment and supplies. (1) There shall be adequate and appropriate size and type equipment and supplies maintained for the maternal client and the newborn to include:

(a) A bed suitable for labor, birth, and recovery;

(b) Separate oxygen with flow meters and masks or equivalent;

(c) Mechanical suction and bulb suction (immediately available);

(d) Resuscitation equipment to include resuscitation bags and oral airways; laryngoscopes and endotracheal tubes appropriate for the newborn;

(e) Firm surfaces suitable for resuscitation;

(f) Emergency medications and intravenous fluids with supplies and equipment appropriate for administration;

(g) Fetal monitoring equipment, minimally to include a fetoscope;

(h) Equipment for monitoring and maintaining the optimum body temperature of the newborn. A radiant heat source appropriate for use in warming newborns shall be available. An appropriate newborn incubator should be available;

(i) A clock with a sweep second hand;

(j) Sterile suturing equipment and supplies;

(k) Adjustable examination light;

(l) Containers for soiled linen and waste materials which shall be closed or covered.

(2) There shall be a telephone, or equivalent communication device. [Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-060, filed 5/2/80.]

WAC 248-29-070 Records. (1) The birth center shall have a defined client record system, policies and procedures which provide for identification, security, confidentiality, control, retrieval, and preservation of client care data and information.

(2) There shall be a health record maintained for each maternal and newborn client to include:

(a) Adequate notes describing the newborn and maternal status during prenatal, labor, birth, and recovery.

(b) Documentation that metabolic screening instructions and specimen collection kits were provided or that the specimen was obtained and forwarded to the genetics program of the department.

(c) Documentation and authentication by clinical staff and birth center personnel who administer drugs and treatments or make observations and assessments.

(3) Entries in the client record shall be typewritten or written legibly in ink.

(4) Documentation and record keeping shall include:

(a) Completion of a birth certificate.

(b) Documentation of orders for medical treatment and/or medication. [Statutory Authority: RCW 43.20-.050. 80-05-099 (Order 197), § 248-29-070, filed 5/2/80.]

WAC 248-29-080 Pharmaceuticals. (1) There shall be written prescriptions or orders signed by a practitioner legally authorized to prescribe for all drugs administered to clients within the birth center.

(2) There shall be policies and procedures addressing the receiving, transcribing, and implementing of orders for administration of drugs.

(3) Written policies shall be established addressing the type, and intended use of any drug to be used by patients within the facility.

(4) Anesthetic agents other than local anesthetics and pudendal blocks shall not be used.

(5) Drugs shall be administered by personnel or clinical staff licensed to administer drugs.

(6) Drugs, medications, and chemicals kept anywhere in the center shall be clearly labeled with drug name, strength, and expiration date.

(7) Drugs, chemicals, and medications shall be stored and secured in specifically designated cabinets, closets, drawers, or storerooms and made accessible only to authorized persons.

(8) Poisonous chemicals, caustic materials, or drugs shall show appropriate warning or poison labels and shall be stored separately from other drugs. Drugs for external use shall be separated from drugs for internal use. [Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-080, filed 5/2/80.]

WAC 248-29-090 Birth center--Physical environment. (1) The birth center shall be maintained to provide a safe and clean environment.

(2) At least one birthing room shall be maintained which is adequate and appropriate to provide for the equipment, staff, supplies, and emergency procedures required for the physical and emotional care of a maternal client, her support person(s), and the newborn during birth, labor, and the recovery period.

(a) Birthing rooms built, modified or altered after July 31, 1980, shall have a gross floor space of 156 square feet or 14.5 square meters and a minimum room dimension of 11 feet.

(b) Birthing rooms shall be located to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles.

(3) Adequate fixed or portable work surface areas shall be maintained for use in the birthing room(s).

(4) Toilet and bathing facilities.

(a) A toilet and lavatory shall be maintained in the vicinity of birthing room.

(b) A bathing facility should be available for client use.

(c) All floor surfaces, wall surfaces, water closets, lavatories, tubs, and showers shall be kept clean and in good repair.

(5) There shall be provisions and facilities for secure storage of personal belongings and valuables of clients.

(6) There shall be provisions for visual privacy for each maternal client and her support person(s).

(7) Hallways and doors providing access and entry into the birth center and birthing room(s) shall be of adequate width and conformation to accommodate maneuvering of ambulance stretchers and wheelchairs.

(8) Water supply. There shall be an adequate supply of hot and cold running water under pressure for human consumption and other purposes which shall comply with WAC 248-54-701 and 248-54-740, rules and regulations of the state board of health regarding public water supplies.

(9) Heating and ventilation.

(a) A safe and adequate source of heat capable of maintaining a room temperature of at least 72 degrees Fahrenheit shall be provided and maintained.

(b) Ventilation shall be sufficient to remove objectionable odors, excessive heat, and condensation.

(10) Lighting and power.

(a) There shall be provisions for emergency lighting.

(b) There shall be general lighting and provision for adequate examination lights in the birthing room.

(11) Linen and laundry.

(a) Soiled linen/laundry storage and sorting areas shall be physically separated from clean linen storage and handling areas, kitchen and eating facilities.

(b) Laundry equipment shall provide hot water at a temperature of 160 degrees Fahrenheit.

(12) Utility, housekeeping, garbage, and waste.

(a) There shall be utility and storage facilities designed and equipped for washing, disinfecting, storing, and other handling of equipment and medical supplies in a manner which ensures segregation of clean and sterile supplies and equipment from those that are soiled and/or contaminated.

(b) All sewage, garbage, refuse and liquid waste shall be collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition.

(13) Food storage and/or preparation.

(a) Food service and catering of food shall not be provided by the facility.

(b) When birth center policy provides for allowing the preparation and/or storage of personal food brought in by the client or families of clients for consumption by that family, there shall be an adequate electric or gas refrigerator capable of maintaining a temperature of 45 degrees Fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than 140 degrees Fahrenheit. [Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-090, filed 5/2/80.]

Chapter 248-30 WAC
KIDNEY CENTERS

WAC

248-30-070 Purpose.
248-30-080 Definitions.
248-30-090 Services.
248-30-100 Reimbursement.
248-30-110 Eligibility.
248-30-120 Fiscal information.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-30-010 Definitions. [Order 30, § 248-30-010, filed 8/18/69.] Repealed by 80-06-065 (Order 198), filed 5/22/80. Statutory Authority: RCW 43.20.050.

248-30-020 Purpose. [Order 30, § 248-30-020, filed 8/18/69.] Repealed by 80-06-065 (Order 198), filed 5/22/80. Statutory Authority: RCW 43.20.050.

248-30-030 Funding. [Order 30, § 248-30-030, filed 8/18/69.] Repealed by 80-06-065 (Order 198), filed 5/22/80. Statutory Authority: RCW 43.20.050.

248-30-040 Allocations. [Order 30, § 248-30-040, filed 8/18/69.] Repealed by 80-06-065 (Order 198), filed 5/22/80. Statutory Authority: RCW 43.20.050.

248-30-050 Financial eligibility. [Order 30, § 248-30-050, filed 8/18/69.] Repealed by 80-06-065 (Order 198), filed 5/22/80. Statutory Authority: RCW 43.20.050.

248-30-060 Accounting information. [Order 30, § 248-30-060, filed 8/18/69.] Repealed by 80-06-065 (Order 198), filed 5/22/80. Statutory Authority: RCW 43.20.050.

WAC 248-30-070 Purpose. To administer state funds appropriated to assist persons with end stage renal disease to meet the costs of their medical care. [Statutory Authority: RCW 43.20.050. 80-06-065 (Order 198), § 248-30-070, filed 5/22/80.]

WAC 248-30-080 Definitions. For the purposes of administering the state kidney disease program the following shall apply:

(1) "End Stage Renal Disease (ESRD)" shall mean that stage of renal impairment which is virtually always irreversible and permanent, and requires dialysis or kidney transplantation to ameliorate uremic symptoms and maintain life;

(2) "Patient" shall mean resident of the state with a diagnosis of ESRD;

(3) "Kidney Center" shall mean those facilities as defined and certified by the federal government to provide ESRD services and which provide the services specified in WAC 248-30-090 and which promote and encourage home dialysis for patients when medically indicated;

(4) "Affiliate" shall mean a facility, hospital, unit, business or individual which has an agreement with a kidney center to provide specified services to ESRD patients;

(5) "Department" shall mean the Washington state department of social and health services;

(6) "State Kidney Disease Program" shall mean state general funds appropriated to the department to assist persons with ESRD to meet the cost of their medical care. [Statutory Authority: RCW 43.20.050. 80-06-065 (Order 198), § 248-30-080, filed 5/22/80.]

WAC 248-30-090 Services. Generally the kidney center shall provide directly or through an affiliate all physical facilities, professional consultation, personal instructions, medical treatment and care, drugs, dialysis equipment, and supplies necessary for the carrying out of a medically sound ESRD treatment program. The kidney center shall:

(1) Provide dialysis treatment for patients with ESRD when medically indicated;

(2) Provide kidney transplantation treatment for patients with ESRD either directly or by appropriate referral, where this form of therapy is medically indicated;

(3) Provide treatment for conditions directly related to or as a direct consequence of ESRD;

(4) Provide training and supervision of medical and supporting personnel and of patients who are eligible for home dialysis, and;

(5) Provide supplies and equipment for home dialysis. [Statutory Authority: RCW 43.20.050. 80-06-065 (Order 198), § 248-30-090, filed 5/22/80.]

WAC 248-30-100 Reimbursement. Reimbursement for services described above shall be made to kidney centers to the extent the legislature has appropriated funds therefore and when documented evidence is submitted to the department showing:

(1) Services for which reimbursement is requested;

(2) Certification that the patient has been determined to be financially eligible for the state kidney disease program pursuant to WAC 248-30-110; Except that:

(a) Reimbursement for services provided to a patient in a location outside the state shall be limited to a period of two weeks per calendar year; and

(b) Reimbursement for services described under WAC 248-30-090, paragraph (3) shall be determined on a case by case basis by the department. [Statutory Authority: RCW 43.20.050. 80-06-065 (Order 198), § 248-30-100, filed 5/22/80.]

WAC 248-30-110 Eligibility. The kidney center shall determine and review at least annually the eligibility of an individual patient for the state kidney disease program according to criteria established by the department. Generally a patient shall be considered eligible if he/she has exhausted or is ineligible for all other resources which provide similar benefits to meet the costs of ESRD related medical care. Resources shall include:

(1) Income in excess of a level necessary to maintain a moderate standard of living, as defined by the department, using accepted national standards;

(2) Savings, property, and other assets;

(3) Government and private medical insurance programs;

(4) Government or private disability programs;

(5) Local funds raised for the purpose of providing financial support for a specified ESRD patient.

Provided, That in determining eligibility the following resources shall be exempt:

(A) A home, which is defined as real property owned by a patient as a place of residence together with the property surrounding and contiguous thereto;

(B) Household furnishings;

(C) An automobile; and

(D) Savings, property or other assets the value of which does not exceed the cost of home dialysis for one year. [Statutory Authority: RCW 43.20.050. 80-06-065 (Order 198), § 248-30-110, filed 5/22/80.]

WAC 248-30-120 Fiscal information. Fiscal information shall be provided by the kidney center on the request of the department. Such information shall include:

(1) Accounting information and documentation sufficient to establish the basis for fees for services and/or charges;

(2) Sources and amounts of resources for individual patients to verify financial eligibility;

(3) Evidence that all other available resources have been used before requests for reimbursement from the state kidney disease program are submitted to the department; and

(4) Such other information as may be required by the department. [Statutory Authority: RCW 43.20.050. 80-06-065 (Order 198), § 248-30-120, filed 5/22/80.]

Chapter 248-33 WAC
APPROVAL OF EYE BANKS

WAC

248-33-020	Definitions.
248-33-040	Approval process.
248-33-060	Termination of approval.
248-33-080	Reinstatement of approval.
248-33-100	Records.

WAC 248-33-020 Definitions. As used herein the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Accepted medical standards" shall mean those standards relating to the removal and storage of eye tissue which preserve that tissue in a state wherein the tissue may be successfully transplanted.

(2) "Approved eye bank" shall mean a facility approved by the Secretary wherein eye tissue may be received and stored in accordance with accepted medical standards for future transplantation or research.

(3) "Department" shall mean the Department of Social and Health Services.

(4) "Developmental loss" shall mean the loss of developmental opportunities including, but not limited to, hand–eye coordination, small muscle development and dexterity and large muscle coordination which would occur in the normal course of development if the loss of vision had not occurred.

(5) "Economic loss" shall mean the loss of wages from employment and the loss of services within a home requiring the replacement of those services to provide for the care of dependent children and adults.

(6) "Educational loss" shall mean the loss of educational opportunities by virtue of an inability to perceive visual images.

(7) "Emergency" shall mean a situation which occurs as a result of trauma to the eyes necessitating the replacement of corneal tissue within 48 hours to prevent the loss of sight.

(8) "Secretary" shall mean the Secretary of the Department of Social and Health Services and his or her designee. [Order 134, § 248–33–020, filed 10/21/76.]

WAC 248-33-040 Approval process. (1) A facility which seeks to qualify as an approved eye bank must submit a written request for approval to the Secretary. The request must include a statement of the arrangements made for the storage of tissue received, the name and availability of ophthalmologists and the policies to be followed for the distribution of tissue.

(2) Approval may be granted by the Secretary when:

(a) The eye bank meets accepted medical standards for the preservation of eye tissue in a condition suitable for transplantation including, but not limited to, the provision of a storage area for the tissue which is maintained at an appropriate temperature and in which the tissue may be protected from contamination and/or damage, and

(b) There are one or more board certified or board qualified ophthamologists on the staff of a hospital which seeks approval for its eye bank who are able to, and express a willingness to, perform corneal transplants, and

(c) The director or administrator of the eye bank declares it to be the intention of those who direct and/or administer the eye bank to distribute available corneal tissue to recipients in a fair and reasonable manner, which means the distribution of corneal tissue to recipients requiring such tissue:

(i) Without discrimination based on race, creed, ethnic origin, sex, or age, and

(ii) With consideration of the length of time that the potential recipient has had a medically defined need to receive corneal tissue, and

(iii) With consideration of the impact of waiting to receive such tissue on the recipient and the resulting economic, educational, or developmental loss to the potential recipient, and

(iv) With provision made for emergency requests for corneal tissue. [Order 134, § 248–33–040, filed 10/21/76.]

WAC 248-33-060 Termination of approval. The Secretary may, in his or her discretion, terminate a prior approval of an eye bank when the approved eye bank fails to comply with the criteria set forth in WAC 248–33–040 for approval. [Order 134, § 248–33–060, filed 10/21/76.]

WAC 248-33-080 Reinstatement of approval. The Secretary may, in his or her discretion, reinstate the approval of an eye bank when there has been a correction of any condition which led to the termination of approval. [Order 134, § 248–33–080, filed 10/21/76.]

WAC 248-33-100 Records. Every approved eye bank shall keep a record of requests made to county coroners or medical examiners for corneal tissue on forms provided by the department. Information recorded shall include the initial request, the tissue received and its condition (acceptable for transplant or not acceptable for transplant), the name of the person who removed the tissue from the donor, the date and time of the removal of tissue, the date and time of the donor's death (observed or otherwise determined), the age of the donor (if known), the age, sex and racial or ethnic group 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 248-40 WAC
VITAL STATISTICS

WAC

248–40–010	New record when child is legitimatized.
248–40–020	Father and/or mother may change given name.
248–40–030	Certificates in pencil not allowed.
248–40–040	Funerals, care of bodies and burial.
248–40–050	Transportation of dead bodies.
248–40–060	Cremated remains.
248–40–070	Confidential information on birth certificates.
248–40–080	Birth certificate to be filed for foundling child.
248–40–999	Legal authority of the state board of health.

WAC 248-40-010 New record when child is legitimatized. Whenever it is alleged that the father and mother of an illegitimate child have become legally married, at any time subsequent to the birth of said child, the state registrar shall require such satisfactory evidence to be presented in the form of affidavits, certified copies of records or otherwise, as may be necessary

to establish the fact of such marriage, and when so established a new certificate shall be substituted for the original to record the legitimate birth of the child. [Regulation .40.010, effective 3/11/60.]

WAC 248-40-020 Father and/or mother may change given name. The father and/or mother of any child, or the mother alone of an illegitimate child, whose birth has been registered, may during the minority of said child change the given name of the child on the record by filing an affidavit of change with the state registrar. [Regulation .40.020, effective 3/11/60.]

WAC 248-40-030 Certificates in pencil not allowed. All certificates of birth or death shall either be made out legibly with unfading ink or typewritten through a good grade of typewriter ribbon, and shall be signed in either case in ink. No certificate made in pencil shall be accepted by an registrar as a permanent record of birth or death. [Regulation .40.030, effective 3/11/60.]

WAC 248-40-040 Funerals, care of bodies and burial. (1) Funeral services for individuals who have died of the following named communicable diseases shall be conducted under the supervision of the local health officer: cholera, diphtheria, meningococcal meningitis, plague, poliomyelitis and smallpox.

The local health officer may permit the holding of a public funeral for such individuals provided members of the family or close associates of the deceased are satisfactorily segregated from the public, and provided that appropriate prophylactic treatment or immunization of such persons is accomplished according to the direction and orders of the local health officer.

(2) Bodies of persons who have died of cholera, plague, or smallpox shall be properly embalmed or cremated. If embalmed, a licensed embalmer shall prepare such bodies in the following manner:

(a) The body shall be thoroughly embalmed with a suitably effective disinfectant solution.

(b) If the body is prepared for burial at the place of death, the rooms used for the preparation shall be thoroughly aired and cleaned.

(c) In lieu of preparing for burial at the place of death, a body may be wrapped completely in a sheet soaked with an effective disinfectant and removed to the embalmer's place of business for the process of embalming.

(3) The embalmer and/or anyone assisting to prepare the body of a person who has died of an infectious disease shall wear an outer garment and rubber gloves while handling the body during preparation. These shall be removed before coming into contact with other persons after preparation has been completed and shall be properly disinfected immediately thereafter.

(4) Embalmers or their assistants shall not handle the bodies of persons who have died of smallpox unless said embalmers and assistants have been successfully vaccinated within the preceding three years and at least seven days prior to contact with the bodies.

(5) All instruments and equipment used in the preparation of a body shall be properly disinfected immediately after use.

(6) All preparation rooms or other places used for the process of embalming or for otherwise preparing a dead body for burial shall be equipped with a metal disposal can or container equipped with a tightly fitting lid or cover in which shall be placed immediately all solid matter of any sort such as bandages or cotton found upon or in contact with a dead body or used by the embalmer in the performance of his duties. Upon completion of the process of embalming or preparing the body for burial the contents of this can shall be destroyed by burning and every funeral establishment shall be equipped with an incinerator suitable for this purpose. In the instance of a reportable disease having caused the death, fluids removed from said body shall be mixed in equal parts immediately with an effective disinfectant solution and shall not be released into any drain, sewer or other disposal system public or private or otherwise disposed of before the expiration of at least three hours time. All containers or cans used in receiving solid or fluid matter taken from a dead human body shall be disinfected immediately after use.

(7) All ambulances, hearses, and first call cars, and equipment therein, and transfer cases shall be kept clean and sanitary and free from deleterious odors at all times. Such ambulances, hearses, cars, and the equipment and transfer cases thereof shall be sanitized immediately after having been used for the transportation of a human body dead of a contagious disease with a suitable disinfectant solution.

(8) Bodies of persons who have died of an infectious disease that are to be transferred outside the jurisdiction of the local health department shall be thoroughly washed with a suitably effective disinfectant and thoroughly embalmed with a suitable disinfectant embalming fluid and placed at once in a casket or transfer case.

(9) Any body that is to be transported by common carrier shall be properly embalmed and prepared for transportation by a licensed embalmer.

(10) All deceased human bodies that are to be disposed of by earth burial in the state of Washington must be buried in the ground at least three feet (top of casket to surface of ground). [Regulation .40.040, effective 3/11/60.]

WAC 248-40-050 Transportation of dead bodies. (1) When a burial-transit permit is used in connection with transportation of a dead human body by common carrier, the permit shall include the name of the embalmer, the terminal point, and shall be enclosed in a strong envelope and attached to the shipping case.

(2) When a dead body is to be transported, the casket or transfer case shall be encased in an outer box constructed of substantial material, put securely together and tightly closed, provided that no body shall be transported pending final disposition more than twenty-four hours after death unless the body is thoroughly embalmed. The outside case may be omitted in all instances

where the casket or transfer case is transported in a funeral director's vehicle used for that purpose.

(3) **Disinterment** – No disinterred body dead from any disease or cause shall be transported by a common carrier unless approved by the health authorities having jurisdiction at the place of disinterment, and a burial–transit permit shall be required as provided in paragraph (1) above.

Disinterred bodies of persons who have died of cholera, plague, smallpox or typhus fever shall not be removed from the cemetery premises unless approved by the health authorities having jurisdiction at the place of disinterment.

All bodies held for more than 30 days after death shall be considered disinterred bodies when moved from the establishment where held.

(4) Any corpse shipped originally from any primary registration district within the state of Washington accompanied by a properly executed burial–transit permit to any other primary registration district within the state may be transshipped by surrendering the original burial–transit permit to the local registrar and receiving in exchange a new burial–transit permit, unless said body has been held over thirty days after death or has been interred, in which case proceed under paragraph (3) above.

If the corpse is routed to the point of final destination on an original burial–transit permit, it may be held temporarily at a stopover point for funeral or for any other purpose without any additional permit being required.

The burial–transit permit shall be accepted as authority for interment or cremation anywhere within the state of Washington by sexton or crematory official and shall be surrendered to them by the person in charge of the corpse at the point of interment or cremation. [Regulation .40.050, effective 3/11/60.]

WAC 248-40-060 Cremated remains. Rules and regulations adopted by the state board of health pertaining to dead human bodies shall not be construed as applying to human remains after cremation. Provided, however, that a permit for disposition of cremated remains may be issued by local registrars in cooperation with the Washington state cemetery board. The permit for the disposition of cremated remains may be used in connection with the transportation of cremated remains by common carrier or other means. Provided, further, that the state department of health may issue a permit for the disposition of cremated remains which have been in the lawful possession of any person, firm, corporation, or association for a period of two years or more. Issuance of such a permit shall not be construed as authorizing disposition which is inconsistent with any statute of the state of Washington or rule or regulation prescribed by the state department of licenses. [Regulation .40.060, effective 3/11/60.]

WAC 248-40-070 Confidential information on birth certificates. The confidential section of the certificate of live birth shall contain the following information: Whether serological test for syphilis was taken before or after the fifth month of pregnancy, statement as to congenital malformations or other abnormalties (birth injuries to the infant), length of pregnancy, weight at birth, previous deliveries to mother, and legitimacy status. The confidential section of the certificate of live birth shall not be subject to public inspection and shall not be included on certified copies of the record except upon order of a court. [Regulation .40.070, effective 3/11/60.]

WAC 248-40-080 Birth certificate to be filed for foundling child. When an infant is found for whom no known certificate of birth is on file and for whom no other identification is known, the finder shall notify the police authorities having jurisdiction within the area of finding.

The police authorities, within 48 hours, shall have the local health officer determine or cause to be determined the approximate date of birth of the child.

The health officer, within 72 hours of notification shall complete a certificate of live birth on a standard Washington certificate of live birth form designating the place of finding as the place of birth and place of residence, the approximate date of birth, sex, and assign a given name. He shall write across the face of the certificate in the sections provided for parental information the words, "foundling child", sign, and date the certificate and cause the same to be filed with the local registrar of the area in which the finding occurred. [Regulation .40.080, effective 3/11/60.]

WAC 248-40-999 Legal authority of the state board of health. Chapter 70.58 RCW. [Regulation .40.999, effective 3/11/60.]

Chapter 248-46 WAC
UPHOLSTERED FURNITURE AND BEDDING

WAC

248-46-001	Scope.
248-46-010	Definitions——General.
248-46-020	Definitions——Feathers and down.
248-46-030	Definitions——Hair.
248-46-040	Definitions——Cotton.
248-46-050	Definitions——Rubber.
248-46-060	Definitions——Synthetic fibers.
248-46-070	Definitions——Miscellaneous filling material.
248-46-080	Labels——General requirements.
248-46-090	Labels——Articles of upholstered furniture and bedding.
248-46-100	Labels——Repaired and renovated articles, owner's own.
248-46-110	Cleanliness of secondhand articles.
248-46-120	Sterilization.
248-46-130	Fumigation.
248-46-140	Supply dealers——Standards.
248-46-200	Forms.
248-46-999	Legal authority of the state board of health.

WAC 248-46-001 Scope. It is the purpose of these regulations to designate the terms, definitions, and nomenclature as are commonly used and as recognized in the manufacture, sale and distribution of furniture and bedding products. Classifications of materials in these

regulations are intended to have understandable meaning to the ultimate consumer. The definitions contained herein are in conformity with those adopted by most of the states of the nation. [Regulation .46.001, effective 3/11/60.]

WAC 248-46-010 Definitions——General. (1) "Filling material" includes any hair, down, feathers, wool, cotton, kapok, or other filling material used in the manufacture of and for filling articles of bedding or upholstered furniture but shall not include any new filling material sold at retail, which is open to inspection at the time of sale, and which is prepared and intended for use in the home of the user;

(2) When contained in durable material, such combination of filling material and outer covering or container shall be considered to be an article of bedding other than filling material and shall have a law label attached;

(3) "Filling material" includes any hair, down, feather, wool, cotton, kapok, synthetic fibers, or any other material used in the manufacture of and for filling articles of bedding or upholstered furniture;

(4) The following and similar materials shall be deemed to be processed: wool (sterilized), hair (sterilized) feathers and down (sterilized), defabricated fibers, pads, batts or felt, curled fibers, foam and sponge materials, and all secondhand materials;

(5) Unprocessed material may be labeled either by the manufacturer or supply dealer, but in each case, whether processed or unprocessed, the person having his license number on the label shall be responsible for all statements on the law label and for violations in case the material is not as represented on the label;

(6) The following and similar materials shall be deemed to be unprocessed: Vegetable and synthetic fibers, excelsior, wood fiber;

(7) Unprocessed material shipped from out of the state to a jobber and held for resale must be labeled either by the original shipper or by the jobber. However, such material need not be labeled while it is at a warehouse, depot, or pier, but it must be labeled before the material is shipped from any such place;

(8) Processed materials must be labeled by the processor and must bear his license number;

(9) All filling material shipped from any point in the state of Washington shall be labeled before it leaves the point of shipment;

(10) Any new stiffening material, such as fiberboard, corrugated fiberboard, wood or paper when present in any amount shall be designated on the label and its percentage given. When made of secondhand material, regardless of the amount in which it is present, it shall be designated on the secondhand label;

(11) The presence of paper in an article of bedding in lieu of other filling material shall be disclosed on the label;

(12) Paper by–products which have been used in the manufacture or processing of other products and subsequently used for the manufacture of edging or other articles of bedding or upholstered furniture shall be classified as "new" and shall be described on the bedding law label as "all new material consisting of paper by–products;"

(13) Filling material in prebuilt border constructions need not be stated on the label, providing the filling material is new and does not exceed 10% of the filling material in the article to which the border construction is affixed;

(14) When the filling material contained in a quilted ticking or glazed wadding, or trapunto embroidery affixed to the cover of an article of bedding is in excess of 10% of the entire filling material or consists of the products of an animal or fowl, such material shall be designated on the label and its percentage given. When made of secondhand material regardless of the amount in which it is present, it shall be designated on the secondhand label;

(15) Burlap, muslin, tape, webbing, etc., when new need not be specifically mentioned. When made of secondhand material, a secondhand label must be attached to the article;

(16) Filling material which has been artificially dyed or colored shall be designated as "colored". The natural color of the filling material need not be stated;

(17) Any filling material containing more than 5% oil shall be designated as "oily";

(18) The presence of silicates in excess of 5% in any filling material shall be designated on the law label as "clay" and the actual percentage thereof contained in the filling material shall be stated on the label;

(19) To allow for unintentional variations, a variation not in excess of 5% by weight from the amount stated on the label shall not be considered as misleading;

(20) If an article of upholstered furniture or bedding contains more than one kind of material, the percentages of all filling materials shall be clearly designated on the label except as otherwise provided for in these rules;

(21) No tolerance shall be allowed to diminish the amount of any filling material in an article of bedding by more than 5% of the amount stated on the label;

(22) The 5% tolerance is allowed only where specifically designated in these rules and regulations and also for the purpose of adjusting unintentional errors due to processing difficulties in arriving at exact percentages. Tolerance is not intended to permit deliberate admixture of inferior materials;

(23) The terms "all", "pure", "100%", or terms of similar import are permitted only if the material is as stated. No tolerance is allowed where such terms are used;

(24) The term "virgin" is permitted only if the filling material has never been used before in any manufacturing or other process;

(25) "Shoddy" (a) Any material which has been knit or woven into fabric which has been used by the ultimate consumer and subsequently defabricated, together with fibrous material from used clips and scraps which contain any undefabricated cloth fragments, shall be designated on the red "secondhand material" label as "shoddy";

(26) "Shoddy" (b) Any material which has been knit or woven into fabric which has not been used by the ultimate consumer and which has subsequently been defabricated, together with fibrous material from new clips and scraps which contain any undefabricated cloth fragments, shall be designated on the white "all new material" label as shoddy;

(27) The term "textile by-products" or the name of the specific by-products, unless otherwise provided for in these rules may be used to describe any of the fibrous by-products produced during the processing of textile fibers up to but not including the spinning of yarns;

(28) The term "card", "strips" or "stripping" preceded by the name of the textile fiber from which it is produced may be used to describe a tangled or matted mass of fibers produced by or removed from the carding cloth following the carding process;

(29) The term "comber" preceded by the name of the textile fiber or fibers from which it is produced, may be applied to tangled fibers removed during the combing process of textile fibers;

(30) The term "fly" prefixed by the textile fiber or fibers from which it is produced, may be used to designate fibers which come off the machines during carding, drawing, or other textile operations;

(31) The term "noils" prefixed by the textile fiber or fibers from which it is produced, may be used to describe the short fibers removed during the combing process;

(32) The term "picker", "picker mote", or "mote" preceded by the textile fiber or fibers from which it is produced, may be applied to matted or tangled masses of fiber resulting from the opening and cleaning of fibers in the opener room of the textile mill. [Regulation .46.010, effective 3/11/60.]

WAC 248-46-020 Definitions——Feathers and down. (1) The term "down" by itself may be used for the soft undercoating of waterfowl, consisting of the light, fluffy filaments grown from one quillpoint but without any quill shaft. It is permitted, however, to set forth on the label the name of the fowl from which the down is obtained, such as "goose down", "duck down", etc. The presence of loose down fibers in excess of 10% shall be set forth on the label;

(2) The term "feathers" shall not be used alone;

(3) The term "feathers" by itself does not include crushed or chopped quill feathers, or stripped, chopped, crushed or broken feathers, or feather fibers;

(4) The term "stripped feathers" shall be applied to the feather barbs stripped from the main stem or quill but not to the extent of separating the barbs into feather fiber. The term "stripped feathers" shall not be used. Instead, the stripped feathers shall be designated by the name of the fowl from which they came, e.g., "stripped goose feathers;"

(5) The term "crushed" shall be applied to feathers which have been processed through a so-called curling machine which has changed the original form of the feathers but has not removed the quill. The term "crushed feathers" shall include the name of the fowl from which the feathers came, e.g., "crushed duck feathers," and the percentage of each kind of crushed feather shall be given if the crushed feathers are a part of a mixture;

(6) Broken feathers in excess of the amount allowed as tolerance by WAC 248-46-010(19) and (22) shall be indicated on the label and the name of the feathers shall be stated, e.g., "broken chicken feathers;"

(7) The term "chopped" shall be applied to feathers which have been processed through a chopping machine, which has cut the feathers into small pieces. The term "chopped feathers" by itself shall not be used. Instead, the chopped feathers shall be designated by the name of the fowl from which they came, e.g., "chopped duck feathers;"

(8) "Feather fibers" shall be used for the barbs of feathers separated by any process from the quills, but free from quills. The name of the fowl from which the feather fiber is obtained shall be stated on the label;

(9) The term "quill" means the main shaft or axis of a feather and the term "quill feather" means a flight feather or quill feather;

(10) The term "chicken feathers" shall be used for feathers of any kind of chicken, which are whole in physical structure;

(11) The term "turkey feathers" means the feathers of any kind of turkey, which are whole in physical structure;

(12) The term "duck feathers" means the feathers of any kind of duck, which are whole in physical structure with the natural form and curvature of the feather;

(13) The term "goose feathers" means the feathers of any kind of goose, which are whole in physical structure with the natural form and curvature of the feather;

(14) The term "waterfowl feathers" means any mixture of duck and goose feathers;

(15) Feather mixture shall be designated by name, character and percentage of each material used or the entire mixture shall be designated by the name of the lowest grade of material used. The grades of materials in descending order are as follows: Goose down, duck down, goose feathers, duck feathers, turkey feathers, chicken feathers. [Regulation .46.020, effective 3/11/60.]

WAC 248-46-030 Definitions——Hair. (1) The kind and percentage of hair shall be stated on the label. It is not necessary to mention whether horse hair is mane or tail hair, but hair from different animals shall be named. When designated as "curled" it shall be in fact curled hair.

(2) The term "curled hair" shall not be used by itself. It shall be used in conjunction with the name of hair used, e.g., "curled horse hair," or "curled cattle hair."

(3) "Goat hair" shall be so designated.

(4) When hair is rubberized or resin-treated, it shall be so designated. The percentage of rubber need not be stated on the label. When rubberized hair is shredded, it shall be termed "shredded rubberized hair." The use of the term "curled" is not permitted in connection with shredded hair.

(5) The kind of hair used in a hair pad shall be stated and the percentage if there is more than one kind.

(6) "Rubberized curled hair pads" shall be so indicated on the label.

(7) **Secondhand hair.** "Secondhand hair" shall mean any hair which has sustained prior use and shall be so designated on the required secondhand material label. [Regulation .46.030, effective 3/11/60.]

WAC 248-46-040 Definitions——Cotton. (1) Staple cotton is the fibrous growth first removed from the cotton seed in the usual process of ginning. It shall contain no foreign material. The unavoidable presence of the usual quantity of leaves, hull, etc., shall not be considered foreign matter. Such material shall be labeled as "staple cotton."

(2) **Cotton by-products.** This term describes the fibers which are removed from the various machine operations necessary in the manufacture of cotton yarn previous to, but not including, the process of spinning. This term shall embrace only the materials which are commonly recognized in cotton-mill terms as: "cotton comber," "cotton card strips," "cotton fly," "cotton picker."

(3) **Cotton linters.** This term describes the fibrous growth removed from cotton seed in cotton-seed or cotton-oil mills subsequent to the usual process of ginning.

(4) **Cotton waste.** This term describes the fibrous by-products removed from the various machine operations necessary in the manufacture of cotton products but shall not include the grades defined in WAC 248-46-040(2). The napper flocks from fabrics made exclusively of new material, when reasonably free from oil, grease, dirt, and foreign refuse and oil mill motes, shall be classed and labeled as "cotton waste" or "colored cotton waste" as the case may be.

(5) Trash, shell, shale, stem hull and seed particles in "cotton waste" shall not exceed 5% of the weight thereof whether used singly or in a blend. Any quantity of such material in excess of 5% of the weight of such "cotton waste" shall be indicated on the label as "dirt".

(6) When two or more of the above materials are used in a product, they shall be described on the label as required above by percentage.

(7) Secondhand cotton is cotton of any grade which has sustained prior use. Such cotton shall be so designated on a "secondhand material" label.

(8) Secondhand cotton which, in the opinion of the department, is filthy, stained, or has a disagreeable odor, or is otherwise contaminated, shall be condemned.

(9) **Damaged cotton.** New cotton which has been damaged through excessive exposure to the elements, faulty storage, fire, or in any other manner or which has a disagreeable odor, or has begun to disintegrate, shall be designated on the label as "damaged", "waste" or other proper term. Such material shall be treated as determined by the director. If the examining inspector so determines, an "all new material" label may be used.

(10) When dyed cotton fibers are used in upholstered furniture or bedding the proper labeling term shall be preceded by the word "colored" or "colored cotton waste" as the true case may be.

(11) "Felt" means material that has all been carded in layers or sheets by a garnett or felting machine.

(12) Even though material has previously been carded in layers or sheets, if it is not readily distinguishable from unfelted material it shall not be designated as "felt".

(13) The term "felt" does not include felt scraps or repicked felt.

(14) The term "felt" or "felted" by itself shall not be used but shall be combined with the name of the material from which it is made, e.g., "blended cotton felt," "wool felt," "hair felt," "jute felt," etc.

(15) The term "batting" used instead of "felt" is permissible.

(16) The terms "felted textile by-products," "felted textile wastes," "felted blended fibers," "felted defabricated fibers" may be used. The kind of fibers need not be designated, but if designated on the label the fibers shall be as indicated. If the material is made of more than one kind of fiber and one fiber is stated on the label, the name of each fiber and its percentage shall be stated.

(17) Felt made entirely of staple cotton shall be designated on the label as "staple cotton felt."

(18) Felt made of mixtures of any of the following: staple cotton, cotton linters, or cotton by-products, shall be designated on the label as "blended cotton felt."

(19) Felt made from secondhand material or from mixtures containing secondhand material shall be designated on the red label as "secondhand material."

(20) Felt impregnated with vinyl or any other resin shall be designated on the label as "resin-treated felt" e.g., "resin-treated blended cotton felt." [Regulation .46.040, effective 3/11/60.]

WAC 248-46-050 Definitions——Rubber. (1) The term "rubber" shall apply to the following synthetic rubber-like materials as well as to natural rubber: Chloroprene, styrene-butadiene copolymers, butadiene-acrylonitrile copolymers, polymerized isobutylene, with or without comonomers present, and thioplasts (any of the polysulfide rubbers consisting of organic radicals linked through sulfur). The term "rubber products" is not permitted on the label;

(2) **Foam.** "Foam" means a polymerized material consisting of a mass of thin-walled cells produced chemically or physically. The term "foam" by itself shall not be used;

(3) Foam products. A foam product shall be designated on the label as "foam" together with the name of the organic base from which it is made, e.g., "latex foam rubber," "urethane foam," "vinyl foam," or, when made from "urethane," "vinyl" or any other synthetic organic base, it may be designated on the label as "synthetic foam;"

(4) **Polystyrene foam.** The term "polystyrene foam" shall be used to designate foam produced during the polymerization of a styrene monomer or the product may be designated as "synthetic foam;"

(5) **Urethane foam.** The term "urethane foam" shall be used to designate a cellular urethane product which is

created by the interaction of an ester and a carbamic acid derivative, or the product may be designated as "synthetic foam." However, below the "date of delivery" line on the label, the term "polyester foam" or "polyurethane foam" may appear;

(6) **Vinyl foam.** The term "vinyl foam" shall be used to designate a foam produced from vinyl or the product may be designated as "synthetic foam;"

(7) **Latex foam.** "Latex foam rubber product" means a foam produced from rubber latex which previously has not been coagulated or solidified;

(8) **Molded.** The term "molded" may precede the terms set forth in WAC 248-46-050(3) whenever all the foam product has been made in the mold in the shape in which it is intended to be used;

(9) **Pieces.** The term "pieces" shall follow the terms set forth in WAC 248-46-050(3) whenever all of the foam product consists of pieces but shall not apply to a foam product which has been subjected to a shredding process;

(10) **Shredded.** The term "shredded" shall precede or follow the terms set forth in WAC 248-46-050(3) whenever the foam product has been subjected to a shredding process;

(11) **Cemented.** When cement is used to put together shreds or pieces of a foam product whether or not this is done in a mold, the term "cemented" may be used, e.g., "cemented shredded latex foam rubber," "cemented urethane foam pieces." The term "molded" shall not be used;

(12) **Sponge rubber products.** "Sponge rubber products" means a sponge product made from rubber which has previously been coagulated or solidified.

(13) **Sponge rubber product.** "Sponge rubber" – this term shall be mandatory for a sponge rubber product consisting of not more than two inserts of unlaminated prime material for attaining desired height, not more than one vertical splice in every three square feet of top surface area excluding those permitted for T's and U's, and not more than one splice in every three linear feet of added sidewalls or in lieu thereof in each corner, excepting sidewalls that are irregular in contour and in which case the number of splices shall be subject to the approval of the director;

(14) **Molded sponge rubber.** The term "molded sponge rubber" may be used to designate a sponge rubber product which has been molded into a form in which it has been intended to be used;

(15) **Sponge rubber pieces.** The term "pieces" shall follow the term "sponge rubber" whenever a sponge rubber product consists of pieces, or otherwise fails to conform to the requirements set forth in WAC 248-46-050 (but shall not apply to a sponge rubber product which has been subjected to a shredding process;

(16) **Shredded sponge rubber.** The term "shredded" shall precede or follow the term "sponge rubber" whenever a sponge rubber product has been subjected to a shredding process;

(17) **Cemented sponge rubber.** When cement is used to put together shreds or pieces of a sponge rubber product whether or not this is done in a mold, the term "cemented" may be used, e.g., "cemented sponge rubber pieces," "cemented shredded sponge rubber." The term "molded" shall not be used;

(18) **Topper.** If a "foam" or "sponge rubber" topper is used in any article of upholstered furniture or bedding to cover other filling material, the measurement of the topper must be stated, e.g., 54" x 12" x 1/2". Measurement in square inches alone on any label attached to the article shall be deemed to be misleading. [Regulation .46.050, effective 3/11/60.]

WAC 248-46-060 Definitions——Synthetic fibers. (1) **Acetate.** A specific term used for man-made fibers, monofilaments and continuous filament yarn composed of acetylated cellulose, with or without lesser amounts of nonfiber-forming material;

(2) **Acetate fibers.** The term "acetate fibers," or the term "cellulose acetate fibers" shall be used for filling materials made of acetate;

(3) **Rayon.** The term "rayon" is a generic term for man-made fibers, monofilaments and continuous filament yarns composed of regenerated cellulose, with or without lesser amounts of nonfiber-forming materials;

(4) **Rayon fibers.** The term "rayon fibers" shall be used to designate man-made fibers composed of regenerated cellulose;

(5) **Synthetic fibers** (other than acetate and rayon). When different long-chain synthetic polymers and/or copolymers are joined either chemically or physically to form a filament or fiber, a disclosure of the polymers and/or copolymers contained therein shall be made in the descending order of their percentage in the fiber by weight, e.g., "polystyrene fibers," "vinyl-acrylic fibers," or the fibers may be designated as "synthetic fibers;"

(6) **Acrylic fibers.** This term or the term "synthetic fibers" shall be used for a long-chain synthetic polymer which contains not less than 85% acrylonitriles and which is formed into a filament;

(7) **Azlon.** A generic term for fibers or filaments manufactured from modified proteins or derivatives thereof, with or without lesser amounts of nonfiber-forming materials. The term "azlon," "protein fibers," or "synthetic fibers" shall be used to designate fibers manufactured from azlon;

(8) **Dacron.** This term or any trade name shall not be used;

(9) **Nylon.** A generic term for any long-chain synthetic polymeric amide that has recurring amide groups as an integral part of the main polymer chain, and which is capable of being formed into a filament in which the structural elements are oriented in the direction of the axis;

(10) **Nylon fibers.** The term "nylon fibers," or the term "synthetic fibers" shall be used to designate fibers manufactured from nylon;

(11) **Polyethylene fibers.** The term "polyethylene fibers" or the term "synthetic fibers" is mandatory for fibers made from polymers and/or copolymers of ethylene;

(12) **Polyester.** The term "polyester" means a polymerized reaction product of esters (i.e. a compound formed by the replacement of the acid hydrogen of an acid, organic or inorganic, by a hydrocarbon radical);

(13) **Polyester fiber.** The term "polyester fiber" means a long-chain synthetic polymer which contains 85% or more of the polymeric esters produced from the reaction of ethylene glycol and terephthalic acid or its derivatives and which is formed into a filament; or the fibers may be designated as "synthetic fibers;"

(14) **Polyether.** The term "polyether" means a polymerized reaction product of ethers (i.e., hydrocarbons in which one or several hydrogen atoms are replaced by alkoxy groups);

(15) **Polystyrene.** The term "polystyrene" shall be applied to the product resulting from the polymerization of styrene monomers;

(16) **Polyvinylidene.** The term "polyvinylidene" means a copolymer of vinylidene chloride and other monomers;

(17) **Polyvinylidene fibers.** Polyvinylidene fibers manufactured from polyvinylidene shall be designated as "polyvinylidene fibers" or "synthetic fibers;"

(18) **Urethane.** The term "urethane" means any ester of carbamic acid;

(19) **Vinyl.** The term "vinyl" shall be applied to homopolymers or copolymers of vinyl chloride;

(20) **Vinyl fibers.** The term "vinyl fibers" or "synthetic fibers" shall be used to designate fibers of filaments manufactured from vinyl. [Regulation .46.060, effective 3/11/60.]

WAC 248-46-070 Definitions——Miscellaneous filling material. (1) **Cat-tail plant fibers.** "Cat-tail plant fibers" shall be so designated on the label;

(2) **Cellulose.** The term "cellulose," "cellulose fiber" or "cellulosic" shall be used to describe cellulosic products containing not more than 4% lignin and 12% pentosans;

(3) **Cellulose pads.** Pads made from "cellulose" may be designated as "cellulose pads;"

(4) **Coconut husk fiber or coir.** "Coconut husk fiber" or "coir" may be used to describe the fibrous material obtained from the husk or outer shell of the coconut;

(5) **Excelsior.** The use of the term "excelsior" is permitted to described curled shreds of wood. The term "wood wool" shall not be used;

(6) **Jute.** The term "jute" by itself shall not be used;

(7) **Jute fiber.** The term "jute fiber" shall be used to describe jute of which no prior use has been made;

(8) **Jute pad.** The term "jute pad" may be used to designate a pad made from jute fibers;

(9) **Jute shoddy.** The term "jute shoddy" shall be used to designate reclaimed used cordage or other jute material which has been fabricated and used for baling or other purposes;

(10) **Palm fibers.** The term "palm fibers" shall be used to designate the fibrous material obtained from the leaf of the palm, palmetto, or palmyra tree;

(11) **Sea grass.** The term "sea grass" shall be used to describe the material obtained from maritime plants or seaweeds;

(12) **Sisal fibers.** The term "sisal fibers" shall be used when new sisal is not made of reclaimed fibers;

(13) **Sisal pad.** The term "sisal pad" may be used to designate a pad made from sisal fibers;

(14) **Sisal shoddy.** The term "sisal shoddy" shall be used to designate reclaimed used cordage or other sisal material, excepting that material used to bind new sisal bales, which has been fabricated and used for baling or other purposes. It shall be indicated as "secondhand" and shall be sterilized and bear a red label;

(15) **Steel wool pads.** The term "steel wool pads" is not permitted. When passed through some form of garnetting machine and carded in layers or sheets, steel fibers may be described as "steel batting," or "steel fiber pads." When not garnetted they shall be described as "steel fibers;"

(16) **Tampico fibers.** Tampico fibers when curled shall be designated as "curled tampico fibers;"

(17) **Tanner's wool.** "Tanner's wool" shall be so designated. It is classed as new material but shall be sterilized by an approved process. The percentage of tanner's wool in batting shall be designated;

(18) **Wood fiber.** The term "wood fiber pad" shall be used to designate a pad made of cellulose fiber containing more than 4% lignin and/or 12% pentosans. [Regulation .46.070, effective 3/11/60.]

WAC 248-46-080 Labels——General requirements. (1) **Label, labeling, labels.** The terms "labels," "label," or "labeling" or similar terms, unless otherwise specified in these rules refer to the label required by chapter 183, Laws of 1951 (chapter 18.45 RCW).

(2) Labels to be affixed to every article of upholstered furniture and bedding must be provided by the manufacturer and such labels must be in accord with the physical specifications of the nationally recognized "uniform label." The wording used on the label to describe filling materials must conform to the labeling definitions as set forth in these regulations. Labels must be made of white vellum cloth or a fabric of comparable quality which will not flake when abraded.

(3) Labels shall be submitted for approval.

(4) Labels shall be at least six square inches in area, exclusive of the portion required to attach the labels to the article.

(5) Labels shall be firmly and conspicuously attached to the outside of the article, and must be placed where they can be conveniently examined.

(6) All mandatory information required by law or by these rules and regulations to appear on the label shall be in capital letters at least 1/8 inch high.

(7) When more than one kind or grade of filling material is used in a mixture, other than blended cotton felt, WAC 248-46-040(18), the grades and kinds used shall be shown on the label in the order of their predominance in the blend. Percentages shall be shown for the component parts except as stated in WAC 248-46-040(18).

(8) **Toppers.** If a "foam" or "sponge rubber" topper is used in any article of upholstered furniture or bedding to

cover other filling material, the measurement of the topper must be stated, e.g., 54" x 12" x 1/2". Measurement in square inches alone on any label attached to the article shall be deemed to be misleading.

(9) No advertisement, insignia, or trade name shall appear on the label.

(10) **All new material labels.** "All new material" labels shall be white stock, black print.

(11) **Owner's own material label.** "Owner's own material" label shall be white stock, green print; or green stock, black print.

(12) **Secondhand material label.** "Secondhand material" labels shall be red stock, black print.

(13) Responsibility for properly designating the filling material used in any article is upon the manufacturer of the finished article and upon any person who labels or re-labels such article.

(14) It is the responsibility of any person accepting delivery of unlabeled articles containing a filling material to secure and attach the proper label. [Regulation .46.080, effective 3/11/60.]

WAC 248-46-090 Labels——Articles of upholstered furniture and bedding. (1) If an article of upholstered furniture would not be complete without cushions, a label shall be attached to the body of the article. The label shall designate the number of cushions and the names of the materials used for filling the cushions as well as the materials used in the body of the article.

(2) Mattresses made in more than one part shall have a label attached to each part, unless fastened together by a slide fastener or other means to comprise one unit. The label on each unit shall designate the number of component parts and the mattress shall be shipped as one unit. If the articles are shipped in separate parts, each part shall be labeled.

(3) Rubber mattress cores and quilted mattress tops and side walls, contained in a carton, need not be labeled providing a label is attached to the carton.

(4) Bed pads or mattress protectors containing filling material shall be labeled.

(5) Labels may be attached to the bottoms of slip seats or other lightweight articles. They may also be attached to the backs or bottoms of upholstered dining room or bedroom chairs but they shall not be attached to the bottoms or backs of divans, sofas, love seats, day-beds, davenports or studio couches.

(6) Wood furniture which is not upholstered except for detachable cushions which are a part of the complete article, shall have a label attached to the body of the article, which label shall designate the number of cushions and the names of the filling materials used therein.

(7) Upholstered furniture with a detachable cushion shall have the label securely attached to the top at the front of the platform where it may be clearly visible when the front of the cushion is raised.

(8) Upholstered furniture without detachable cushions shall have the top of the label securely attached to the front of the bottom of the article in such position that the label is clearly visible.

(9) **Cushions.** The following shall be interpreted as cushions and the list is to be considered incomplete: cushions or pads of kitchen chair sets; life preserver cushions unless approved by the U.S. Coast Guard; auto seat cushions measuring more than 15" x 15" x 3"; high chair sets; back rests, except those manufactured expressly for use in automobiles and are displayed and sold as such; chair pads; sanitary chair pads; cushions measuring more than 6" in any direction unless otherwise provided for in these regulations.

(10) The law is fully applicable to the rental of beds, mattresses, invalid chairs, cushions, etc., customarily used by invalids. It is not intended to and it does not apply to renting out for a few hours folding chairs used by caterers and undertakers, etc. [Regulation .46.090, effective 3/11/60.]

WAC 248-46-100 Labels——Repaired and renovated articles, owner's own. (1) Every remade or renovated article not for sale but for return to the owner for his own use shall have a label approved by the director affixed to it.

(2) The label shall be attached to the article upon its receipt and the name and address of the owner shall immediately be entered on the label.

(3) Any such article wherein the filling material(s) is distributed or exposed during making or renovating shall be fumigated by a process approved by the director, except that this may not apply to owner's own upholstered furniture.

(4) The presence of added material and whether it is new or secondhand shall be designated on the label.

(5) Immediately after the article has been remade, repaired or renovated, if no additional material has been used, the word "none" shall be entered in the label.

(6) There shall also be entered the date of fumigation, the permit number of the fumigator and the license number of the repairer and renovator where applicable. [Regulation .46.100, effective 3/11/60.]

WAC 248-46-110 Cleanliness of secondhand articles. (1) Secondhand shall mean any filling material or article of upholstered furniture or bedding, any part of which has been used.

(2) Except as provided under WAC 248-46-110(3) any person before selling or offering for sale a secondhand article which does not have a new complete outer covering shall:

(a) vacuum the outer surface and recess area of the articles so as to remove all loose dust and debris and

(b) clean the outer surface of the article so as to remove all oil, grease, and physical accumulations of soil other than stains.

(3) Hospital-type mattresses. All mattresses that are provided as part of rented hospital-type bed equipment shall have a washable outer surface and after each rental be cleaned with a detergent solution containing a sanitizing agent.

(4) As provided under RCW 18.45.450 the director may condemn or withhold sale any secondhand damaged

article or any filling material to be used in the manufacture of any article found to be hazardous or detrimental to health. [Order 137, § 248-46-110, filed 12/2/76; Regulation .46.110, effective 3/11/60.]

WAC 248-46-120 Sterilization. (1) The method of sterilization of bedding and upholstered furniture shall be determined by the director.

(2) No person shall engage in the business of sterilizing articles of upholstered furniture and bedding, or such filling materials as are or that may be used in the construction, either for himself or for others without first applying to the state department of health for a license. Such license shall not be issued until the sterilizing equipment has been inspected and has been found to comply with the recommendations of the director.

(3) Every article of upholstered furniture or bedding from any private or public hospital, jail, nursing home, or any other institution or which has been used by any person suffering from an infectious or contagious disease shall be sterilized before being offered for sale, or repaired and renovated. [Regulation .46.120, effective 3/11/60.]

WAC 248-46-130 Fumigation. (1) Fumigation may be carried out by the atmospheric chamber method, vacuum chamber method, or by any other method demonstrated to be effective and approved by the director.

(2) No person shall engage in the business of fumigating articles of upholstered furniture and bedding or such filling materials as are or may be used in the construction thereof, either for himself or for others, without first applying to the state department of health for a license. Such license shall not be issued until the fumigation chamber has been inspected and has been found to comply with the regulations.

(3) It shall be the responsibility of the registrant to be assured that any person who operates and/or maintains the chamber has demonstrated his ability to operate such fumigation chamber in an effective and safe manner.

(4) The director of health may revoke at any time the permission to operate a fumigation chamber when he deems it necessary for the sake of safety and welfare of the public or individuals concerned, or if there is noncompliance with chapter 183, Laws of 1951 (chapter 18.45 RCW) of the state of Washington.

(5) **Atmospheric and vacuum fumigation.** Natural or mechanical means shall be provided to insure a healthful atmosphere throughout the premises. Minimum requirements for safe ventilation, including air change, temperature, humidity, air velocity, and removal of atmospheric contaminant in all work rooms shall be such that harmful conditions are obviated.

(6) Whenever toxic gases are employed in a chamber or other types of fumigation used, an adequate system of aeration shall be provided which will insure against a hazardous exposure to the operator or to others.

(7) In any type of fumigation there shall be adequate warning system for the protection of the operator and the public. This shall include the posting of a sign printed in English using red block letters not less than three inches in height for the two lines:

DANGER – POISON GAS

STAY AWAY

(8) General ventilation may be used to maintain, by dilution, the concentrations of atmospheric contaminants below the maximum allowable concentrations, provided that general ventilation shall not be used when it is feasible to prevent the escape or dispersion of the contaminants into the workroom atmosphere.

(9) Adequate facilities for rendering medical service, including prompt first aid or emergency treatment of all accidents occurring during employment should be provided. In any operation or process employing toxic material, there must be readily available the essential drugs and equipment necessary for effective emergency first aid treatment by a physician. Such drugs and equipment shall be clearly labeled and marked

"For Use by Physician"

(10) In fumigation with any toxic gas, a helper or second person must always be present and able to render necessary aid to protect the operator in the event of errors, failure of equipment, or accident. Such person should be proficient in the technique of back pressure–arm lift method of artificial respiration.

(11) Employers and employees shall familiarize themselves with the use, sanitary care, and limitations of such respiratory equipment as they may have occasion to use.

(12) Respiratory or other protective equipment provided shall be types approved by the Washington state department of health for the specific employments involved.

(13) Protective devices and safety protective clothing shall be worn or used at all times during the period of exposure.

(14) Any vault or chamber used for fumigation purposes shall be so constructed as to be gas and air tight. This shall include making inlet and outlet vent traps, gas and air tight, and providing for their control from without.

(15) Whenever fumigation air–gas concentrations approach or exceed the lower explosive limit of the particular toxic substance used, all electrical equipment, fittings, and connections must be of explosion–proof type.

(16) In vault or chamber fumigation there must be provided a gas–tight vent pipe or stack of adequate size which will connect above the vent trap and extend at least six feet above adjacent buildings and an inlet vent of adequate size and proper location.

(17) Any vault or chamber used for fumigation purposes must be no less than 500 cubic feet capacity nor more than 1,000 cubic feet except with the written approval of the department. It must be so constructed as to be gas and air tight. It must be so designed and equipped that it can be kept clean and the fumigating agent have proper access to the material to be fumigated. It must be used only for fumigation purposes.

(18) When fumigation vaults or chambers are to be built for operation within the limits of any incorporated

city, construction plans, safety devices to be employed, and nature of fumigant to be used should be discussed with the local fire marshal or other agency having jurisdiction in such matters.

(19) Each chamber or vault shall be provided with equipment to conform with these regulations and with the standards and regulations of the department of health.

(20) **Cyanide.** This method of fumigation may not be used except by professional fumigators approved by the department.

(21) **Methyl bromide.** The use of methyl bromide is restricted to professional fumigators except with the written permission of the department.

(22) **Professional fumigator.** The term "professional fumigator" as used in these regulations shall mean a person exclusively engaged in the business of fumigating buildings, vessels, or enclosed spaces; has passed an examination and been issued a license by a municipality as a fumigator or master fumigator.

(23) **Ethylene dichloride and carbon tetrachloride.** This noninflammable liquid mixture of 75% ethylene dichloride and 25% carbon tetrachloride is approved for use in an atmospheric chamber. Liquid should be placed in a shallow tray not more than 2-1/2 inches deep. Tray should be placed 18 inches below ceiling. Not less than 14 pounds (5 quarts) per 1,000 cubic feet of air space should be used, and temperature of room maintained at not less than 75°F. nor more than 90°F. for 24 hours.

(24) Any method of fumigation not provided for herein shall be submitted to the department of health for approval before adoption or use.

(25) The fumigator shall submit to the director a monthly report of all articles treated. The necessary forms may be procured from the state department of health.

(26) All items that are so treated must be stamped, labeled, or tagged as having been treated.

(27) Fumigation chambers licensed by the state department of health are for the purpose of fumigating upholstered furniture, bedding, and filling materials, and all secondhand articles containing a soft, hidden filling material which comes within the scope of the law. The holder of the license is authorized to fumigate within the chamber, using the recommended fumigant. No other fumigant may be used without the approval of the director and no fumigation is authorized outside the chamber. [Regulation .46.130, effective 3/11/60.]

WAC 248-46-140 Supply dealers——Standards. (1) **Batts.** Paper sleeves, cartons, wrappers, or containers of any kind for individual cotton or wool batts, or batts made of any other material or combination of materials, concealed or not concealed, shall state whether the material is new or secondhand and show the grades and types of filling materials used, and the statement: "Certification is made that this material is described in accordance with the law."

(2) The batt stamp or label must show the registration number of the manufacturer or supply dealer.

(3) A stamp may be used in lieu of label providing the stamp used is not smaller than the minimum size approved by the department.

(4) When a stamp is approved in lieu of label such stamp shall show or state such information as would be required on the label which it replaces.

(5) The label or stamp shall not be smaller than six square inches in area.

(6) Batting made of any material or combination of materials for use in upholstered furniture or bedding shall be labeled or stenciled as set forth in the appropriate filling material regulations.

(7) Punched pads having muslin or burlap back shall show the required information without reference to, or inclusion of, the backing or binding element.

(8) Stamps or labels on pads shall show the kinds and grades of materials used.

(9) Rubberized pads, or those using bindershaving, a similar effect, likewise need not show the percentage of rubber or other binder element, when rubber or other material is used solely as a binder element.

(10) **Bulk materials.** All filling materials sold in bulk or packages and intended for use in the manufacture of upholstered furniture or bedding, shall be tagged or labeled in accordance with regulations covering the labeling of each kind of filling material.

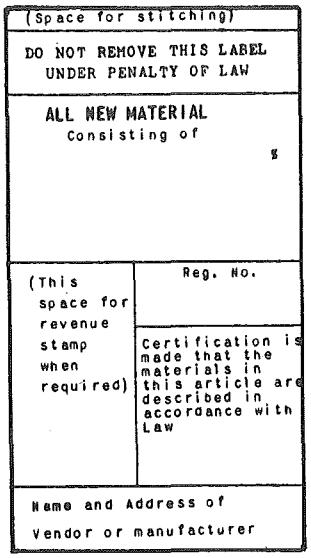
(11) Bulk material in packages shall show on the stamp or label, the net avoirdupois weight; the kinds and grades of materials used, together with the registration number of the manufacturer or supply dealer.

(12) For labeling of secondhand material see WAC 248-46-110.

(13) The standards and definitions for filling materials shall be those included in these rules and regulations. [Regulation .46.140, effective 3/11/60.]

WAC 248-46-200 Forms.

(1)


(Space for stitching)

DO NOT REMOVE THIS LABEL
UNDER PENALTY OF LAW

ALL NEW MATERIAL
Consisting of
%

(This space for revenue stamp when required)

Reg. No.

Certification is made that the materials in this article are described in accordance with Law

Name and Address of
Vendor or manufacturer

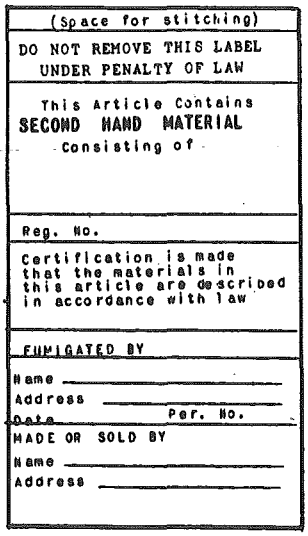
ALL NEW MATERIAL LABEL
WHITE STOCK
BLACK PRINT

Minimum type size one–eighth inch high, capital letters

Insert description of filling materials by clearly imprinting in English, using capital letters not less than one–eighth inch high

Minimum size of exposed part of label is 2 x 3 inches

(2)


(Space for stitching)

DO NOT REMOVE THIS LABEL
UNDER PENALTY OF LAW

This Article Contains
SECOND HAND MATERIAL
Consisting of

Reg. No.

Certification is made that the materials in this article are described in accordance with law

FUMIGATED BY
Name _____
Address _____
Date _____ Per. No.

MADE OR SOLD BY
Name _____
Address _____

SECONDHAND MATERIAL LABEL
RED STOCK
BLACK PRINT

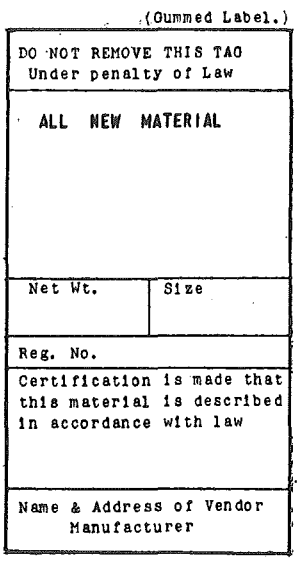
Minimum type size one–eighth inch high, capital letters

Minimum type size for description one–eighth inch high, capital letters

Minimum type size one–eighth inch

SUPPLY DEALERS LABEL — BATTING, FELT, PADDING

(3)


(Gummed Label.)

DO NOT REMOVE THIS TAG
Under penalty of Law

ALL NEW MATERIAL

Net Wt. | Size

Reg. No.

Certification is made that this material is described in accordance with law

Name & Address of Vendor
Manufacturer

WHITE STOCK
BLACK PRINT

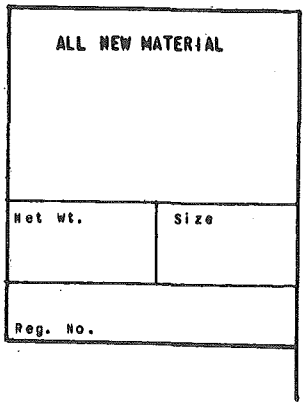
24 Point Gothic Type, capital letters

Insert description of filling materials by clearly imprinting in English, using capital letters not less than one–eighth inch high

(optional)

FOR BATTING, FELT OR PADDING WRAPPER STENCIL OR RUBBER STAMP

(4)

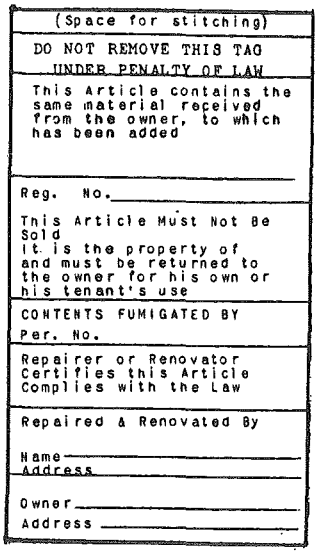


BLACK INK

24 Point Gothic Type in capital letters

Insert description of filling material by clearly imprinting in English using capital letters not less than one-eighth inch high

(5)



OWNER'S OWN MATERIAL LABEL

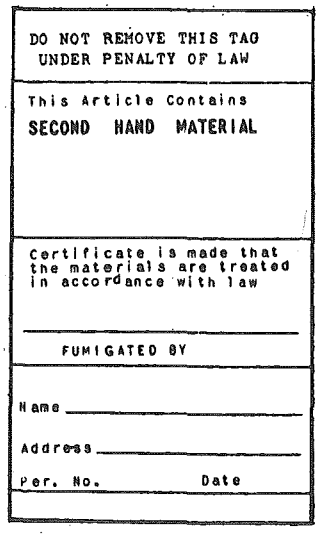
GREEN STOCK — BLACK PRINT

WHITE STOCK — GREEN PRINT

Minimum type size for description of filling material one-eighth inch high, capital letters

Minimum type size, one-eighth inch

(6)



FUMIGATORS OR STERILIZERS

LABEL

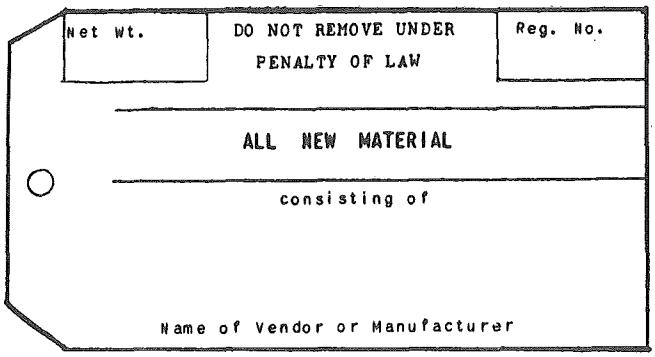
RED STOCK
BLACK PRINT

Minimum type size one-eighth inch high, capital letters

Minimum type size one-eighth inch high, capital letters

SUPPLY DEALERS TAGS — BULK MATERIALS

(7)



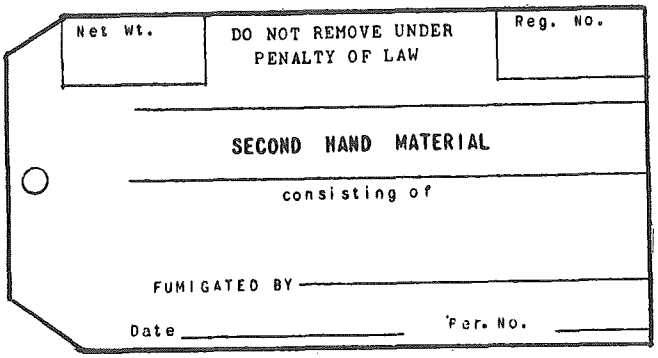
LIGHT STOCK

BLACK PRINT

24 Point Gothic

Insert description of filling materials by clearly imprinting in English using capital letters not less than one-eighth inch high

(8)



RED STOCK

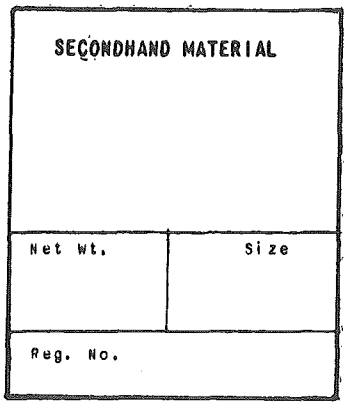
BLACK PRINT

24 Point Gothic

Minimum type size one-eighth inch high

FOR SECONDHAND BATTING, FELT OR PADDING WRAPPER STENCIL OR RUBBER STAMP

(9)



RED INK

24 Point Gothic Type in Capital Letters

Insert Description of Filling material by clearly imprinting in English using capital letters not less than one-eighth inch high.

[Forms (codified as WAC 248-46-200), effective 3/11/60.]

WAC 248-46-999 Legal authority of the state board of health. RCW 18.45.480 (section 38, chapter 183, Laws of 1951). [Regulation .46.999, effective 3/11/60.]

Chapter 248-50 WAC
GENERAL SANITATION

WAC

248-50-010 Definition——Public or common nuisance.
248-50-020 Spitting.
248-50-030 Common towel.
248-50-060 Water sold to the public for drinking purposes in bottles or other containers.
248-50-070 Ice sold for public use.
248-50-080 Pollution of ground water prohibited.
248-50-090 Stream pollution.
248-50-100 Disposal of human excreta.
248-50-110 Kitchen and laundry water.
248-50-120 Disposal of garbage, trash, rubbish, offal, dead animals, and manure.
248-50-130 Keeping of animals.
248-50-140 Stagnant water.
248-50-150 Highway sanitation.
248-50-160 Sanitation of public buildings.
248-50-170 Objectionable establishment and industrial wastes.

248-50-180 Piggeries.
248-50-200 Disease producing organisms for rodent extermination forbidden.
248-50-210 Common drinking cups.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-50-050 Semipublic water supplies. [Regulation .50.050, effective 3/11/60.] Repealed by Order 54, filed 4/5/71.
248-50-190 Hotel and summer resorts. [Regulation .50.190, effective 3/11/60.] Repealed by Order 71, filed 4/11/72.

WAC 248-50-010 Definition——Public or common nuisance. For the purpose of these regulations, a public or common nuisance shall be considered as that which is set up, maintained or continued so as to be injurious to the health, or an obstruction to the use of property by interfering with the repose, health, safety or life of any considerable number of persons. [Regulation .50.010, effective 3/11/60.]

WAC 248-50-020 Spitting. Spitting upon the floors or walls of a public building or buildings used for public assemblage, of a building used for manufacturing or industrial purposes, or upon the floors or platforms or any part of any railroad or trolley car or ferry boat, or any other public conveyance, is prohibited. [Regulation .50.020, effective 3/11/60.]

WAC 248-50-030 Common towel. No person, firm, corporation or authorities owning, in charge of, or in control of any lavatory or wash room in any hotel, theatre, lodging house, restaurant, factory, school, church, store, office building, railway or trolley station, or public conveyance by land, water or air, or other institution or conveyance frequented by the public, or which may be used for the purpose of public assembly or as a place of employment, shall provide in or about such lavatory or washroom any towel for common use.

The term "common use" in this section shall be construed to mean, the use of all or any portion of a towel by more than one person without adequate cleansing. [Regulation .50.030, effective 3/11/60.]

WAC 248-50-060 Water sold to the public for drinking purposes in bottles or other containers. (1) **Quality.** No water shall be sold, offered for sale or rendered available for drinking purposes in bottles or other containers unless such water is of a sanitary quality approved by the state director of health.

(2) **Inspection.** All plants for the preparation of water for sale in bottles or other containers for drinking purposes and the sources of the water supply shall be inspected as frequently as necessary by a representative of the state department of health, and samples of water collected for sanitary analyses at the state department of health laboratories.

(3) **Sterilizing containers.** Bottles or other containers in which water is sold for drinking purposes shall be sterilized before refilling. The method of sterilization shall be approved by the state director of health.

(4) **Water purification.** Processes of purification of waters that are to be sold for drinking purposes shall be approved by the state director of health before the water can be sold or offered for sale. [Regulation .50.060, effective 3/11/60.]

WAC 248-50-070 Ice sold for public use. (1) **Quality.** No ice shall be sold, offered for sale or rendered available for use to the public unless such ice is of a sanitary quality approved by the state director of health.

(2) **Information.** Any company, corporation, city or individual selling artificial ice for public consumption shall submit to the state department of health complete information concerning the source of water supply used for the manufacture of the ice and a detailed description of the manufacturing processes involved.

Any company, corporation, city or individual harvesting natural ice shall file full information with the state department of health with regard to the source of the ice and method of storage. [Regulation .50.070, effective 3/11/60.]

WAC 248-50-080 Pollution of ground water prohibited. (1) No privy contents, drainage from a building, or the effluent from any sewage treatment device shall be discharged directly into any well, either abandoned or constructed for that purpose, that is carried to such a depth as to penetrate the water-bearing strata.

(2) No privy contents, drainage from a building, or the effluent from any sewage treatment device shall be discharged into any crevice, sink-hole, or other opening, either natural or artificial, in a rock formation which will or may permit the pollution or contamination of ground water, except with the approval of the state director of health. [Regulation .50.080, effective 3/11/60.]

WAC 248-50-090 Stream pollution. If, after investigation by the state department of health of any stream, lake, or other body of water within the state or forming the boundaries thereof, it is found that the entrance of sewage or industrial wastes are contributing sufficient pollution to endanger the public health and welfare, and the correction thereof is both possible and practicable, the state director of health will issue and enforce such special orders as may be necessary for the protection of the public health and welfare. [Regulation .50.090, effective 3/11/60.]

WAC 248-50-100 Disposal of human excreta. (1) **Waters of the state defined.** For the purpose of this regulation, the term "waters of the state" wherever used, shall include all streams and springs, and all bodies of surface and of ground water, whether natural or artificial, within the boundaries of the state.

(2) **Privies shall be fly-proof.** No privy, cesspool, septic tank, or other receptacle for human excrement shall be constructed, maintained or used so that flies have or may have access to the excrementitious matter contained therein.

(3) **Privies shall not drain in any waters of the state.** No privy, urinal, cesspool, septic tank or other receptacle for human excrement shall be constructed, maintained

or used which directly or indirectly drains or discharges over or upon the surface of the ground, or into any waters of the state either directly or indirectly; unless the contents of such urinal, cesspool, septic tank or receptacle for human excrement are subjected to some recognized sterilization treatment approved by the state department of health.

(4) **Privies shall be kept clean.** All privies, urinals, cesspools, septic tanks or other receptacles for human excrement shall be cleansed at sufficiently frequent intervals to prevent the contents from overflowing.

(5) **Treating excreta on watersheds of public water supplies.** All schools, hamlets, villages, towns or industrial settlements which are now located or may be hereafter located on the watershed of any public water supply, not provided with a sewerage system, shall provide and maintain a reasonable system approved by the state director of health for collecting and disposing of all accumulations of human excrement within their respective jurisdiction or control.

(6) **Connection with sewer.** No privy, cesspool, septic tank or similar receptacle for human excrement shall be constructed, maintained or used on premises where a sewer is at all accessible which is part of a sewerage system from which sewage is lawfully discharged into the waters of the state.

(7) **Use of human excreta for fertilizer prohibited.** The contents of privies, cesspools, septic tanks or other receptacles for human excrement shall not be placed upon the surface of the ground or be used for fertilizing purposes for crops or gardens.

(8) **No privy near foodstuffs.** No privy, urinal, toilet or other receptacle for human excrement shall be constructed, maintained or used in any room, or have direct connection with any room wherein any kind of exposed foods or foodstuffs are prepared, stored or handled. [Regulation .50.100, effective 3/11/60.]

WAC 248-50-110 Kitchen and laundry water. No kitchen or laundry water shall be discharged or be permitted to discharge or flow into any gutter, street, roadway or public place. [Regulation .50.110, effective 3/11/60.]

WAC 248-50-120 Disposal of garbage, trash, rubbish, offal, dead animals, and manure. (1) **Definitions.** For the purpose of these regulations the following definitions shall apply:

"Garbage" shall mean all solid and semisolid kitchen refuse subject to decay or putrefaction and all market waste of animal and vegetable matter which was intended to be used as food.

"Trash and rubbish" shall mean all waste material not of putrescible nature, which for the purpose of this regulation shall include ashes.

"Offal" shall mean waste animal matter from butcher, slaughter, or packing houses.

"Dead animals" shall mean all animals large and small which may die or which may be killed for other than food purposes.

"Manure" shall mean cleanings from all barns, stables, corrals, pens, or cars used for stabling or penning of animals or fowl.

(2) **Methods of disposal.** Garbage, offal and manure; or rubbish, trash, and ashes mixed with garbage, offal or manure shall be disposed of by incineration, burial, sanitary fill or other method approved, and within a time limit set by the health officer. Such material shall not be disposed of by being deposited in any ditch, gulch, ravine, river, stream, lake, pond, nor upon the surface of the ground, on any highway rights of way, where it may become a nuisance or menace to health through the breeding of flies, harboring of rodents, or pollution of water.

(3) **Dead animals.** The carcass of any dead animal shall be removed and disposed of by burial, incineration or other proper method within twenty-four hours after death. If the carcass is buried it shall be placed so that every part shall be covered by at least two feet of earth and at a location not less than 100 feet from any well, spring, stream or other surface waters, and in a place not subject to overflow. In all cases of death from communicable disease, the carcass, if disposed of by burial, shall first be thoroughly enveloped in unslaked lime.

Proper disposal shall be made by the owner of the animal or by the owner of the property on which the dead animal is found. Where the owner of the animal is unknown and the carcass is found upon any street, alley or other public place, it shall be removed and disposed of by the county board of health at public expense. [Regulation .50.120, effective 3/11/60; subsection (2) amended by filing of 6/3/65.]

WAC 248-50-130 Keeping of animals. (1) Any person, firm or corporation is prohibited from keeping or sheltering animals in such a manner that a condition resulting from same shall constitute a nuisance.

(2) In populous districts, stable manure must be kept in a covered watertight pit or chamber and shall be removed at least once a week during the period from April 1st to October 1st and, during the other months, at intervals sufficiently frequent to maintain a sanitary condition satisfactory to the health officer. Manure on farms or isolated premises other than dairy farms need not be so protected and removed unless ordered by the health officer.

(3) Manure shall not be allowed to accumulate in any place where it can prejudicially affect any source of drinking water. [Regulation .50.130, effective 3/11/60.]

WAC 248-50-140 Stagnant water. (1) All marshes or swamps, and all pools or ponds, either natural or artificial, shall be maintained by the owners free from the breeding of mosquitoes. If treatment is required to prevent the breeding of mosquitoes, it shall be accomplished by filling, draining, stocking with larvae-eating fish, treating with larvicide or mineral oil or by some other method approved by the state department of health.

(2) No person shall maintain or permit to be maintained any privy vault, cesspool, well, cistern, rain barrel, or other receptacle containing water in such

condition that mosquitoes may breed therein. [Regulation .50.140, effective 3/11/60.]

WAC 248-50-150 Highway sanitation. Any municipality, community, institution, corporation, association, firm or person who owns, operates, or maintains on or near any public highway, a place catering to the traveling public, shall maintain and operate said place in such a way that it does not constitute a menace to public health or a public nuisance. [Regulation .50.150, effective 3/11/60.]

WAC 248-50-160 Sanitation of public buildings. (1) **Definition.** A public building shall be construed to mean any theater, show-house, public hall, public meeting place, public transportation terminal, or any other public building not covered by specific regulations: *Provided*, That a public building shall not be construed to include any store, market, supermarket, or other commercial establishment open to the general public for commercial purposes which does not cater to an audience.

(2) **Lighting and ventilation.** All public buildings shall be properly lighted and ventilated according to the type of said building and the uses to which it is put.

(3) **Water supply.**

(a) Any public place supplied with water under pressure shall be equipped with sanitary drinking fountains of an approved type.

(b) Where water supplied for drinking is not obtained from a public water supply, such water shall be of a quality approved by the secretary of the department of social and health services. When not under pressure, drinking water shall be stored in a covered container of an approved type.

(c) The use of the common drinking cup is prohibited.

(4) **Toilet facilities.** Every public building shall be provided with adequate sanitary toilet facilities for each of the sexes; and such facilities shall be convenient and accessible. Every public building which must provide adequate sanitary toilet facilities shall provide at least one free sanitary toilet facility for each of the sexes. Where toilet facilities are voluntarily provided by any store, market, supermarket, or other commercial establishment for use by customers of such establishment or the general public, there shall be at least one free sanitary toilet facility provided for each of the sexes. It shall be the duty of the owner, manager, or other responsible person in charge to see that the toilet system is properly installed and maintained in a usable and sanitary condition at all times.

The method of sewage disposal for all public buildings shall comply with the rules and regulations of the state board of health.

(5) **Cleaning.** All public buildings shall be kept at all times in a clean and sanitary condition and the cleaning shall be carried on under proper sanitary conditions. All rooms used for public meetings shall be cleaned after each meeting held in them, such cleaning to consist of thorough sweeping of the floors and wiping of the woodwork, together with proper airing of the rooms. No room shall be swept without the use of a proper dust-laying substance. Dry dusting is prohibited. In construing this regulation all meetings held during the course of a single day shall be regarded as one meeting. [Order 98, § 248-50-160, filed 4/5/74; Order 89, § 248-50-160, filed 10/3/73; Regulation .50.160, effective 3/11/60.]

WAC 248-50-170 Objectionable establishments and industrial wastes. (1) No person, partnership, firm or corporation maintaining a slaughter house, rendering works, depository of dead animals, glue works, tannery, wool washing establishment, paper mill, by-product coke oven, dye works, oil refinery, dairy, creamery, cheese factory, milk station or similar establishment; or engaged in the manufacture of gas, chemicals, explosives, fertilizers, or similar products; or in the business of soap making, fish oil extraction, bone boiling or similar occupation, shall allow any noxious exhalation, odors or gases that are deleterious or detrimental to public health to escape into the air, or any substance that is deleterious or detrimental to public health to accumulate upon the premises; or be thrown or allowed to discharge into any street, roadway or public place; or be thrown or allowed to discharge into any stream or other waters of the state.

(2) All slaughter houses, rendering works, bone boiling establishments, depositories for dead animals, garbage disposal works, piggeries and similar establishments handling organic matter shall have an adequate water supply for the purpose of keeping the place clean and sanitary. All floors shall be constructed of concrete or other impervious material and shall have adequate provision for drainage to a sewer or treatment works approved by the state department of health. [Regulation .50.170, effective 3/11/60.]

WAC 248-50-180 Piggeries. (1) No pigsty or piggery shall be built or maintained on marshy ground or land subject to overflow, nor within 200 feet of any stream or other source of water supply.

(2) When garbage is fed to pigs all unconsumed garbage shall be removed daily and disposed of by burial or incineration.

(3) No organic material furnishing food for flies shall be allowed to accumulate on the premises.

(4) All garbage shall be handled and fed upon platforms of concrete or other impervious material.

(5) Unslaked lime, hypochlorite of lime, borax or mineral oil shall be used daily in sufficient quantities to prevent offensive odors and the breeding to flies.

(6) All garbage, offal and flesh fed to swine must be sterilized by cooking before feeding. [Order 44, § 248-50-180, filed 12/11/70; Regulation .50.180, effective 3/11/60.]

WAC 248-50-200 Disease producing organisms for rodent extermination forbidden. The use of any disease-producing organisms such as the so-called "rat viruses" or any bacteria for the purpose of rodent extermination is prohibited. [Regulation .50.200, effective 3/11/60.]

WAC 248-50-210 Common drinking cups. No person, firm, corporation or authorities owning, in charge of, or in control of any hotel, theatre, restaurant, lodging house, factory, school, church, store, office building, railway, trolley or other public conveyance station, or public conveyance by land, water or air, or other institution or conveyance frequented by the public or which may be used for the purpose of public assembly or as a place of employment, is permitted to furnish any cup, vessel or other receptacle for common use in any such place for drinking or eating purposes.

The term "common use" in this section shall be construed to mean, for use by more than one person without adequate cleansing. [Regulation .50.210, effective 3/11/60.]

Chapter 248-54 WAC
PUBLIC WATER SUPPLIES

WAC

248-54-550 Purpose and scope.
248-54-560 Definitions.
248-54-570 Administration.
248-54-575 Class 4 public water systems.
248-54-580 Water system plan.
248-54-590 Engineering report.
248-54-600 Plans and specifications.
248-54-610 Operations program.
248-54-620 Approval of water systems existing prior to August 1, 1977.
248-54-630 Requirements for engineers.
248-54-640 Approval by health officer.
248-54-650 Inspection and certification by a professional engineer.
248-54-660 Source protection and treatment.
248-54-670 Fluoridation.
248-54-680 Design of public water system facilities.
248-54-690 Distribution reservoirs.
248-54-700 Disinfection of facilities.
248-54-710 Quantity and pressure.
248-54-720 Reliability.
248-54-730 Location of public water system facilities.
248-54-740 Quality.
248-54-750 Reporting and public notification.
248-54-760 Analyses and records.
248-54-770 Emergency measures.
248-54-780 Enforcement.
248-54-790 Waiver.
248-54-800 Variances and exemptions.
248-54-810 Sanitary survey.
248-54-820 Cross-connections.
248-54-830 Cross-connection terms.
248-54-840 Cross-connections prohibited.
248-54-850 Use of backflow prevention devices.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-54-001 Definitions. [Regulation .54.001, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-010 Approval of plans required for public water supplies—Preliminary report required. [Regulation .54.010, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-020 Approval of plans required for public water supplies—Submission of plans for new waterworks. [Regulation .54.020, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-030 Approval of plans required for public water supplies—Submission of plans for alterations to waterworks. [Regulation .54.030, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-040 Approval of plans required for public water supplies—Final approval. [Regulation .54.040, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-050 Approval of plans required for public water supplies—Requirements for engineers. [Regulation .54.050, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-060 Operation of public water supplies—Quality. [Regulation .54.060, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

247-54-070 Operation of public water supplies—Operation. [Regulation .54.070, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-080 Operation of public water supplies—Alteration or changes in operation required. [Regulation .54.080, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-090 Operation of public water supplies—Analyses of water required. [Regulation .54.090, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-100 Operation of public water supplies—Disinfection of new wells and pipe lines. [Regulation .54.100, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-110 Operation of public water supplies—Prohibiting return of cooling waters. [Regulation .54.110, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-120 Operation of public water supplies—Emergency notification. [Regulation .54.120, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-130 Operation of public water supplies—Regulations to be posted. [Regulation .54.130, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-140 Surface water supply—Inspection of watersheds. [Regulation .54.140, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-150 Surface water supply—Watershed sanitation. [Regulation .54.150, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-160 Surface water supply—Cities to define watersheds. [Regulation .54.160, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-170 Cross-connections—Definitions. [Regulation .54.170, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-180 Cross-connections—Cross-connections prohibited. [Regulation .54.180, filed 4/28/66; Regulation .54.180, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-181 Cross-connections—Use of back-flow prevention devices. [Regulation .54.181, filed 4/28/66.] Repealed by Order 49, filed 12/17/70.

248-54-182 Cross-connections—Approval of plumbing code. [Regulation .54.182, filed 4/28/66.] Repealed by Order 49, filed 12/17/70.

248-54-183 Cross-connections—Cross-connection control. [Regulation .54.183, filed 4/28/66.] Repealed by Order 49, filed 12/17/70.

248-54-184 Cross-connections—Anticipation of cross-connection. [Regulation .54.184, filed 4/28/66.] Repealed by Order 49, filed 12/17/70.

248-54-190 Cross-connections—Methods of providing for fire protection. [Regulation .54.190, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-200 Cross-connections—By-passes prohibited or approved. [Regulation .54.200, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

248-54-210 Cross-connections—Emergency intakes prohibited. [Regulation .54.210, effective 3/11/60. Repealed by Order 49, filed 12/17/70.

248-54-220 Fluoridation. [Regulation .54.220, effective 3/11/60.] Repealed by Order 49, filed 12/17/70.

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 248-54-550 Purpose and scope. Pursuant to the provisions of RCW 43.20.050, the regulations set forth in this chapter are adopted for the protection of public health through the provision of minimum requirements and standards for design, construction, operation, and maintenance of public water systems. The regulations are intended to conform with the requirements of PL 93-523, the Federal Safe Drinking Water Act of 1974. [Order 153, § 248-54-550, filed 12/5/77.]

WAC 248-54-560 Definitions. (1) "Class 1 system" – A community water system having 100 services or more.

(2) "Class 2 system" – A community water system having 10 through 99 services.

(3) "Class 3 system" – A noncommunity water system serving 25 or more people at least 60 days out of the year.

(4) "Class 4 system" – A community water system having fewer than 10 services or a noncommunity water system serving fewer than 25 people or any other public water system which is not a Class 1, 2, or 3 system.

(5) "Community water system" – A public water system which serves a permanent or seasonal population, such as a residential or recreational subdivision, mobile home park, apartment or condominium complex. See "Noncommunity water system."

(6) "Contaminant" – Any physical, chemical, biological, or radiological substance or matter in water which at sufficient levels may be deleterious to health.

(7) "Critical water supply service area" – A geographical area which is characterized by a proliferation of small, inadequate water systems or by water supply problems which threaten the present or future water quality or reliability of service in such a manner that efficient and orderly development may best be achieved through coordinated planning by the water utilities in the area in accordance with chapter 142, Laws of 1977, First Extraordinary Session. (Public Water System Coordination Act)

(8) "Department" – The Washington state department of social and health services or the health officer in accordance with WAC 248-54-570.

(9) "Disinfection" – Introduction of chlorine, or other agent approved by the department, in a sufficient concentration and followed by an adequate contact time so as to kill or inactivate pathogenic and indicator organisms.

(10) "Distribution system" – The piping used to deliver water intended for human consumption without additional treatment by the purveyor and which meets the water quality standards of WAC 248–54–740.

(11) "Dose equivalent" – The product of the absorbed dose from ionizing radiation and such factors as account for differences in biological effectiveness due to the type of radiation and its distribution in the body as specified by the International Commission on Radiological Units and Measurements (ICRU).

(12) "Exemption" – Permission granted by the state board of health which officially allows a water purveyor to exceed one or more of the maximum contaminant levels identified in WAC 248–54–740 or any treatment technique requirement because of factors other than the nature of the raw water sources. See "Variance" and "Waiver".

(13) "Gross alpha particle activity" – The total radioactivity due to alpha particle emission as inferred from measurements on a dry sample.

(14) "Gross beta particle activity" – The total radioactivity due to beta particle emission as inferred from measurements on a dry sample.

(15) "Health officer" – The city, county, city–county, or district health person having jurisdiction, or his authorized agent.

(16) "Man–made beta particle and photon emitters" – All radionuclides emitting beta particles and/or photons listed in Maximum Permissible Body Burdens and Maximum Permissible Concentration of Radionuclides in Air or Water for Occupational Exposure, National Bureau of Standards Handbook 69, except the daughter products of thorium–232, uranium–235 and uranium–238.

(17) "Maximum contaminant level" – The maximum permissible level of a contaminant in water which is delivered to the free flowing outlet of the ultimate user of a public water system, except in the case of turbidity where the maximum permissible level is measured at the point of entry to the distribution system. The free flowing outlet shall be considered any location in the active portion of the distribution system where water samples may be gathered which represent the quality of water typically served to and ingested by the consumer. The outlet may be continuously running or flushed out as needed to remove stale or standing water. If deemed necessary, the department may require that a certain percentage of samples be collected from standing water sources. Contaminants added to the water under circumstances controlled by the user, except those resulting from corrosion of piping and plumbing caused by water quality, are excluded from this definition.

(18) "Noncommunity water system" – A public water system which serves a transitory population such as a restaurant, motel, school, or campground. See "Community water system".

(19) "Picocurie (pCi)" – That quantity of radioactive material producing 2.22 nuclear transformations per minute.

(20) "Public water system" – Any system or water supply intended or used for human consumption or other domestic uses, including source, treatment, storage, transmission and distribution facilities where water is furnished to any community, collection or number of individuals, or is made available to the public for human consumption or domestic use, but excluding water system serving one single family residence.

(21) "Purveyor" – The federal agency, state agency, county agency, city, town, municipal corporation, firm, company, mutual, cooperative, association, corporation, partnership, district, institution, person or persons, owning or operating a public water system or his authorized agent.

(22) "Rem" – The unit of dose equivalent from ionizing radiation to the total body or any internal organ or organ system. A "millirem" (mrem) is 1/1000 of a rem.

(23) "Service" – A connection between the purveyor's distribution system and the customer's system. If the customer's system distributes to more than one single family dwelling, individual dwelling unit, site, or lot, then each single family dwelling, individual dwelling unit, site, or lot shall be considered as one service connection.

(24) "Standard methods" – *Standard Methods for the Examination of Water and Waste Water, 14th Edition*, jointly published by the American Public Health Association, American Water Works Association, and Water Pollution Control Federation, or any superseding edition.*

(25) "Variance" – Permission granted by the state board of health which officially allows a water purveyor to exceed one or more of the maximum contaminant levels identified in WAC 248–54–740 in those cases where, because of the nature of the raw water sources, the maximum contaminant level requirements cannot be met despite application of the best technology, treatment techniques or other means generally available. See "Exemption" and "Waiver".

(26) "Waiver" – Permission granted by the state board of health which officially waives the need for compliance with specific requirements of these regulations excluding any mandatory provisions of the Safe Drinking Water Act of 1974 or any mandatory provision of regulations adopted by the United States environmental protection agency pursuant thereto. See "Exemption" and "Variance".

(27) The following abbreviations are defined as:
kPa – kilo Pascal (Metric equivalent of psi)
m – meter
ml – milliliter
mm – millimeter
mg/l – milligrams per liter
MPN – most probable number
psi – pounds per square inch.

*Copies of this book may be obtained by writing APHA, Inc., 1015 Eighteenth St. N.W.,

Washington D.C. 20036.

[Order 153, § 248-54-560, filed 12/5/77.]

WAC 248-54-570 Administration. (1) The department and the health officer for each local health jurisdiction shall develop a joint plan of operation for the purpose of delineating the respective responsibilities of each agency for the administration of the provisions of these regulations. Such a plan shall be based upon the services essential to the supervision of public water systems and full utilization of appropriate resources within the respective agencies; and shall provide for a maximum level of water system supervision. This plan shall be submitted to the local board of health for approval. The department shall periodically review and report on the adequacy of water supply supervision to both the state and local boards of health.

(2) Wherever in these regulations the term department is used, it is understood that the term "health officer" may be substituted, according to the terms of the plan of operation in WAC 248-54-570(1). [Order 153, § 248-54-570, filed 12/5/77.]

WAC 248-54-575 Class 4 public water systems. (1) Requirements for Class 4 water systems are limited to basic health protection concerns. Each Class 4 system is required to submit one sample for bacteriological analysis annually, and to submit one sample for nitrate analysis every three years. Class 4 systems shall conform to the applicable provisions of the following sections of the regulations set forth in this chapter: WAC 248-54-570, 248-54-600, 248-54-620, 248-54-630, 248-54-640, 248-54-660, 248-54-680, 248-54-700, 248-54-710, 248-54-740, 248-54-780, and 248-54-790.

(2) The local board of health shall adopt regulations which establish a surveillance program for Class 4 water systems within its jurisdiction consistent with this section and local needs and resources. [Order 153, § 248-54-575, filed 12/5/77.]

WAC 248-54-580 Water system plan. (1) This section establishes a uniform process for larger water systems to identify their present and future needs and sets forth means for meeting those needs in the most efficient manner possible consistent with other relevant plans and policies affecting the area in which they are located.

(2) The following categories of public water systems shall develop and implement a water system plan which has been reviewed and approved by the department:

(a) All Class 1 public water systems having more than one thousand services or any public water system which attains a size of one thousand services after the effective date of these regulations.

(b) All Class 1 public water systems with less than one thousand services and all Class 2 public water systems located within the boundaries of a critical water supply service area established pursuant to chapter 142, Laws of 1977, First Extraordinary Session (Public Water System Coordination Act). Nonmunicipally owned public water systems are exempt from the planning requirements except for the establishment of service area boundaries if they were in existence prior to adoption of these regulations, and they have no plans for water service beyond their existing service area, and they meet minimum quality and pressure standards established by these regulations. If the county legislative authority permits a change in development that will increase the demand for water service of such a system beyond the existing system's ability to provide minimum water service, the purveyor shall develop a water system plan in accordance with this section. Public water systems located within a critical water supply service area may, provided that mutually agreeable arrangements are made with appropriate water utilities, choose to be included within the water system plan developed by another public water system.

(3) The water system plan shall contain, but not be limited to, the following elements:

(a) A description of the water system planning area, an assessment of the present and anticipated population growth, and an assessment of water demands;

(b) A description and inventory of existing water system facilities, including a hydraulic analysis of the system, source of supply, the physical, chemical, and bacteriological quality of both raw and treated water, and for surface water supplies, a watershed control program in accordance with WAC 248-54-660;

(c) Identification of water system needs projected at least 10 years into the future, an assessment of alternatives, and a program including a time schedule and financial plan for implementing needed improvements;

(d) A discussion of the relationship and compatibility with county or regional water system plans, plans of adjacent or nearby purveyors (including service area agreements), and other related plans affecting land use or development of water system facilities including review comments by those agencies or water systems affected by the plan;

(e) An operations program in accordance with WAC 248-54-610 including provisions for routine maintenance and operation, water quality monitoring, cross-connection control, responding to emergencies, and an identification of person(s) responsible for system management;

(f) Maps depicting existing and future service area boundaries (including adjacent or nearby water systems), water system facilities, existing and proposed pipe networks, critical elevation and pressure zones, existing local zoning and land use, and present and future population distribution patterns within the water system planning area;

(g) State Environmental Policy Act of 1971 (SEPA) considerations relevant to the proposal in accordance with the guidelines* of the department in chapter 248-06 WAC; and

(h) The necessary information in accordance with WAC 248-54-800 in those instances when either a variance or exemption is requested.

(4) Approval of the water system plan shall be in effect for a period five years subsequent to the date of issuance appearing on the formal letter of approval issued by the department. The purveyor shall update the water

system plan every five years or sooner, if necessary, and submit the water system plan to the department for approval. If no changes are considered necessary, then the purveyor shall submit evidence supporting this conclusion.

(5) Projects submitted for approval in accordance with WAC 248-54-590 or 248-54-600 by purveyors required to have a water system plan will not be considered for approval unless the purveyor has an approved and current water system plan.

*Copies of DSHS SEPA guidelines may be obtained from the Department of Social and Health Services, Water Supply and Waste Section, LD-11, Olympia, WA 98504.

[Order 153, § 248-54-580, filed 12/5/77.]

WAC 248-54-590 Engineering report. (1) The intent of this section is to assure that the engineering concepts and design criteria used in preparation of plans and specifications meet the intent of these regulations, and that the department receives sufficient information to permit a thorough evaluation of proposals which are complex in nature or require engineering design beyond the detail provided by a water system plan, such as the design of water treatment facilities.

(2) Prior to or concurrent with preparation of detailed plans and specifications for new construction or improvements to a public water system in accordance with WAC 248-54-600, the purveyor shall submit an engineering report to the department for review and approval.

(3) The engineering report need not duplicate information contained in an approved and current water system plan and shall include, as a minimum, the following elements:

(a) Planning considerations relevant to the proposal, including:

(i) General background about the public water system and the community served including present and future population;

(ii) Description of existing public water system and proposed future improvements;

(iii) Schedule of improvements and financial arrangements;

(iv) Operations program in accordance with WAC 248-54-610; and

(v) The necessary information in accordance with WAC 248-54-800 in those instances when either a variance or exemption from these regulations is requested.

(b) Engineering considerations relevant to the proposal, including:

(i) Design criteria, water demand, water quantity, water pressure;

(ii) Water quality and water treatment;

(iii) Available alternatives; and

(iv) Water right status and application number.

(c) State Environmental Policy Act of 1971 (SEPA) considerations relevant to the proposal in accordance with the guidelines* of the department in chapter 248-06 WAC;

(d) When a surface water source is to be developed:

(i) A general description of the watershed;

(ii) Upstream water requirements and discharges which might affect water quality;

(iii) Existing and projected land uses on and adjacent to the designated watershed and how these land uses could affect the quality of the surface water; and

(iv) Information on the physical, chemical, and bacteriological quality of the water source, including variations, and pilot plant test results if necessary.

(e) When a well or spring is to be developed:

(i) A map depicting topography, distances to the well or spring from existing property lines, buildings, potential sources of contamination, ditches, drainage patterns, and any other natural or man-made features that may affect the quality or quantity of water;

(ii) The dimensions and location of sanitary control area as set forth in WAC 248-54-660; and

(iii) Results of well site inspection by the department.

*Copies of DSHS SEPA guidelines may be obtained from the Department of Social and Health Services, Water Supply and Waste Section, LD-11, Olympia, WA 98504.

[Order 153, § 248-54-590, filed 12/5/77.]

WAC 248-54-600 Plans and specifications. (1) Every water purveyor, before installing or entering into a contract for installing any portion of a new public water system or additions, extensions, changes or alterations to an existing public water system, except as waived in WAC 248-54-600(3), shall submit to the department complete plans and specifications fully describing the proposed project and upon receipt of the written approval of the department the plans and specifications shall be adhered to unless deviations are first submitted to the department and receive written approval of the department. Minor field deviations required during construction need not be submitted for approval. This section does not apply to routine main repair.

(2) Plans and specifications shall contain, but not be limited to:

(a) Detailed construction drawings;

(b) General layout of the system including elevations, distribution line sizes, valving and source and reservoir locations;

(c) Provisions for inspection and certification by a professional engineer so as to assure compliance with WAC 248-54-650;

(d) Water right permit number when developing a new source or increasing the capacity of an existing source;

(e) The following information shall be provided for all new sources of supply:

(i) An initial analysis of the raw water. The analysis for Class 1 and 2 water systems shall include organic chemicals, inorganic chemicals, radionuclides, and the secondary chemical and physical contaminants consistent with the requirements of WAC 248-54-740. The

analysis for Class 3 and 4 water systems shall include nitrates and all secondary and physical contaminants consistent with the requirements of WAC 248-54-740.

(ii) When source water quality is subject to variation, the range of variation shall be provided; and

(iii) Detailed plans and specifications of any treatment equipment required pursuant to WAC 248-54-660.

(f) The following information shall be provided when a well is developed as a source of supply:

(i) Well location as required in WAC 248-54-590(3)(e)(i) and evidence showing that a sanitary control area has been provided as set forth in WAC 248-54-660(2);

(ii) Well log as obtained during drilling;

(iii) Detailed construction plans to include well housing, pump location, diameter of well, depth of completed well, depth of casing installed, location and type of screens or perforations, location and depth of all cement grout or other formation seals, provisions for air line, gauge, vent, and metering equipment, sampling tap, and provisions for emergency chlorination;

(iv) Well development data to include static water level (feet or meters), yield (gallons/minute or liters/minute) and the amount of drawdown (feet or meters), recovery rate (feet/time or meters/time) and duration of pumping. Wells shall be pump tested until drawdown stabilization has been established for at least two hours. In no case shall wells be pump tested for less than four hours. If drawdown stabilization does not occur after an extended period of pumping, additional geological investigation as specified by the department shall be performed to determine sustained yield;

(v) Results of at least one bacteriological sample taken after complete flushing of the disinfecting agent from the well; and

(g) State Environmental Policy Act of 1971 (SEPA) considerations relevant to the proposal in accordance with the guidelines* of the department in chapter 248-06 WAC.

(3) If the purveyor has received approval of a water system plan in accordance with WAC 248-54-580, and has submitted and received approval of standard construction specifications, detailed plans and specifications for distribution mains need not be submitted individually for approval provided the proposed mains are within the scope of the approved water system plan.

(4) If a certificate of completion has not been received by the department within two years subsequent to the date of issuance of the formal letter of approval for plans and specifications, the department shall notify the purveyor that the approval of the plans and specifications shall become null and void 14 days after receipt of the notification, unless the purveyor requests an extension of the approval period. Extension of the approval may be obtained by submitting a status report which includes a written schedule for work completion to the department for approval. The department may require updated or revised plans and specifications which are in accordance with current regulations and design standards of the department provided that in the opinion of the department, any construction which has taken place will not be affected by the required changes in the plans and specifications. Failure to comply with the written schedule may result in the extended approval becoming null and void.

*Copies of DSHS SEPA guidelines may be obtained from the Department of Social and Health Services, Water Supply and Waste Section, LD-11, Olympia, WA 98504.

[Order 153, § 248-54-600, filed 12/5/77.]

WAC 248-54-610 Operations program. (1) Public water systems shall have an operations program as necessary to assure continuous reliable service at all times in a manner consistent with the size, complexity, and use of the water system. The purveyor shall keep the operations program available for reference and shall send the operations program to the department if requested. An operations program shall be submitted to the department in conjunction with the water system plan as required by WAC 248-54-580.

(2) The operations program shall include the following elements:

(a) Identification of the individual or group having responsibility for management, maintenance, operation, and quality control of the system;

(b) Evidence that a competent person or persons, qualified by experience, education, and training has assumed the responsibility of providing maintenance and continuous operation of the public water system. Certification through the provisions of sections 3 through 14, chapter 99, Laws of 1977 First Extraordinary Session (Water Works Certification Law) will be considered satisfactory evidence of competency;

(c) A plan of operation during emergencies in accordance with WAC 248-54-770;

(d) Provisions for maintenance of a reserve supply of chemicals and other supplies used in connection with any treatment process, quality control monitoring, or major segment of the system to assure adequate water service for all customers;

(e) A planned program of preventative maintenance for all facilities necessary for pumping, treatment, storage, distribution, and monitoring of water;

(f) Provisions for continuity of water service to the customers during any change in or transfer of utility or managerial responsibilities. No purveyor shall end utility operations without providing written notice to all customers and the department at least 90 days prior to termination of service; and

(g) A plan of water quality monitoring, cross connection control, reporting, public notification and record keeping and analyses in accordance with WAC 248-54-740, 248-54-750, 248-54-760 and 248-54-810.

(3) For the purpose of establishing an operations program, the water purveyor may enter into mutual aid agreements with other organizations or public water systems capable of providing the operations program elements outlined in WAC 248-54-610(2).

(4) The operations program shall be reviewed and updated as necessary to assure adequate water service at all times, and shall be located and maintained in such a manner as to be usable by personnel of the public water system. [Order 153, § 248-54-610, filed 12/5/77.]

WAC 248-54-620 Approval of water systems existing prior to August 1, 1977. (1) In order to consider any public water system in existence prior to August 1, 1977, for approval, the department may require the purveyor to provide any or all of the following information:

(a) As-build plans of the water system, size of the water system, estimate of water consumption, results of sanitary survey, source capacity, and water right status;

(b) Specific data on chemical, bacteriological, physical, and radiological water quality for both the raw and drinking water;

(c) An operations program in accordance with WAC 248-54-610; and

(d) Other data as required by the department. This may include, but not be limited to full compliance with WAC 248-54-580, 248-54-590, and/or 248-54-600.

(2) The department may take one of the following actions based upon review of the data submitted by the purveyor:

(a) Not approve the system, in which case a compliance program may be required;

(b) Grant limited or provisional approval based on a program to bring the system into full compliance; or

(c) Grant full approval. [Order 153, § 248-54-620, filed 12/5/77.]

WAC 248-54-630 Requirements for engineers. All water system plans and engineering documents or final plans and specifications for new public water systems, extensions or alterations as required in WAC 248-54-580, 248-54-590, and 248-54-600, except minor pipeline extensions and replacement or other minor projects not requiring engineering expertise, shall be prepared by a professional engineer licensed in the State of Washington in accordance with chapter 18.43 RCW and shall bear his seal on all copies of plans and specifications, engineering reports, or water system plans submitted to the department for review. [Order 153, § 248-54-630, filed 12/5/77.]

WAC 248-54-640 Approval by health officer. For those public water systems where the health officer has assumed primary responsibility under WAC 248-54-570, the health officer may approve preliminary reports, plans and specifications in accordance with engineering criteria prepared by the department. [Order 153, § 248-54-640, filed 12/5/77.]

WAC 248-54-650 Inspection and certification by a professional engineer. Within sixty days following the completion of and prior to the use of any project or portion thereof for which plans and specifications have received the approval of the department, a certification shall be made to the department and signed by a professional engineer that the engineer or his authorized agent has inspected the physical facilities of the project; which as to layout, size and type of pipe, valves and materials, reservoirs and other designed physical facilities has been constructed in accordance with the plans and specifications approved by the department, and in the opinion of the engineer, the installation, testing and disinfection of the system was carried out in accordance with the specifications approved by the department for the project. It shall be the responsibility of the purveyor to assure that the requirements of this section have been fulfilled prior to the use of any completed project or portion thereof. [Order 153, § 248-54-650, filed 12/5/77.]

WAC 248-54-660 Source protection and treatment. (1) General - All public water systems shall be obtained from the highest quality source which is feasible, and attention must be given to minimize contamination of the source. The minimum degree of treatment for all public water systems shall be continuous and effective disinfection except as provided in WAC 248-54-660(2)(d).

(a) Chlorination

(i) When chlorine or a chlorine compound is used as the disinfecting agent, and where the pH does not exceed 8.0, a minimum free chlorine residual of 0.2 milligrams per liter (mg/l) shall be maintained following a contact period of thirty minutes or 0.6 mg/l after ten minutes. A minimum of ten minutes of contact shall be provided ahead of the first point of domestic use at peak flow conditions except as otherwise approved by the department. Longer contact times and higher chlorine residuals shall be required for sources more susceptible to contamination such as shallow wells and infiltration galleries, and for sources with quality factors such as pH and turbidity that interfere with disinfection efficiency.

(ii) Chlorine residual shall be measured at least daily or at an interval necessary to assure effective operation as determined by the department. The analysis shall be conducted in accordance with "Standard Methods".

(b) Disinfection methods, other than chlorine, may be approved by the department under special circumstances.

(2) Wells

(a) Ground water sources shall be located, constructed, and maintained in a manner which will assure the minimum possibility of contamination, and be so situated and developed as to prevent surface water from entering the well or spring. To assure adequate sanitary control in the vicinity of the source, the water purveyor shall control all land within a radius of 100 feet (30 meters) of the well; except that the water purveyor shall control land of a greater or lesser size or of a different shape than is defined by a 100 foot radius where an evaluation of geological and hydrological data, well construction details, and other relevant factors indicates that a control area of different size or shape will assure adequate sanitary control in the vicinity of the source.

(b) The control area must be owned by the water purveyor in fee simple, or he must have the right to exercise complete sanitary control of the land through the provisions of a long term renewable lease or a restrictive

easement or a restrictive covenant or some combination of these. In any event, continuity of the control area must be assured by a covenant filed with the county auditor to run with the land as long as it is used as a source of public water supply. The document shall contain a statement to the effect that no source of contamination will be constructed, stored, disposed of, or applied, in the control area without the written permission of the department. Fee titles, lease agreements, easements and covenants shall be recorded with the appropriate county auditor, and a copy of each document shall be filed with the department.

(c) The construction of all groundwater supplies shall be in accordance with the *Minimum Standards for Construction and Maintenance of Water Wells*, as adopted by the Department of Ecology pursuant to chapter 18-.104 RCW.

(d) At the discretion of the department, disinfection will not be required for well water sources when a consideration of the depth and geologic setting of the aquifer, well construction, the extent of the sanitary control area surrounding the site, existing or potential sources of contamination, and the bacteriological quality indicate disinfection is not necessary for public health protection.

(3) Springs – The minimum treatment for springs shall be disinfection unless sufficient evidence is submitted to the department showing that the spring originates in a stratum not subject to contamination. All springs shall collect in a covered structure not subject to contamination by surface water.

(4) Surface Water Supplies

(a) All surface water supplies shall be treated by a process which has a demonstrated capability to produce water in compliance with the quality standards in WAC 248-54-740. Consideration will be given to the physical, chemical, radiological, and microbiological quality of the source, and the presence, type and degree of facilities or activities having an actual or potential effect on water quality.

(b) Treatment including at least coagulation, filtration, and disinfection shall be the minimum required for surface supplies unless certain conditions regarding watershed control, raw water quality, and system operation are met; in which case, disinfection as the sole means of treatment shall be allowed. These conditions shall include but not be limited to:

(i) Watershed Control

(A) All facilities and activities in the watershed which may affect public health shall be under the surveillance of the water purveyor and shall be satisfactorily limited and controlled so as to preclude degradation of the physical, chemical, microbiological, viral, or radiological quality of the source of supply.

(B) The water purveyor shall submit to the department for approval a report identifying all conditions, activities, and facilities within its watershed, together with an acceptable program for necessary surveillance, limitation, and control. This report shall be part of the water system plan required in WAC 248-54-580, or prepared independently for those systems not required to have such a plan. The report shall be reviewed, updated as necessary, and submitted to the department annually.

(ii) Raw Water Quality – The physical, chemical and radiological water quality of the source shall conform to the requirements of WAC 248-54-740. Coliform bacteria shall not exceed 100 MPN or 100 organisms per 100 milliliters when using the membrane filter method as measured by a monthly arithmetic mean and at the frequency required in WAC 248-54-740. If fecal coliform bacteria are measured, results shall not exceed 20 MPN or 20 organism per 100 milliliters when using the membrane filter method.

(iii) System Operation

(A) A continuous free chlorine residual of 0.2 mg/l shall be maintained in all active parts of the system. Booster chlorination may be necessary to meet this requirement. Dead-end mains and other locations where it is not possible to maintain a chlorine residual shall be flushed on a routine basis.

(B) The purveyor shall monitor and record turbidity on a continuous basis at the point where the water enters the distribution system. Monthly reports shall be made to the department on forms provided by the department.

(C) The water purveyor shall monitor chlorine residual at a representative number of points in the system on at least a daily basis. Reports shall be made to the department on forms provided by the department. In order to assure adequate monitoring of chlorine residual, the department may require the use of continuous chlorine residual analyzers and recorders. [Order 153, § 248-54-660, filed 12/5/77.]

WAC 248-54-670 Fluoridation. (1) Where fluoridation is practiced, the concentration of fluoride shall be maintained in the range 0.8 – 1.3 mg/l or as required by the department. Determination of fluoride concentration shall be made daily, or as required by the department, and reports of such analyses submitted to the department monthly on forms provided by the department. Such analyses shall be made in accordance with procedures listed in "Standard Methods". Check samples shall be submitted monthly or as required by the department to the state public health laboratory.

(2) Plans, specifications and an operations manual discussing testing, sampling and maintenance for any fluoridation installation shall be submitted to the department for approval prior to construction, as required by WAC 248-54-600. [Order 153, § 248-54-670, filed 12/5/77.]

WAC 248-54-680 Design of public water system facilities. (1) Public water system facilities shall be designed so as to provide an adequate quantity and quality of water in a reliable manner. Good engineering practice, such as the *Recommended Standards for Water Works, A Committee Report of the Great Lakes – Upper Mississippi River Board of State Sanitary Engineers, 1976 Edition** or any superceding edition or other design criteria and standards acceptable to the department, shall be used.

(2) Fences, locks, physical barriers, and other security devices shall be provided in order to assure that the water source, water treatment processes, water storage facilities, and the distribution system are under the strict control of the purveyor.

(3) Bypasses – No bypass shall be established or maintained whereby water may be diverted around any feature of a treatment process of a public water supply except with the approval of the department.

*Published by Health Education Services, P.O. Box 7283, Albany, New York 12224.

[Order 153, § 248-54-680, filed 12/5/77.]

WAC 248-54-690 Distribution reservoirs. (1) All new distribution reservoirs shall have suitable water-tight roofs or covers which exclude birds, animals, insects and dust, and shall include appropriate provisions to safeguard against trespass, vandalism, and sabotage.

(2) All uncovered distribution reservoirs in existence on June 1, 1975, shall be scheduled for covering or replacement unless it is demonstrated to the satisfaction of the department that the reservoirs deliver water consistently meeting the quality standards of WAC 248-54-740, and the reservoirs meet the following minimum standards of protection:

(a) All water leaving the reservoir shall be disinfected.

(i) Disinfection equipment shall be proportional feed and shall be otherwise designed in accordance with WAC 248-54-680.

(ii) Disinfection equipment shall be operated in accordance with WAC 248-54-660(1)(a), including a minimum free chlorine residual of 0.2 mg/l after 30 minutes of contact or 0.6 mg/l after 10 minutes of contact. Maintaining a chlorine residual through the reservoir will be considered the equivalent of post chlorination if the water leaving the reservoir contains a minimum of 0.2 mg/l free chlorine residual at all times. Where residuals are carried through the reservoir in lieu of post chlorination, continuous chlorine residual analysis and recording will be required.

(iii) Continuous chlorine residual analyzers shall also be used in cases of variable chlorine demand or where other methods of chlorination control have been found unsatisfactory.

(b) The reservoir shall be protected from unauthorized entry and from vandalism. Use of 24 hour security patrols and/or automatic security devices is recommended and may be required by the department if a reservoir has been subjected to frequent security violations. The following security measures are required for all reservoirs:

(i) The reservoir shall be surrounded by a fence, chain link or equivalent. The fence shall be at least seven feet high; in addition, two strands of barbed wire or the equivalent shall be placed above the fence.

(ii) The fence shall be set back from the parapet a sufficient distance so that debris cannot easily be thrown into the water from outside the fence. A setback of 100 feet is recommended; a setback of 50 feet shall be considered minimum, provided that the multiple of the fence height and the setback, expressed in feet, shall be not less than 600.

(iii) The setback shall be increased if the ground surface beyond the fence has a substantial upward gradient.

(iv) The reservoir and fence shall be inspected at least once daily.

(v) An emergency reaction plan shall be established so that the reservoir can be isolated from the distribution system within one hour after a security violation has been reported.

(c) Undesirable growths of algae or other aquatic organisms shall be controlled. Tastes, odors, color, turbidity, and debris in water within and leaving the reservoir shall be minimized. A control program shall be conducted consisting of at least the following:

(i) Monitoring water in the reservoir for temperature, pH, color, turbidity, and where possible, phytoplankton;

(ii) Application of algaecides as necessary to prevent or control algal growths.

(d) The reservoir shall be of suitable construction so as to minimize water quality deterioration.

(i) A parapet wall shall completely encircle the reservoir.

(ii) Surface drainage shall be diverted away from the reservoir.

(iii) The reservoir shall have a smooth impervious lining.

(iv) The outlet shall be covered with a screen of 1/4" mesh or smaller.

(v) The reservoir shall be equipped with a drain so that it can be easily emptied for cleaning.

(vi) The reservoir shall not be subject to ground water infiltration or to flotation when empty.

(e) Reservoirs may be subject to unusual and excessive airborne contamination including dust, leaves, drifting pesticide sprays, and industrial emissions. Where the department determines that airborne contamination of a reservoir constitutes a potential hazard to health, the water purveyor maintaining the reservoir shall eliminate the source of contamination, or curtail the activity producing the contamination so as to eliminate the potential hazard to health.

(f) Birds shall be discouraged from landing on the water or inside the parapet wall by such measures as water sprays, ultra sonic devices, wires, or other effective means.

(g) Monitoring and reporting.

(i) Violations of reservoir security and breakdowns of the post-chlorination system shall be reported to the department by telephone immediately.

(ii) Bacterial monitoring shall be performed on water in the reservoir, and of water leaving the reservoir at such locations and frequency as may be specified by the department. Bacteriological samples shall be analyzed in a laboratory holding a current certificate of approval from the department.

(iii) The following records shall be maintained by the utility for at least five years.

(A) list of debris found during cleaning.

(B) consumer complaints related to taste, odor or debris.

(C) algae control methods practiced, water quality parameters relevant to aquatic growths such as temperature, pH, turbidity, clarity, and concentrations of phytoplankton where available.

(D) episodes of actual or threatened contamination and security violations, actual or attempted.

(iv) Utility records shall be evaluated by the department during sanitary surveys or when the utility comprehensive plan is under review.

(h) Operation

(i) Reservoirs shall be drained annually for inspection and cleaning.

(ii) Reservoir sides and bottom shall be kept free of debris, algae, and attached biological growths.

(iii) Floating debris shall be removed regularly as needed.

(iv) In case of any episode of actual contamination, or where reservoir security has been breached, the reservoir shall immediately be isolated from the distribution system and the department notified. The reservoir shall be drained and/or held out of service until the department has authorized its use.

(v) Each utility operating an open reservoir shall develop and keep current a written emergency plan of operations designed to provide effective response to reservoir problems.

(3) Compliance with the provisions of this subsection (2) will be achieved by either of the following courses of action:

(a) Establishment of a program of reservoir protection in accordance with the provision of subsections (2) and (4) of this section; or

(b) Establishment of a schedule for covering or replacement of the uncovered reservoirs in accordance with subsection (5) of this section.

(4) If the purveyor chooses to establish a protection program in accordance with subsection (3) of this section, the program shall include a written schedule for implementation which shall be designed to accomplish the improvements as soon as practicable consistent with the complexity of the work, and in any case, prior to June 30, 1978.

(5) If the purveyor chooses to cover or replace an open reservoir, a written schedule as required in subsection (3) shall be submitted to the department. The acceptability of the schedule will depend upon the condition of the existing facility and the scope of the planned action. Schedules extending beyond June 30, 1978 will be considered only if it is demonstrated that satisfactory interim protective measures are in effect. The maximum time allowed for covering or replacement of an open distribution reservoir shall be completed no later than June 30, 1981. [Order 153, § 248-54-690, filed 12/5/77.]

WAC 248-54-700 Disinfection of facilities. No portion of a public water system which is to contain potable or finished water, including wells, shall be put into service, nor may the use of any such facility be resumed after it has been out of service, until such facility has been effectively disinfected. The procedure used for disinfection shall conform to the American Water Works Association Standard C601-68, D102-64, A100-66 (A1-10)* or other standards acceptable to the department. In cases of new construction, water shall not be furnished for the use of the consumer until bacteriological samples have been analyzed by a laboratory holding a current certificate of approval from the department and satisfactory results obtained.

*American Water Works Association, 6666 West Quincy Avenue, Denver, Colorado 80235.

[Order 153, § 248-54-700, filed 12/5/77.]

WAC 248-54-710 Quantity and pressure. (1) Public water systems shall be designed to provide an ample quantity of water at a minimum pressure of at least 30 psi (207 kPa), and in no event shall the pressure in any part of a distribution system drop below 20 psi (138 kPa), under normal peak flow conditions measured at the water meter or at the property line of the premises when meters are not used.

(2) In general, the minimum diameter of all distribution mains should be six inches (150mm). Systems designed to provide fire flows shall have a minimum distribution main size of six inches (150mm). Installation of standard fire hydrants with pumper connections shall not be allowed on mains less than six inches (150mm) in diameter.

(3) If individual booster pumps are used to maintain adequate pressure in a customer's system, the installation shall be made under the supervision of the purveyor to assure that minimum pressure requirements in the purveyor's system are maintained at all times. Low pressure cutoff switches may be required on the suction side of the pump.

(4) Distribution systems shall be designed by use of a hydraulic analysis considering pipe size, type, restrictions, peak demand, length of run and elevation differences. In the case of a system on level terrain (no greater than 40 feet (12m) elevation difference) designed for domestic use only, the maximum length of pipe run as shown in Table 1 may be followed without justification by a hydraulic analysis.

TABLE 1

Pipe Diameter	Maximum Length of Run Deadended	Looped
Under 2-Inch (50mm)	None Permitted	None Permitted
2-Inch (50mm)	300 Feet (90m)	600 Feet (180m)
3-Inch (80mm)	300 Feet (90m)	600 Feet (180m)
4-Inch (100mm)	1300 Feet (390m)	

[Order 153, § 248-54-710, filed 12/5/77.]

WAC 248-54-720 Reliability. (1) Public water supplies shall be designed, operated and maintained so as to provide adequate water service at all times. The system shall be designed to protect against failures of the power

supply, treatment, equipment or structural failure. Appropriate backup facilities shall be provided so that failures which can be reasonably foreseen will not cause a loss of water service or treatment.

(2) Prior to shut off of water service for system repair or maintenance, reasonable notice shall be given to the department and affected customers. Under emergency conditions, prior notification of water service interruption is not required.

(3) Standby or backup facilities, automatic alarms, or shut offs shall be provided if necessary to assure that water quality will comply with WAC 248-54-740 under all normal operating conditions and under any reasonably foreseeable emergencies. [Order 153, § 248-54-720, filed 12/5/77.]

WAC 248-54-730 Location of public water system facilities. (1) Prohibited Areas – New public water systems or additions to existing public water systems shall not be located at sites which are subject to a significant risk from earthquakes, floods, fires, or other disasters which could cause a breakdown of any portion of the public water system.

(2) Exceptions – Any proposal to locate a new public water system or an addition to an existing public water system within an area subject to a significant risk from earthquakes, floods, fires, or other disasters which could cause a breakdown of any portion of the public water system shall be fully justified in the water system plan or supplemental engineering report. [Order 153, § 248-54-730, filed 12/5/77.]

WAC 248-54-740 Quality. (1) The standards of water quality in this section shall apply throughout the distribution system unless otherwise specified. The purveyor shall be responsible for satisfying the requirements of this section. The monitoring requirements set forth in this section are minimums, additional monitoring may be required by the department.

(2) Samples required in this section shall be analyzed in accordance with methods approved by the department and only in the State Public Health Laboratory or laboratories holding a current certificate of approval from the department, except that measurements for turbidity, free chlorine residual, and fluoride as required by WAC 248-54-670, may be performed by trained water utility personnel.

(3) When a public water system receives its water from another public water system, the water quality of the received water shall meet all bacteriological, inorganic chemical, organic chemical, turbidity, and radionuclide requirements of this section. Unless additional monitoring is required by the department, only bacteriological monitoring as required by this section need be performed by the receiving public water system.

(4) Bacteriological

(a) The presence of organisms of the coliform group as found in the distribution system samples examined shall not exceed the limits in subdivision (4)(b) of this subsection.

(i) Bacteriological samples shall be collected at regular intervals from representative points in the distribution system. Samples shall be collected, transported and analyzed in accordance with procedures contained in "Standard Methods".

(ii) For Class 1 systems the minimum number of routine distribution system samples to be analyzed per month shall be in accordance with Table 2.

(iii) For Class 2 systems the number of routine samples shall be one per calendar month, except where a less frequent sampling frequency is allowed by the department for a protected groundwater supply. In no case shall the sampling frequency be less than one per quarter.

(iv) For class 3 systems, the number of routine samples shall be one in each calendar quarter during which the system provides water to the public, except where an increased sampling frequency is required by the department.

(v) For Class 4 systems, the number of routine samples shall be a minimum of one per year, except where an increased sampling frequency is required by the department.

(vi) Public water systems shall collect untreated water samples from each source for bacteriological analysis in accordance with the following schedule:

(A) Protected groundwater sources shall be sampled at least once per quarter.

(B) Groundwater sources disinfected for health reasons shall be sampled at a frequency not less than twenty percent of the number shown in Table 2 and in no case less than one per quarter.

(C) Surface sources with treatment including at least coagulation, filtration, and disinfection shall be sampled at a frequency not less than ten percent of the number shown in Table 2 and in no case less than one per quarter.

(D) Surface sources without treatment including coagulation and filtration shall be sampled at a frequency not less than twenty percent of the number shown in Table 2 and in no case less than one per quarter.

TABLE 2

MINIMUM NUMBER OF ROUTINE BACTERIOLOGICAL SAMPLES TO BE TAKEN FROM THE DISTRIBUTION SYSTEM*

**Population Served	Minimum No. Samples Per Month	Population Served	Minimum No. Samples Per Month
***Less than 2,500	2	83,001 to 90,000	90
2,501 to 3,300	3	90,001 to 96,000	95
3,301 to 4,100	4	96,001 to 111,000	100
4,101 to 4,900	5	111,001 to 130,000	110
4,901 to 5,800	6	130,001 to 160,000	120
5,801 to 6,700	7	160,001 to 190,000	130
6,701 to 7,600	8	190,001 to 220,000	140
7,601 to 8,500	9	220,001 to 250,000	150
8,501 to 9,400	10	250,001 to 290,000	160
9,401 to 10,300	11	290,001 to 320,000	170
10,301 to 11,100	12	320,001 to 360,000	180
11,101 to 12,000	13	360,001 to 410,000	190
12,001 to 12,900	14	410,001 to 450,000	200
12,901 to 13,700	15	450,001 to 500,000	210
13,701 to 14,600	16	500,001 to 550,000	220
14,601 to 15,500	17	550,001 to 600,000	230
15,501 to 16,300	18	600,001 to 660,000	240
16,301 to 17,200	19	660,001 to 720,000	250
17,201 to 18,100	20	720,001 to 780,000	260
18,101 to 18,900	21	780,001 to 840,000	270
18,901 to 19,800	22	840,001 to 910,000	280
19,801 to 20,700	23	910,001 to 970,000	290
20,701 to 21,500	24	970,001 to 1,050,000	300
21,501 to 22,300	25	1,050,001 to 1,140,000	310
22,301 to 23,200	26	1,140,001 to 1,230,000	320
23,201 to 24,000	27	1,230,001 to 1,320,000	330
24,001 to 24,900	28	1,320,001 to 1,420,000	340
24,901 to 25,000	29	1,420,001 to 1,520,000	350
25,001 to 28,000	30	1,520,001 to 1,630,000	360
28,001 to 33,000	35	1,630,001 to 1,730,000	370
33,001 to 37,000	40	1,730,001 to 1,850,000	380
37,001 to 41,000	45	1,850,001 to 1,970,000	390
41,001 to 46,000	50	1,970,001 to 2,060,000	400
46,001 to 50,000	55	2,060,001 to 2,270,000	410
50,001 to 54,000	60	2,270,001 to 2,510,000	420
54,001 to 59,000	65	2,510,001 to 2,750,000	430
59,001 to 64,000	70	2,750,001 to 3,020,000	440
64,001 to 70,000	75	3,020,001 to 3,320,000	450
70,001 to 76,000	80	3,320,001 to 3,620,000	460
76,001 to 83,000	85	3,620,001 to 3,960,000	470
		3,960,001 to 4,310,000	480
		4,310,001 to 4,690,000	490
		4,690,001 or more	500

*Based on Federal Register, December 24, 1975, Environmental Protection Agency, National Interim Primary Drinking Water Regulations, Section 141.21.

**Does not include water wholesaled to other utilities.

***For Class 2, 3 and 4 systems, see WAC 248-54-740(4)(a)(iii), (iv), (v) and Table 3.

TABLE 3

SAMPLING REQUIREMENTS

Sample Type	System Class	Minimum Number of Samples Required*	Date Initial Sample Required
Bacteriological	1	Refer to Table 2	Effective date of regulation
	2	One per calendar month or quarterly from a protected ground water supply	Effective date of regulation
Bacteriological	3	One in each calendar quarter during which system provides water to the public	Effective date of regulation
	4	One per calendar year	1977
Inorganic Chemical	1&2	Surface water supplies–one per calendar year	June 1978
		Ground water supplies–one every three years	June 1979
	3&4	Surface and ground water supplies–one every three years. Nitrate only unless otherwise specified.	June 1979
Organic Chemical	1&2	Surface water supplies–one every three years	June 1978
		Ground water supplies–only as required by the department	
	3&4	As required by the department	
Turbidity/	1&2&3	Surface water supplies only – daily	Effective date of regulation
	4	Only as required by the department	

Sample Type	System Class	Minimum Number of Samples Required*	Date Initial Sample Required
Radionuclides	1&2	Four consecutive quarterly samples every four years	June 1979
	3&4	Only as required by the department	
Secondary Physical &	1&2	Surface water supplies – one per calendar year Ground water supplies – Once every three years	June 1978 June 1979
	3&4	Only as required by the department	

*Increased sampling may be required by the department. Samples shall be taken at representative points, except turbidity which shall be taken at the entrance to the distribution system.

(vii) Purveyors may be required to have microbiological analyses other than the standard coliform test conducted, such as examination for fecal coliform, fecal streptococci, total 35° plate count, plankton counts, and other tests as may be required by the department.

(b) The maximum contaminant levels for coliform bacteria are as follows:

(i) When the membrane filter technique is used, the number of coliform bacteria shall not exceed any of the following:

(A) One per 100 milliliters as the arithmetic mean of all samples examined per month;

(B) Four per 100 milliliters in two or more samples when less than 20 are examined per month; or

(C) Four per 100 milliliters in more than five percent of the samples when 20 or more are examined per month.

(ii) When the five tube MPN method using 10 milliliter portions per tube is used, coliform bacteria shall not be present in any of the following:

(A) More than 10 percent of the portions in any month;

(B) Three or more portions in two or more samples when less than 20 samples are examined per month; or

(C) Three or more portions in more than five percent of the samples when 20 or more samples are examined per month.

(iii) At the discretion of the department, compliance with this section for systems that are required to sample at a rate of less than four per month may be based upon sampling during a three month period.

(iv) Special purpose samples, such as those taken to determine whether disinfection practices following pipe repair or replacement have been sufficient or check samples shall not be used to determine compliance with the maximum contaminant level for coliform bacteria nor shall they be used to determine compliance with the minimum sampling frequency.

(c) Check Sampling

(i) When the coliform bacteria in a single sample exceed four per 100 milliliters when examined by the membrane filter technique or if coliform bacteria occur in three or more portions when 10 ml standard portions are used, action shall be taken by the purveyor to determine and correct the cause for such occurrence. Also, at least two consecutive daily check samples shall be collected and examined from the sampling point. Additional check samples shall be collected daily, or at a frequency established by the department, until the results obtained from at least two consecutive check samples show less than one coliform bacterium per 100 milliliters.

(ii) The location at which the check samples were taken pursuant to item (i) of this subdivision shall not be eliminated from future sampling without approval of the department.

(d) When the presence of coliform bacteria in water taken from a particular sampling point has been confirmed by any check samples, the water purveyor shall report this to the department within 48 hours.

(e) When a maximum contaminant level for coliform bacteria as set forth in WAC 248-54-740(4)(b) is exceeded, the purveyor of water shall report to the department and notify the public as prescribed in WAC 248-54-750.

(f) A water purveyor may, with the approval of the department, and based upon a sanitary survey, substitute the use of chlorine residual monitoring for not more than 75 percent of the samples required to be taken by WAC 248-54-740(4)(a) provided, the water purveyor takes chlorine residual samples at points which are representative of the conditions within the distribution system at the frequency of at least four for each substituted microbiological sample. Where chlorine residual monitoring is substituted for microbiological samples, analysis for chlorine residual shall be in accordance with Standard Methods. In all cases there shall be at least daily determinations of chlorine residual.

(i) When the water purveyor exercises this option, he shall maintain no less than 0.2 mg/l free chlorine throughout the public water distribution system.

(ii) When a particular sampling point has been shown to have a free chlorine residual less than 0.2 mg/l, the water at that location shall be retested as soon as practicable and in any event within one hour. If the original

analysis is confirmed, this fact shall be reported to the department within 48 hours and a sample for coliform analysis shall be collected from that sampling point as soon as practicable and preferably within one hour. The results of such analysis shall be reported to the department within 48 hours after the results are known to the water purveyor.

(iii) Compliance with the maximum contaminant levels for coliform bacteria shall be determined on the monthly mean or quarterly mean basis as specified in WAC 248-54-740(4)(b) including those samples taken as a result of failure to maintain the required chlorine residual level.

(5) Inorganic Chemicals

(a) The maximum contaminant levels for inorganic chemicals are as follows:

MAXIMUM CONTAMINANT LEVEL

Contaminant	Level (mg/l)
Arsenic	0.05
Barium	1.
Cadmium	0.010
Chromium	0.05
Fluoride	2.0
Lead	0.05
Mercury	0.002
Nitrate(as N)	10.
Selenium	0.01
Silver	0.05

(b) Minimum analyses of raw water for inorganic chemicals are required as follows:

(i) Analyses for all Class 1 and 2 water systems utilizing surface water sources shall be completed by June, 1978. These analyses shall be repeated at yearly intervals.

(ii) Analyses for all Class 1 and 2 water systems utilizing only ground water sources shall be completed by June, 1979. These analyses shall be repeated at three-year intervals.

(iii) Nitrate analyses for Class 3 and 4 water systems, whether supplied by surface or ground water sources, shall be completed by June, 1979. These analyses shall be repeated at three-year intervals.

(iv) If it is anticipated that the levels of inorganic chemicals will change in the distribution system, or treatment processes then additional inorganic chemical sampling may be required by the department.

(c) If the result of an analysis indicates that the level of any contaminant exceeds the maximum contaminant level, the water purveyor shall report this to the department within seven days. Action shall be taken by the purveyor to determine and correct the cause of such occurrences. The purveyor shall initiate three additional analyses at the same sampling point within one month.

(d) When the average of four analyses rounded to the same number of significant figures as the maximum contaminant level for the substance in question, exceeds the maximum contaminant level, the water purveyor shall report to the department and give notice to the public pursuant to WAC 248-54-750. Monitoring after public notification shall be at a frequency designated by the department and shall continue until the maximum contaminant level has not been exceeded in two successive samples, or until a monitoring schedule as a condition to a variance, exemption or enforcement action becomes effective.

(e) The provisions of subdivision (c) and (d) of this subsection notwithstanding, compliance with the maximum contaminant level for nitrate shall be determined on the basis of the mean of two analyses. When a level exceeding the maximum contaminant level for nitrate is found, a second analysis shall be initiated within 24 hours, and if the mean of the two analyses exceeds the maximum contaminant level, the water purveyor shall report his findings to the department and shall notify the public pursuant to WAC 248-54-750.

(f) For the initial analyses required by this section, data for surface waters acquired after June, 1976 and data for ground waters acquired after June, 1974 may be substituted at the discretion of the department.

(6) Organic Chemicals

(a) The maximum contaminant levels for organic chemicals taken from the raw water source are as follows:

Contaminant	Level (mg/l)
(i) Chlorinated hydrocarbons:	
Endrin (1,2,3,4,10 10-hexachloro-6,7-epoxy-1,4,4a,5,6,7,8,8a-octahydro-1,4-endo, endo-5,8 - dimethano naphthalene).	0.0002
Lindane (1,2,3,4,5,6-hexachlorocyclohexane, gamma isomer).	0.004
Methoxychlor (1,1,1-Trichloro-2, 2 - bis [p-methoxyphenyl] ethane).	0.1
Toxaphene ($C_{10}H_{10}Cl_8$-Technical chlorinated camphene, 67-69 percent chlorine).	0.005
(ii) Chlorophenoxys:	
2,4 - D. (2,4-Dichlorophenoxyacetic acid)	0.1

Contaminant	Level (mg/l)
2,4,5–TP Silvex (2,4,5–Trichlorophenoxypropionic acid)	0.01

(b) Minimum analyses for organic chemicals taken from the raw water source are required as follows:

(i) Analyses for all Class 1 and 2 water systems utilizing surface water sources, shall be completed by June, 1978. Samples analyzed shall be collected during the period of the year designated by the department as the period when contamination by pesticides is most likely to occur. These analyses shall be repeated at intervals specified by the department but in no event less frequently than at three year intervals.

(ii) Analyses for Class 1 and 2 water systems utilizing only ground water sources, shall be completed only by those systems specified by the department.

(c) If the result of an analysis indicates the level of any organic chemical contaminant exceeds the maximum contaminant level, the supplier of water shall report to the department within seven days. In addition action shall be taken by the purveyor to determine and correct the cause of such occurrences and the purveyor shall initiate three additional analyses within one month.

(d) When the average of four analyses made pursuant to subdivision (c), of this section, rounded to the same number of significant figures as the maximum contaminant level for the substance in question, exceeds the maximum contaminant level, the water purveyor shall report to the department and give notice to the public pursuant to WAC 248–54–750. Monitoring after public notification shall be at a frequency designated by the department and shall continue until the maximum contaminant level has not been exceeded in two successive samples or until a monitoring schedule as a condition to a variance, exemption or enforcement action becomes effective.

(e) For the initial analysis required by this subsection, data for surface water acquired after June, 1976 and data for ground water acquired after June, 1974 may be substituted at the discretion of the department.

(7) Turbidity

(a) The maximum contaminant levels for turbidity are applicable to public water supplies using surface water sources in whole or in part. The maximum contaminant levels for turbidity in drinking water, measured at a representative entry point(s) to the water distribution system as determined by the department, are:

(i) One (1.0) turbidity unit (TU), as determined by a monthly average of the maximum daily turbidity, except that five (5.0) turbidity units, as determined by a monthly average of the maximum daily turbidity, may be allowed if the purveyor can demonstrate that:

(A) The conditions of watershed control in accordance with WAC 248–54–660(4)(b)(i) are satisfied;

(B) The higher turbidity does not interfere with microbiological determinations and that the source water quality conforms to the raw water quality conditions as specified in WAC 248–54–660(4)(b)(ii); and

(C) The higher turbidity does not prevent maintenance of an effective disinfection agent throughout the distribution system and that the conditions of system operation, including a continuous free chlorine residual of 0.2 mg/l throughout all active parts of the system, as specified in WAC 248–54–660(4)(b)(iii) are satisfied.

(ii) Five (5.0) turbidity units based on an average for two consecutive days of the maximum daily turbidity.

(b) Continuous monitoring of turbidity is required for all Class 1, 2 & 3 systems using surface sources. Automatic turbidity measuring and recording equipment shall be provided and operated continuously at the entry point to the distribution system and where necessary for process control. Manual monitoring of turbidity may be authorized by the department in special cases. The monitoring frequency for Class 4 systems using surface sources shall be determined by the department.

(c) If the turbidity exceeds the maximum allowable limit identified in WAC 248–54–740(7)(a)(i) for longer than one hour if monitored continuously, the water purveyor shall report to the department within 48 hours. If the result of a manual turbidity analysis exceeds the maximum allowable limit the sampling measurement shall be confirmed by resampling within one hour. If the repeat sample confirms that the maximum allowable limit has been exceeded, the water purveyor shall report to the department within 48 hours. In addition, the purveyor shall take action to determine and correct the cause of such occurrences.

(d) If the maximum contaminant levels in WAC 248–54–740(7)(a)(i) or 248–54–740(7)(a)(ii) are exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248–54–750.

(8) Radionuclides

(a) The following are the maximum contaminant levels for radium–226, radium–228, and gross alpha particle radioactivity:

(i) Combined radium–226 and radium–228 – 5 pCi/l.

(ii) Gross alpha particle activity (including radium–226 but excluding radon and uranium) – 15 pCi/l.

(b) The following is the maximum contaminant level for beta particle and photon radioactivity from man–made radionuclides:

(i) The average annual concentration of beta particle and photon radioactivity from man–made radionuclides in drinking water shall not produce an annual dose equivalent to the

total body or any internal organ greater than 4 mrem/year.

(c) Monitoring requirements for gross alpha particle activity, radium–226 and radium–228.

(i) Initial sampling to determine compliance of Class 1 and 2 systems shall begin by June, 1979, and the analysis shall be completed by June, 1980. Compliance shall be based on the analysis of an annual composite of four consecutive quarterly samples or the average of the analyses of four samples obtained at quarterly intervals.

(ii) Analysis for radium–226 and radium–228 may be omitted if the gross alpha particle activity is less than 5 pCi/l.

(iii) For the initial analysis, data acquired within one year prior to June, 1977 may be substituted at the discretion of the department.

(iv) Water purveyors shall monitor at least once every four years. When an annual record establishes that the average annual concentration is less than half the maximum contaminant levels, analysis of a single sample may be substituted for the quarterly sampling procedure.

(v) A water purveyor shall monitor for radionuclides within one year of the introduction of a new water source for a community water system.

(vi) If the average annual maximum contaminant level for gross alpha particle activity or total radium is exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248–54–750. The purveyor shall take action to determine and correct the cause of such occurrences. Monitoring at quarterly intervals shall be continued until the annual average concentration no longer exceeds the maximum contaminant level or until a monitoring schedule as a condition to a variance, exemption or enforcement action shall become effective.

(d) Monitoring requirements for man–made radioactivity:

(i) By June, 1979, Class 1 and 2 systems using surface water sources and serving more than 100,000 persons and other water systems as are designated by the department shall be monitored for compliance by analysis of a composite of four consecutive quarterly samples or analysis of four quarterly samples.

(ii) Compliance with the 4 millirem/year dose limitation may be assumed if the average annual concentration for gross beta activity, tritium, and strontium–90 are less than 50 pCi/l, 20,000 pCi/l, and 8 pCi/l respectively. Analysis for strontium–90 may be omitted if the gross beta activity is less than 8 pCi/l.

(iii) For the initial analysis, data acquired within one year prior to June, 1977 may be substituted at the discretion of the department.

(iv) After the initial analysis water purveyors shall monitor at least every four years.

(v) If the average annual maximum contaminant level for man–made radioactivity is exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248–54–750. The purveyor shall take action to determine and correct the cause of such occurrences. Monitoring at monthly intervals shall be continued until the concentration no longer exceeds the maximum contaminant level or until a monitoring schedule as a condition to a variance, exemption or enforcement action becomes effective.

(e) By June, 1979, any water system as designated by the department, downstream from a nuclear facility must begin quarterly monitoring requirements for gross beta and iodine–131, and annual monitoring for strontium–90 and tritium. The department may allow the substitution of environmental surveillance data taken in conjunction with a nuclear facility for direct monitoring of man–made radioactivity after a determination that such data is applicable to a particular community water system.

(f) When necessary, additional radionuclide monitoring and other radionuclide requirements as prescribed by Public Law 93–523, section 141.26 CFR shall be satisfied.

(9) Secondary chemical and physical contaminants – The following maximum levels shall apply.

MAXIMUM CONTAMINANT LEVELS

Contaminant	Level
Color	15 units
Iron	0. 3 mg/l
Manganese	0. 05 mg/l
Total Dissolved Solids	500 mg/l
* Chloride	250 mg/l
* Sulfate	250 mg/l
** Copper	1 mg/l
** Odor	3 threshold odor numbers
** Zinc	5 mg/l

*Analysis is required only when the total dissolved solids exceed 500 mg/l.

**Analysis is required only when determined necessary by the department.

(a) Monitoring of secondary contaminants by Class 1 and 2 systems shall be at the same frequency as required for inorganic chemicals. Class 3 and Class 4 systems shall monitor secondary contaminants only as required by the department.

(b) If the secondary contaminants are present in excess of the listed concentrations, either treatment shall be provided, another supply developed, or other action acceptable to the department shall be taken.

(c) Secondary contaminants are not subject to the public notification requirements of WAC 248-54-750. [Order 153, § 248-54-740, filed 12/5/77.]

WAC 248-54-750 Reporting and public notification. (1) Reporting

(a) Except where a shorter reporting period is specified, the water purveyor shall report to the department within 40 days the results of all tests, measurements, or analyses required by WAC 248-54-740.

(b) The water purveyor shall report to the department within 48 hours the failure to comply with any provisions of WAC 248-54-740, including failure to comply with monitoring requirements.

(c) The water purveyor is not required to report analytical results to the department in cases where the State Public Health Laboratory or a laboratory holding a current certificate of approval reports the results directly to the department.

(d) The water purveyor shall notify the department within sixty days of any change in name or change in ownership of the public water system.

(2) Water Facilities Inventory and Report

(a) Every purveyor of a Class 1 system shall submit to the department not later than July 1 of each year, an annual report summarizing the utility's operation for the preceding calendar year. The annual report shall contain the following information, as a minimum: Number of services and meters; average annual and peak daily demand; the range of distribution system pressures; a summary of the major features of the system and additions or changes made during the year; a summary of the physical, bacteriological, and chemical quality maintained in the system.

(b) Purveyors of Class 2 and 3 water supply systems shall submit a report at five year intervals.

(c) Purveyors of Class 4 water supply systems shall submit a report if required by the department.

(3) Public Notification

(a) Class 1 or 2 water purveyors shall issue a written notice to the persons served by the system within three months of the occurrence of any of the following events: Exceeding a maximum contaminant level; failure to comply with an applicable testing procedure; being granted a variance or exemption from an applicable maximum contaminant level; failure to comply with the requirements of any schedule prescribed pursuant to a variance or exemption; or failure to perform any required monitoring. The written notice shall be included in the first set of water bills of the system issued after the failure. Such notice shall be repeated at least once every three months so long as the failure of the system continues or the variance or exemption remains in effect. If the system issues water bills less frequently than quarterly, or does not issue water bills, the notice shall be made by or supplemented by another form of direct mail.

(b) If a Class 1 or 2 water system has failed to comply with an applicable maximum contaminant level, the water purveyor shall notify the public of such failure as required by WAC 248-54-750(3)(a). In addition, public notification steps shall take place as follows:

(i) By publication on not less than three consecutive days in a newspaper or newspapers of general circulation in the area served by the system. Such notice shall be completed within 14 days after the water purveyor learns of the failure.

(ii) By furnishing a copy of the notice to the radio and television stations serving the area served by the system. Such notice shall be furnished within seven days after the water purveyor learns of the failure.

(c) If the area served by a Class 1 or 2 water system is not served by a daily newspaper of general circulation, notification by newspaper required by WAC 248-54-750(3)(b) shall instead be given by publication on three consecutive weeks in a weekly newspaper of general circulation serving the area. If no weekly or daily newspaper of general circulation serves the area, notice shall be given by posting the notice in post offices or other public buildings within the area served by the system.

(d) If any of the events identified in WAC 248-54-750(3)(a) occur in a Class 3 water system, the water purveyor shall post written notice of the event at conspicuous locations and points of use throughout the system.

(e) Notices given pursuant to this section shall be written in a manner to assure that the public using the system is adequately informed of the failure or variance or exemption. The notice shall not use unduly technical language, unduly small print or other methods which would frustrate the purpose of the notice. The notice shall disclose all material facts regarding the subject including the nature of the problem and, when appropriate, a clear statement that a primary drinking water regulation has been violated and any preventive measures that should be taken by the public. Where appropriate, or where designated by the department, bilingual notice shall be given. Notices may include a balanced explanation of the significance or seriousness to the public health of the subject of the notice, a fair explanation of steps taken by the system to correct any problem and the results of any additional sampling. Notices shall be consistent with guidelines prepared by the department concerning format and content.

(f) In any instance in which notification by newspaper or to radio or television stations is not required, the department may order the water purveyor to provide notification by newspaper and to radio and television stations when circumstances make more immediate or broader notice appropriate to protect the public health.

(g) The water purveyor shall keep detailed and complete records of all public notification occurrences, in accordance with WAC 248-54-760, so as to document compliance with this section. These records shall be available for inspection by the department and shall be sent to the department if requested.

(h) Notice to the public required by this section may be given by the department on behalf of the water purveyor. [Order 153, § 248-54-750, filed 12/5/77.]

WAC 248-54-760 Analyses and records. (1) The water purveyor shall keep the following records of operation and analyses.

(a) Records of bacteriological and turbidity analyses made pursuant to WAC 248-54-750 shall be kept for not less than five years. Records of chemical analyses made pursuant to WAC 248-54-750 shall be kept for not less than ten years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the following information is included:

(i) The date, place, and time of sampling, and the name of the person who collected the sample;

(ii) Identification of the sample as to whether it was a routine distribution system sample, check sample, raw or drinking water sample or other special purpose sample;

(iii) Date of analysis;

(iv) Laboratory and person responsible for performing analysis;

(v) The analytical technique/method used; and

(vi) The results of the analysis.

(b) Records of action taken by the system to correct violations of primary drinking water regulations shall be kept for a period not less than three years after the last action taken with respect to the particular violation involved.

(c) Copies of any written reports, summaries or communications, relating to sanitary surveys of the system conducted by the system itself, by a private consultant, or by any local, State or Federal agency, shall be kept for a period not less than ten years after completion of the sanitary survey involved.

(d) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than five years following the expiration of such variance or exemption.

(e) Records concerning public notification shall be kept in accordance with WAC 248-54-750(3)(g) for a period ending not less than three years following the date the public was notified as prescribed in WAC 248-54-750.

(f) Other records of operation and analyses as are required by the department shall be kept for not less than three years. These records shall be completed on forms supplied by the department, and shall bear the signature of the operator in responsible charge of the water system. Class 1 systems shall send copies of these records to the department monthly. Class 2 and 3 systems shall keep these records available for inspection by the department, and shall send them to the department if requested. Where applicable daily records of operation and analyses shall include the following:

(i) Chlorine residual;

(ii) Fluoride level;

(iii) Water treatment plant performance. [Order 153, § 248-54-760, filed 12/5/77.]

WAC 248-54-770 Emergency measures. (1) Public water systems shall have an emergency plan as a part of their operations program as required in WAC 248-54-610. The emergency plan shall include a vulnerability analysis of the major elements of the water system, compilation of emergency telephone numbers, establishment of contingency plans and provisions for immediate notification of the department by telephone when a breakdown or failure occurs in the water treatment process, when an emergency arises which causes, or threatens to cause, a loss in water service of more than twenty-four hours duration, or when any other situation occurs where the water quality may be degraded and public health may be threatened.

(2) The emergency plan shall be reviewed and updated as necessary to assure adequate emergency provisions, and as a minimum each time the water system plan is updated. The emergency plan shall be maintained in such a manner as to be readily usable by personnel of the public water system responsible for responding to emergency situations.

(3) No intake or other connection shall be maintained between a public water system and a source of water which has not been approved by the department, unless an emergency connection has been approved by the department. Utilization of such emergency sources shall be in accordance with precautions specified by the department. [Order 153, § 248-54-770, filed 12/5/77.]

WAC 248-54-780 Enforcement. If after investigation the department finds that any public water system fails to comply with the law or with these rules and regulations, the department may send a compliance letter to the purveyor of the public water system, which letter shall include at least the following: Specification of the areas where the public water system fails to meet the requirements of the law or of these rules and regulations; and specification of time deadlines for submission of preliminary engineering reports, submission of complete plans and specifications, commencement of construction or operation, or any other step designed to bring the public water system into compliance with the law or these rules and regulations. In the event the purveyor fails to comply with the law or these rules and regulations by the deadlines set out in the compliance letter, the department may take such legal action as it deems necessary under RCW 43.20.170 in order to assure compliance of the public water system with the law and these rules and regulations. [Order 153, § 248-54-780, filed 12/5/77.]

WAC 248-54-790 Waiver. The state board of health may waive any portion of these regulations except for WAC 248-54-740 (for which variances or exemptions under WAC 248-54-800 may be sought), upon demonstration by a purveyor that a waiver may be granted in an individual case without resulting in an unreasonable risk to the health of water consumers. [Order 153, § 248-54-790, filed 12/5/77.]

WAC 248-54-800 Variances and exemptions. (1) Variances

(a) The state board of health may grant one or more variances from the maximum contaminant levels identified in WAC 248-54-740 to a water purveyor who, because of characteristics of the raw water sources which

are reasonably available, cannot meet the requirements of WAC 248-54-740 despite application of the best technology, treatment techniques or other available means, provided that the water purveyor applying for the variance demonstrates to the satisfaction of the board of health that the variance will not result in an unreasonable risk to health.

(b) The state board of health may grant one or more variances from any provision of WAC 248-54-740 which requires the use of a specified treatment technique if the water purveyor applying for the variance demonstrates to the satisfaction of the board of health that such treatment technique is not necessary to protect the health of persons because of the nature of the raw water source.

(2) Exemptions

(a) The state board of health may grant one or more exemptions from the maximum contaminant levels identified in WAC 248-54-740 or any treatment technique requirement provided that the water purveyor applying for the exemption demonstrates to the satisfaction of the board of health that:

(i) Due to compelling factors, the water purveyor is unable to comply with such contaminant level or treatment technique requirement;

(ii) The public water system was in operation on the effective date of such contaminant level or treatment technique requirement; and

(iii) The granting of the exemption will not result in an unreasonable risk to health.

(b) Exemption provisions from maximum contaminant levels shall be available until January, 1981. If the public water system seeking an exemption has entered into an agreement to become a part of a regional public water system, then exemptions from maximum contaminant levels shall be available until January, 1983.

(3) Where applicable, the need for a variance or exemption shall be documented in the water system plan as required in WAC 248-54-580.

(4) In granting any of the variances and exemptions provided for by this section, the purveyor, the department and the state board of health shall follow these procedures:

(a) The purveyor shall submit a documented application to the department setting out the need for a variance or exemption and setting out a schedule for bringing, as expeditiously as practicable, the public water system into full compliance with the requirements of WAC 248-54-740.

(b) The department shall screen the application for completeness and require the purveyor to make such other submissions as are necessary. When the application is complete, the department shall forward it to the state board of health which shall schedule the application for consideration at one of its public hearings and which shall give public notice of the hearing and of the proposed action. This public hearing shall occur no later than 90 days after receipt by the board of the completed application.

(c) The department shall develop a recommendation for the state board of health on whether to grant the variance or exemption; on what compliance schedule would bring the public water system into full compliance as expeditiously as practicable; and on what interim control measures are necessary to protect the health of the water consumer during the period of the variance or exemption and of the corresponding compliance schedule.

(d) At the public hearing, which shall not be a contested case (trial-like) hearing, the purveyor shall present and explain its application, the department shall present and explain its recommendation, and the state board of health shall grant or deny the variance or exemption. If the board grants the variance or exemption, it shall in every case make the granting conditional on the purveyor's bringing its public water system into full compliance with WAC 248-54-740 in accordance with a compliance schedule approved at this time by the board. The board may also make its granting of the variance or exemption conditional on the implementation during the period of the variance or exemption of such interim control measures as the board deems necessary to protect the health of the water consumer.

(e) If after investigation the department determines that a purveyor has failed to bring its water system into full compliance with WAC 248-54-740 in accordance with an approved compliance schedule, or if the department determines that a purveyor has failed to implement any interim control measures required by the state board of health, the department may initiate such legal enforcement measures as are authorized by RCW 43.20-.170 in order to assure that the public water system in question comes into full compliance with WAC 248-54-740. [Order 153, § 248-54-800, filed 12/5/77.]

WAC 248-54-810 Sanitary survey. The department or the health officer, as determined by the joint plan of operation developed in accordance with WAC 248-54-570, shall conduct a sanitary survey of all public water systems at intervals necessary to assure the availability of a safe and potable water supply to all consumers of the water delivered by the public water system.

(1) Facilities Inspection – The sanitary survey shall include an inspection of all physical facilities of the public water system. The objective of the facilities inspection shall be an assessment of the physical integrity of the entire system for the purpose of determining if any physical portion of the public water system is subjecting any consumer or customer to conditions which may be deleterious to health.

(2) Operations and Management Inspection – The sanitary survey shall include an inspection of any records and data compiled by the purveyor which relate to the operation and management of the public water system. The inspection may include, but not be limited to, the review of water quality monitoring data, performance data for water treatment processes, and the operations report. The objective of the operations and management inspection shall be an assessment of the adequacy of the operations and management programs of the public water system for the purpose of determining if any phase of the operations and management programs of the public

water system is subjecting any consumer or customer to conditions which may be deleterious to health. [Order 153, § 248-54-810, filed 12/5/77.]

WAC 248-54-820 Cross-connections. (1) Purpose – The purpose of this section is to protect the health of water consumers by the control of actual and/or potential cross-connections through two basic programs:

(a) Through proper installation and surveillance of backflow prevention devices on service lines leading to premises where cross-connections exist, or are likely to occur; and

(b) Through inspection and regulation of plumbing within premises to minimize danger of contamination of the water system on the premises or the public water system itself.

(2) Responsibility – The control of cross-connections requires cooperation between the customer, water purveyor, the health officer, and/or plumbing authority.

(a) The water purveyor has primary responsibility to prevent contamination of the public water system through cross-connections.

(b) The customer served and the municipal, county, or other authority having legal jurisdiction are jointly responsible for preventing contamination of the water system within the customer's premises.

(3) Implementation – A continuing and aggressive program of cross-connection investigation, surveillance and control shall be implemented according to good cross-connection control practice such as *Accepted Procedure and Practice in Cross-Connection Control Manual – Pacific Northwest Section – American Waterworks Association, Second Edition**, or any superceding edition, or other criteria acceptable to the department.

(4) These regulations are to be reasonably interpreted. It is their intent to recognize the varying degrees of hazard and to apply the principle that the degree of protection shall be commensurate with the degree of hazard. These regulations are not to be construed as prohibiting local authorities or water purveyors from establishing more stringent requirements.

*Copies of these standards may be obtained from the Department of Social and Health Services, Water Supply and Waste Section, MS LS-11, Olympia, WA 98504. [Order 153, § 248-54-820, filed 12/5/77.]

WAC 248-54-830 Cross-connection terms. (1) Air gap separation means the unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or faucet supplying water to a tank, plumbing fixture, or other device and the flood level rim of the receptacle, and shall be at least double the diameter of the supply pipe measured vertically above the flood level rim of the vessel. In no case shall the gap be less than one inch.

(2) Auxiliary supply means any water source or system, other than the public water system, that may be available in the building or premises.

(3) Backflow means the flow other than the intended direction of flow, of any foreign liquids, gases, or substances into the distribution system of a public water system.

(a) Back pressure means backflow caused by a pump, elevated tank, boiler, or other means that could create pressure within the system greater than the supply pressure.

(b) Back siphonage means a form of backflow due to a negative or subatmospheric pressure within a water system.

(4) Backflow prevention device, means a device to counteract back pressures or prevent back siphonage.

(5) Cross-connection means any physical arrangement whereby a public water system is connected, directly or indirectly, with any other nonpotable or water system, sewer, drain, conduit, pool, storage reservoir, plumbing fixture, or other device which contains, or may contain, contaminated water, sewage, or other waste or liquid of unknown or unsafe quality which may be capable of imparting contamination to the public water system as a result of backflow. Bypass arrangements, jumper connections, removable sections, swivel or change-over devices, and other temporary or permanent devices through which, or because of which, backflow could occur are considered to be cross-connections.

(6) Double check valve assembly, means an assembly composed of two single, independently acting check valves, including tightly closing shutoff valves located at each end of the assembly and suitable connections for testing the watertightness of each check valve.

(7) Reduced pressure principle backflow prevention device means a device incorporating two or more check valves and an automatically operating differential relief valve located between the two checks, two shutoff valves, and equipped with necessary appurtenances for testing. The device shall operate to maintain the pressure in the zone between the two check valves, less than the pressure on the public water system side of the device. At cessation of normal flow, the pressure between the check valves shall be less than the supply pressure. In case of leakage of either check valve the differential relief valve shall operate to maintain this reduced pressure by discharging to the atmosphere. When the inlet pressure drops below two pounds per square inch (13.8 kPa), the relief valve shall open to the atmosphere thereby providing an atmospheric zone between the two check valves. [Order 153, § 248-54-830, filed 12/5/77.]

WAC 248-54-840 Cross-connections prohibited. (1) Except as provided in WAC 248-54-850, all cross-connections as defined in WAC 248-54-830(5) whether or not such cross-connections are controlled by automatic devices, such as check valves, or by hand operated mechanisms such as gate valves or stop cocks, are hereby prohibited.

(2) Failure on the part of persons, firms, or corporations to discontinue the use of any and all cross-connections and to physically separate such cross-

connections will be sufficient cause for the discontinuance of the public water service to the premises on which the cross–connection exists.

(3) The purveyor shall, in cooperation with the health officer or the local plumbing inspection authority, make periodic inspections of premises served by the water system to check for the presence of cross–connections. Any cross–connections found in such inspection shall be ordered removed by the responsible agency. If an immediate hazard to health is caused by the cross–connection, water service to the premises shall be discontinued until it is verified that the cross–connection has been removed. [Order 153, § 248–54–840, filed 12/5/77.]

WAC 248–54–850 Use of backflow prevention devices. (1) Backflow prevention devices shall be installed at the service connection or within any premises where in the judgment of the purveyor or the department the nature and extent of activities on the premises, or the materials used in connection with the activities, or materials stored on the premises would present an immediate and dangerous hazard to health should a cross–connection occur, even though such cross–connection does not exist at the time the backflow prevention device is required to be installed. This shall include but not be limited to the following situations:

(a) Premises having an auxiliary water supply, unless the quality of the auxiliary supply is in compliance with WAC 248–54–740 and is acceptable to the purveyor.

(b) Premises having internal cross–connections that are not correctable, or intricate plumbing arrangements which make it impracticable to ascertain whether or not cross–connections exist.

(c) Premises where entry is restricted so that inspections for cross–connections cannot be made with sufficient frequency or at sufficiently short notice to assure that cross–connections do not exist.

(d) Premises having a repeated history of cross–connections being established or reestablished.

(e) Premises on which any substance is handled under pressure so as to permit entry into the public water system, or where a cross–connection could reasonably be expected to occur. This shall include the handling of process waters and cooling waters.

(f) Premises where materials of a toxic or hazardous nature are handled such that if back siphonage should occur, a serious health hazard may result.

(g) The following types of facilities will fall into one of the above categories where a backflow prevention device is required to protect the public water system. A backflow prevention device shall be installed at these facilities as set forth in WAC 248–54–850(3) unless the purveyor and the department determine no hazard exists.

(i) Hospitals, mortuaries, clinics;

(ii) Laboratories;

(iii) Piers and docks;

(iv) Sewage treatment plants;

(v) Food or beverage processing plants;

(vi) Chemical plants using a water process;

(vii) Metal plating industries;

(viii) Petroleum processing or storage plants;

(ix) Radioactive material processing plants or nuclear reactors;

(x) Car washes;

(xi) Others specified by the department.

(2) The type of protective device required in WAC 248–54–850(1) shall depend on the degree of hazard which exists as follows:

(a) An air–gap separation or a reduced pressure principle backflow prevention device shall be installed where the water supply may be contaminated with sewage, industrial waste of a toxic nature or other contaminant which would cause a health or system hazard.

(b) In the case of a substance which may be objectionable but not hazardous to health, a double check valve assembly, air–gap separation or a reduced pressure principle backflow prevention device shall be installed.

(3) Backflow prevention devices required in this section shall be installed at the meter, at the property line of the premises when meters are not used, or at a location designated by the department or purveyor. The device shall be located so as to be readily accessible for maintenance and testing, and where no part of the device will be submerged.

(4) Backflow prevention devices required in this section shall be installed under the supervision of, and with the approval of, the purveyor.

(5) Any protective device required in this section shall be a model approved by the department. A double check valve assembly or a reduced pressure principle backflow prevention device will be approved if it has successfully passed performance tests of the University of Southern California, Foundation for Cross–Connection Control and Hydraulic Research or other testing laboratories satisfactory to the department, or meet other standards acceptable to the department.

(6) Backflow prevention devices installed under this section shall be inspected and tested annually, or more often where successive inspections indicate repeated failure. The devices shall be repaired, overhauled, or replaced whenever they are found to be defective. Inspections, tests and repairs shall be made under the purveyor's supervision, and records thereof kept as required by the purveyor.

(7) Failure of the customer to cooperate in the installation, maintenance, testing or inspection of backflow prevention devices required by these regulations shall be grounds for the termination of water service to the premises or the requirements for an air–gap separation. [Order 153, § 248–54–850, filed 12/5/77.]

Chapter 248–55 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, electrodialysis, 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
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 The key concept is the variation or change in the quality of the raw water source. Point values are:	0 – 10
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:	0 – 10
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:

Number of Service Connections x 3.1 = 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)

Table 3
MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS

	EDUCATION/OPERATING EXPERIENCE(DRC)				
	OIT *	I	II	III	IV
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 reapplies 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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248-56-310 Preliminary assessment—Procedures.
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248-56-700 Coordinated water system plan—Requirement.
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248-56-750 Coordinated water system plan—Effect.
248-56-760 Coordinated water system plan—Update.
248-56-800 Coordinated water system plan—Local review.
248-56-810 Coordinated water system plan—Department approval.
248-56-900 Severability.

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).

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.]

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(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 administrating 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 (as described in WAC 248–57–400)	Minimum Fire Flow Requirement
Rural	None
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.
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248-58-040	Packing of shucked shellfish.
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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.
248-58-500	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 transmissable 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 248–58–500 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 248–60A WAC
LABOR CAMPS

WAC

248–60A–010 Definition.
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248–60A–150 Fire and safety provisions.
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WAC 248–60A–010 Definitions. (1) "Labor Camp" shall mean all housing together with the land areas appurtenant thereto provided by employers, growers, management, or other person, for occupancy by workers or workers and dependents, in agriculture, logging, mining or construction, and shall include housing located either at the site of employment or elsewhere.

(2) "Dwelling Unit" shall mean facilities used or intended to be used for living, sleeping, with or without facilities for cooking and eating.

(a) "Dormitory" shall mean facilities and/or housing accommodating one sex only, used for sleeping purposes and designed for group occupancy.

(b) "Family" shall mean one adult person plus one or more persons who are legally related to said person and residing in the same dwelling unit with said person.

(c) "Family Unit" shall mean facilities and/or housing accommodating members of one family for living, sleeping, with or without facilities for cooking and eating purposes.

(3) "Existing Construction" shall mean any structure, building or utility system in use or capable of being used as a labor camp as of the effective date of these rules and regulations.

(4) "New Construction" shall mean any structure, building, utility system, or addition thereto, built, installed, or converted from another use to a labor camp after the effective date of these rules and regulations.

(5) "Health Officer" means the legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(6) "Permit" shall mean written authorization granted by a health officer to a person to provide labor camp facilities.

(7) "Provisional Permit" shall mean written authorization granted by a health officer to a person to provide labor camp facilities, when said camp has not fully met all provisions of these rules and regulations.

(8) "Person" shall mean any individual, firm, partnership, corporation, association, or the legal successor thereof and any agency of the city, county, or state and any municipal subdivision thereof.

(9) "Refuse" shall mean all putrescible and nonputrescible solid waste. [Order 7, filed 11/20/68.]

WAC 248–60A–020 Administration. (1) It shall be unlawful and a violation of these regulations for any person to operate a labor camp in the state of Washington who does not possess a valid current permit or provisional permit as issued by the health officer in the name of such persons for the specific labor camp.

(2) Every permit shall be valid for a period not in excess of one year and may be renewed. Issuance, retention and renewal of this permit shall be contingent upon compliance with these rules and regulations as determined by the health officer. Failure to comply with these requirements shall be cause for denial or revocation after due notice and opportunity for hearing.

(3) The issuance of a provisional permit is contingent upon the development of a plan and time schedule for compliance with the requirements of these rules and regulations. Such permits may be issued for a period not to exceed one year and shall not be renewed except upon the written approval of the state director of health.

(4) Applications for permits or renewals thereof must be submitted to the health officer at least sixty days prior to the operation of the camp, and shall contain such information as may be required by forms to be supplied by the state department of health, and such

other information as the health officer, or the state department of health may reasonably require for the proper administration of these rules and regulations.

(5) No major structural changes or alterations shall be made to any part of the labor camp without prior written approval of the health officer. [Order 7, filed 11/20/68.]

WAC 248-60A-030 Water supply. (1) A safe supply of water from sources approved by the health officer shall be provided in each labor camp, and such supply shall meet the standards for chemical and bacteriological quality as specified in WAC 248-54-060.

(2) An adequate supply of water shall be provided which shall be capable of delivering a minimum of thirty-five gallons per person per day at fifteen PSI at the tap.

(3) The use of common drinking cups or containers is prohibited.

(4) Hot and cold running water shall be provided for each central bathing, handwashing and laundry facility twenty-four hours daily.

(5) Cold running water under pressure and plumbed to a properly trapped sink shall be provided in each family unit of new construction.

In existing construction, all family units shall be provided with cold running water under pressure and plumbed to a properly trapped sink by March 1, 1973 under the following annual implementation schedule:

(a) Twenty percent of all existing family units shall be provided with cold running water by March 1, 1969, or destroyed, or removed, or effectively closed for human occupancy.

(b) Forty percent of all existing family units shall be provided with cold running water by March 1, 1970 or destroyed, or removed, or effectively closed for human occupancy.

(c) Sixty percent of all existing family units shall be provided with cold running water by March 1, 1971 or destroyed, or removed, or effectively closed for human occupancy.

(d) Eighty percent of all existing family units shall be provided with cold running water by March 1, 1972 or destroyed, or removed, or effectively closed for human occupancy.

(e) One hundred percent of all family units shall be provided with cold running water by March 1, 1973 or destroyed, or removed, or effectively closed for human occupancy.

(6) Cold running water under pressure shall be located not more than one hundred feet from any dormitory and any existing family unit in which water has not yet been provided under the implementation schedule listed above. [Order 7, filed 11/20/68.]

WAC 248-60A-040 Sewage and liquid waste disposal——Existing and new construction. All liquid waste discharged from the labor camp shall be disposed of in a manner approved by the health officer. The disposal system shall be located and maintained where it will not create a hazard to the health of the labor camp occupants or to the owner or occupants of adjacent property. Where a public sewer is not available an approved sewage disposal system shall be provided. [Order 7, filed 11/20/68.]

WAC 248-60A-050 Plumbing. All plumbing within the labor camp shall conform to the basic plumbing principles as specified in chapter 248-94 WAC, with the exception of WAC 248-94-060. [Order 7, filed 11/20/68.]

WAC 248-60A-060 Refuse disposal. (1) The storage, collection, transportation and disposal of refuse shall be so managed as not to create rodent harborage, insect breeding, or other health hazards.

(2) All refuse shall be stored in clean, water-tight and rodent-proof containers with tight-fitting lids and shall not be closer than fifty feet from outdoor water faucets. Such containers shall be located adjacent to dwelling units except when other health officer approved methods are used. [Order 7, filed 11/20/68.]

WAC 248-60A-070 Rodent and insect control. Appropriate measures shall be taken to control rodents and insects in labor camps. [Order 7, filed 11/20/68.]

WAC 248-60A-080 Location and maintenance. (1) Labor camps shall be well-drained, and so located and maintained as not to create a health or safety hazard.

(2) Labor camps shall be maintained sanitary and reasonably dust free. Roads and walkways shall be graded and gravel covered or hard-surfaced.

(3) Labor camps shall be free of excessive traffic and other physical hazards.

(4) Labor camps shall be located no closer than two hundred feet to an occupied feedlot, dairy, or poultry operation except with the approval of the health officer.

(5) Buildings shall be so located to minimize fire hazards.

(6) Labor camps shall have a space for recreation reasonably related to the size of the facility and the type of occupancy. [Order 7, filed 11/20/68.]

WAC 248-60A-090 Construction and maintenance of dwelling units. (1) Dwelling units shall be structurally sound, in good repair, in a sanitary condition, and shall provide protection against the elements.

(2) Where frame construction is provided, finished inside walls shall be provided: *Provided*, That the health officer may, at his discretion, accept the painting of inside walls and ceilings, excluding lead-based paint or white wash, in lieu of finished inside walls and ceilings when he is satisfied that the nature of the occupancy and temperature variations during this period of use justify this action. Such authorization shall be subject to annual review by the health officer.

(3) When the distance between the top of the side wall and the peak of the roof exceeds three and one-half feet, a finished ceiling shall be mandatory. Ceilings

and/or undersides of roofs must be light colored and have easily cleanable surfaces.

(4) Family units shall be so constructed to provide privacy from other units.

(5) A separate sleeping room shall be provided for the husband and wife in all family units of new construction in which one or more children over six years of age are housed. In existing construction, all family units used by families with one or more children over six years of age shall provide a separate sleeping room for the husband and wife by March 1, 1973, under the following annual implementation schedule:

(a) Twenty percent of all existing family units shall be provided with sleeping room separation by March 1, 1969, or destroyed, or removed, or effectively closed for human occupancy.

(b) Forty percent of all existing family units shall be provided with sleeping room separation by March 1, 1970, or destroyed, or removed, or effectively closed for human occupancy.

(c) Sixty percent of all existing family units shall be provided with sleeping room separation by March 1, 1971, or destroyed, or removed, or effectively closed for human occupancy.

(d) Eighty percent of all existing family units shall be provided with sleeping room separation by March 1, 1972, or destroyed, or removed, or effectively closed for human occupancy.

(e) One hundred percent of all existing family units shall be provided with sleeping room separation by March 1, 1973, or destroyed, or removed, or effectively closed for human occupancy.

Dwelling units used to accommodate a husband and wife or single adult males are exempt from sleeping room separation.

(6) Floors shall be of wood, concrete, tile, or other impervious material. Wood floors shall be smooth, planed and tight–fitting. If elevated, no storage shall be allowed in the space below flooring.

(7) All building interiors shall be finished with easily cleanable surfaces. Interior walls shall be maintained clean.

(8) Each dwelling unit shall contain at least seventy square feet for the first occupant and at least fifty square feet for each additional occupant. At least one–half of the floor area in each dwelling unit shall have a minimum ceiling height of seven feet. No floor space shall be counted toward minimum requirements where the ceiling height is less than five feet.

Trailers, mobile homes and camping vehicles provided as dwelling units shall provide at least twenty square feet of clear floor area for each occupant sleeping therein.

(9) Each habitable room shall have at least one window or skylight opening directly to the out–of–doors. The minimum total window or skylight area including windows in doors, shall equal at least ten percent of the usable floor area. The total openable area shall equal at least forty–five percent of the minimum window or skylight area required, except where comparably adequate ventilation is supplied by mechanical or other approved method.

(10) Dormitories shall provide at least forty square feet per occupancy for sleeping purposes.

(11) Storage facilities shall be provided for occupants' possessions.

(12) Where trailers, mobile homes and/or camping vehicles are used as dwelling units, the sanitation regulations governing Mobile Home Parks or Camping Vehicles (chapter 248–76 WAC) shall apply. Plumbing, heat–producing and electrical equipment in trailers, mobile homes, and camping vehicles shall be subject to chapter 296–48 WAC. [Order 7, filed 11/20/68.]

WAC 248-60A-100 Heating. (1) Dwelling units used during periods which require artificial heating shall be provided with heating facilities which are capable of maintaining 68° F. temperature in all rooms.

(2) Heating facilities shall be installed and vented to prevent fire hazard or fume concentration, and be so located as to prevent impeded egress from the dwelling unit in case of emergency. [Order 7, filed 11/20/68.]

WAC 248-60A-110 Lighting. (1) All dwelling unit rooms and toilet, shower and laundry rooms shall have a minimum of twenty foot candles on work surfaces provided by sufficient wall or ceiling fixtures.

(2) All labor camps shall be provided with electric service.

(3) Each dwelling unit room shall be provided with a minimum of one ceiling fixture and one wall outlet.

(4) Each toilet, handwashing, bathing and laundry room shall be provided with one ceiling or wall–type fixture and convenient outlets as needed.

(5) All wiring shall meet state electrical standards as set out in chapter 296–44 WAC. [Order 7, filed 11/20/68.]

WAC 248-60A-120 Toilet, handwashing, bathing and laundry facilities. (1) Where dwelling units lack integral facilities, central toilet, handwashing and bathing facilities, separate for the sexes, shall be provided within two hundred feet of the dwelling units and shall be connected to the dwelling units by walkways as prescribed in WAC 248–60–080(2).

(2) Central laundry and clothes drying facilities shall be located within two hundred feet of dwelling units.

(3) Water flush toilets shall be required: *Provided, however,* That the health officer may make exception to allow privies or other approved methods.

(4) Toilets shall be provided in a ratio of one for every fifteen occupants or major fraction thereof.

(5) Where central toilet facilities are provided, an adequate and accessible supply of toilet tissue, with holders, shall be furnished.

(6) Urinals shall be provided in the ratio of one urinal for every thirty males or major fraction thereof. In the case of trough urinals or toilets, twenty–four inches of length shall be considered the equivalent of one urinal or toilet. Urinals may be substituted for up to one–third of the toilets required for each sex.

(7) Lavatories shall be provided in the ratio of one for every twelve occupants or major fraction thereof.

(8) Bathing facilities shall be provided in the ratio of one shower head for each fifteen occupants or major fraction thereof.

(9) Laundry facilities shall be provided in the ratio of one laundry tray and one mechanical washing machine for each fifty occupants or major fraction thereof; except that additional mechanical washing machines may be provided in lieu of an equivalent number of laundry trays.

(10) Where sanitary facilities are provided in each dwelling unit, there shall be provided a minimum of one toilet, lavatory and bathing facility.

(11) Toilet, handwashing, bathing and laundry facilities are to be based on the maximum housing capacity of the labor camp.

(12) In new construction, communal shower facilities shall contain a minimum of nine square feet of floor area per shower head. Single prefabricated stall showers are allowable.

(13) In new construction, a minimum of twelve square feet of floor area per shower head shall be provided for dressing area.

(14) The walls and floors of toilet, bathing and laundry rooms shall be water impervious, easily cleanable and light colored.

(15) The floors of rooms containing toilet, lavatory, bathing and laundry facilities shall be sloped to properly trapped floor drains which are connected to a suitable disposal system. [Order 7, filed 11/20/68.]

WAC 248-60A-130 Foodhandling facilities. (1) Where central food facilities are provided, they shall comply with the state board of health rules and regulations for food establishments (chapter 248-84 WAC).

(2) If central facilities are not provided, cooking facilities for dwelling units shall be provided. Such facilities shall be provided with:

(a) An operable cook stove or hot plate with minimum of two burners.

(b) Adequate food storage shelves and food preparation counter.

(c) Mechanical refrigeration capable of maintaining temperatures of 45°F. or below shall be provided in each dwelling unit where cooking is done or in a central unit capable of maintaining like temperatures and providing ample space for storing perishable food items of all labor camp occupants. Inasmuch as refrigerator units not in use constitutes a health hazard to children, when such refrigerator units are not in use, adequate precaution shall be taken by the camp owner or operator to assure that these refrigerator units are not a hazard to children.

(d) The walls adjacent to cooking areas shall be fire resistant, nonabsorbent, and of easily cleanable material.

(e) Where the occupant provides foodhandling facilities equal to or better than those described above, this shall be permitted. [Order 7, filed 11/20/68.]

WAC 248-60A-140 Beds and bedding. (1) Sleeping facilities shall be provided for each occupant. Such facility shall consist of beds, bunks, or cots.

(2) Clean mattresses and clean mattress covers shall be provided by the person responsible for operation of the labor camp. Clean mattress covers shall be issued for each bed in use at each change of occupancy.

(3) Where bedding is provided by the person responsible for operation of the labor camp, it shall be issued and maintained in a clean and sanitary condition.

(4) Each bed or bunk shall clear the floor by twelve inches. Single beds shall be not closer than thirty-six inches laterally; double deck bunks forty-eight inches laterally. Top mattress of double bunk shall clear ceiling by at least thirty-six inches; bottom mattress thirty-six inches from top mattress.

(5) Where the occupant provides beds and bedding equal to or better than those described above, this shall be permitted. [Order 7, filed 11/20/68.]

WAC 248-60A-150 Fire and safety provisions. (1) All buildings shall be constructed and maintained in accordance with applicable state and local fire and safety laws.

(2) In dwelling units two means of escape shall be provided: One may be an accessible window with dimensions of 24" x 24", the sill of which shall be no higher than thirty-six inches from the floor.

(3) Fire extinguishing equipment shall be provided and located not more than one hundred feet from each dwelling unit. Such equipment shall provide protection equal to that furnished by one two and one-half gallon water extinguisher under air pressure or a garden hose of adequate length, equipped with a nozzle and located in a fire hose box.

(4) First aid facilities shall be provided and readily accessible for use at all times. Such facilities shall provide as a minimum the equivalent to the sixteen unit first aid kit recommended by the American Red Cross, and provided in a ratio of one per fifty persons.

(5) No flammable or volatile liquids or materials shall be stored in or adjacent to rooms of dwelling units, except for those needed for current household use. [Order 7, filed 11/20/68.]

WAC 248-60A-160 Supervision and responsibility. The person responsible for operation of the labor camp shall maintain it in a clean and sanitary condition and in good repair; he shall familiarize himself with these regulations. [Order 7, filed 11/20/68.]

WAC 248-60A-170 Communicable disease. The owner or his designated agent shall exercise reasonable efforts to know of the presence of communicable disease within the camp and when such is suspected shall report this to the health officer. [Order 7, filed 11/20/68.]

Chapter 248-61 WAC
STANDARDS FOR EXISTING AGRICULTURAL LABOR CAMPS

WAC

248-61-001 Purpose.
248-61-010 Definitions.

248-61-015 Plan of implementation.
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248-61-080 Location and maintenance.
248-61-090 Construction and maintenance of dwelling units.
248-61-100 Heating.
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248-61-120 Toilet, handwashing, bathing and laundry facilities.
248-61-130 Foodhandling facilities.
248-61-140 Beds and bedding.
248-61-150 Fire and safety provisions.
248-61-160 Supervision and responsibility.
248-61-170 Communicable disease.
248-61-180 Exemptions.

WAC 248-61-001 Purpose. The following rules and regulations are established as the minimum sanitation requirements for labor camps. The person responsible for labor camps is encouraged to use innovative ideas and incorporate new approaches to solve the environmental problems of agricultural worker housing. Such concepts might include relocatable housing, mobile homes, dual purpose buildings and new design techniques: *Provided, however,* That all ideas and approaches shall meet the requirements of these rules and regulations. [Order 32, § 248-61-001, filed 11/3/69.]

WAC 248-61-010 Definitions. (1) "Labor camp" shall mean all housing in existence on May 3, 1969 consisting of three or more dwelling units together with the land appurtenant thereto provided by employers, growers, management, or other person, for occupancy by workers or workers and dependents in agriculture, and shall include housing located either at the site of employment or elsewhere: *Provided,* That the provisions hereof shall not apply to year-round housing provided for permanent employees on a farm.

(2) "Dwelling unit" shall mean family unit, dormitory or other facility used or intended to be used for living and/or sleeping, with or without facilities for cooking and eating.

(a) "Dormitory" shall mean facilities and/or housing accommodating one sex only, used for sleeping purposes and designed for group occupancy.

(b) "Family unit" shall mean facilities and/or housing accommodating members of one family for living and/or sleeping, with or without facilities for cooking and eating purposes.

(3) "Family" shall mean one adult person, plus one or more other persons who are legally related to or dependent upon said person and residing in the same dwelling unit or units.

(4) "Health officer" means the legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(5) "Full permit" shall mean written authorization granted by a health officer to a person to provide labor camp facilities.

(6) "Provisional permit" shall mean written authorization granted by a health officer to a person to provide labor camp facilities, when said camp has not fully met all provisions of these rules and regulations.

(7) "Person" shall mean any individual, firm, partnership, corporation, association, or the legal successor thereof and any agency of the city, county, or state and any municipal subdivision thereof.

(8) "Refuse" shall mean all putrescible and nonputrescible solid waste.

(9) "Central foodhandling facility" shall mean any facility provided by employers, growers, management or other person as defined in subsection (7) where food is served or provided to the labor camp occupants with or without charge.

(10) "Common foodhandling facility" shall mean a facility provided by employers, growers, management or other person as defined in subsection (7) for use by the labor camp occupants in the preparation and consumption of their own food. [Order 32, § 248-61-010, filed 11/3/69.]

WAC 248-61-015 Plan of implementation. Each person as defined in WAC 248-61-010(7) shall submit a plan of implementation of the requirements of these rules and regulations to the health officer after the health officer has inspected and reported to said person the areas of noncompliance. If such plan is not approved by the health officer, he shall advise the person concerning the additional changes required in the plan of implementation to bring the labor camp into conformity with the rules and regulations herein. A permit shall not be issued until the plan of implementation has been approved by the health officer. [Order 32, § 248-61-015, filed 11/3/69.]

WAC 248-61-020 Administration. (1) It shall be unlawful and a violation of these regulations for any person to operate a labor camp in the State of Washington who does not possess a valid full or provisional permit as issued by the health officer in the name of such persons for the specific labor camp.

(2) Every full permit shall be valid for a period not in excess of one year and may be renewed. Issuance, retention and renewal of this permit shall be contingent upon conformance with these rules and regulations and implementation schedule. Failure to comply with these requirements shall be cause for denial or revocation after due notice and opportunity for hearing.

(3) "Implementation schedule." Issuance of a full permit is contingent upon conformance with the requirements of the following rules and regulations: WAC 248-61-030(5); WAC 248-61-090(2), (3), (4), (5), (8), (9), (11); WAC 248-61-120(3); and 248-61-130 under the following annual implementation schedule as a minimum:

(a) Twenty percent conformance by March 1, 1970, or destroyed, or removed, or effectively closed for human occupancy.

(b) Forty percent conformance by March 1, 1971, or destroyed, or removed, or effectively closed for human occupancy.

(c) Sixty percent conformance by March 1, 1972, or destroyed, or removed, or effectively closed for human occupancy.

(d) Eighty percent conformance by March 1, 1973, or destroyed or removed, or effectively closed for human occupancy.

(e) One hundred percent conformance by March 1, 1974, or destroyed or removed, or effectively closed for human occupancy.

Substitution within the implementation schedule is allowable provided such substitution is approved by the health officer and the final compliance for all items subject to the implementation schedule is achieved within the time period specified herein.

(4) The issuance of a provisional permit is contingent upon the development of a plan and time schedule for compliance with the requirements of these rules and regulations. Such permits may be issued for a period not to exceed one year and may be renewed with the concurrence of the state director of health.

(5) Applications for permits or renewals thereof must be submitted to the health officer at least sixty days prior to the operation of the camp, and shall contain such information as may be required on forms to be supplied by the state department of health, and such other information as the health officer, or the state department of health may reasonably require for the proper administration of these rules and regulations.

(6) No major structural changes or alterations shall be made to any part of the labor camp without prior written approval of the health officer.

(7) Any alterations or changes made to a dwelling unit or other facility in existence prior to the effective date of this chapter shall not be construed as "new construction" as defined in WAC 248-60-010(4). [Order 32, § 248-61-020, filed 11/3/69.]

WAC 248-61-030 Water supply. (1) A safe supply of water from sources approved by the health officer shall be provided in each labor camp, and such supply shall meet the standards for chemical and bacteriological quality as specified in WAC 248-54-060.

(2) An adequate supply of water shall be provided which shall be capable of delivering a minimum of thirty-five gallons per person per day at fifteen PSI at the tap.

(3) The use of common drinking cups or containers is prohibited.

(4) Hot and cold running water shall be provided for each central bathing, handwashing and laundry facility twenty-four hours daily.

(5) All family units shall be provided with cold running water under pressure and plumbed to a properly trapped sink pursuant to the annual implementation schedule as provided under WAC 248-61-020(3).

(6) Cold running water under pressure shall be located not more than one hundred feet from any dormitory and any family unit in which water has not yet been provided under the implementation schedule. [Order 32, § 248-61-030, filed 11/3/69.]

WAC 248-61-040 Sewage and liquid waste disposal. All liquid waste discharged from the labor camp shall be disposed of in a manner approved by the health officer. The disposal system shall be located and maintained where it will not create a hazard to the health of the labor camp occupants or to the owner or occupants of adjacent property. Where a public sewer is not available an approved sewage disposal system shall be provided. [Order 32, § 248-61-040, filed 11/3/69.]

WAC 248-61-050 Plumbing. All plumbing within the labor camp shall conform to the basic plumbing principles as specified in chapter 248-94 WAC, with the exception of WAC 248-94-060. [Order 32, § 248-61-050, filed 11/3/69.]

WAC 248-61-060 Refuse disposal. (1) The storage, collection, transportation and disposal of refuse shall be so managed as not to create rodent harborage, insect breeding, or other health hazards.

(2) All refuse shall be stored in clean, water-tight and rodent-proof containers with tight-fitting lids and shall not be closer than fifty feet from outdoor water faucets. Such containers shall be located adjacent to dwelling units except when other health officer approved methods are used. [Order 32, § 248-61-060, filed 11/3/69.]

WAC 248-61-070 Rodent and insect control. Appropriate measures shall be taken to control rodents and insects in labor camps. [Order 32, § 248-61-070, filed 11/3/69.]

WAC 248-61-080 Location and maintenance. (1) Labor camps shall be well-drained and so located and maintained as not to create a health or safety hazard.

(2) Labor camps shall be maintained sanitary and reasonably dust free. Where mud, sand or dust originating in walkways or roads in the camp create problems, the health officer may require that such roads or walkways be graded, gravel covered and oiled or hard surfaced.

(3) Labor camps shall be free of excessive traffic and other physical hazards.

(4) Labor camps shall be located no closer than two hundred feet to an occupied feedlot, dairy, or poultry operation except with the approval of the health officer.

(5) Buildings shall be so located to minimize fire hazards.

(6) Labor camps shall have a space for recreation reasonably related to the size of the facility and the type of occupancy. [Order 32, § 248-61-080, filed 11/3/69.]

WAC 248-61-090 Construction and maintenance of dwelling units. (1) Dwelling units shall be structurally sound, in good repair, in a sanitary condition, and shall provide protection against the elements.

(2) Where frame construction is provided, finished inside walls shall be provided: *Provided*, That the health

officer may, at his discretion, accept the painting of inside walls and ceilings, excluding lead–based paint or white wash, in lieu of finished inside walls and ceilings when he is satisfied that the nature of the occupancy and temperature variations during this period of use justify this action. Such authorization shall be subject to annual review by the health officer.

(3) When the distance between the top of the side wall and the peak of the roof exceeds three and one–half feet, a finished ceiling shall be mandatory. Ceilings and/or undersides of roofs must be light colored and have easily cleanable surfaces.

(4) Family units shall be so constructed as to provide privacy from other units.

(5) A separate sleeping area shall be provided for the husband and wife in all family units in which one or more children over six years of age are housed. Separation shall consist of either an opaque curtain, opaque screen, wall, or partial or full partition: *Provided*, That it shall be approved by the local health officer.

(6) Floors shall be of wood, concrete, tile, or other impervious material. Wood floors shall be smooth, planed and tight–fitting. If elevated, no storage shall be allowed in the space below flooring.

(7) All building interiors shall be finished with easily cleanable surfaces. Interior walls shall be maintained clean.

(8) Each dwelling unit previously subject to the 1960 rules and regulations adopted by the state board of health, and constructed subsequent to March 22, 1960 shall have at least seventy square feet of floor space for the first occupant and at least fifty square feet of floor space for each additional occupant. All other dwelling units shall have at least seventy square feet of floor space for the first occupant and at least thirty–five square feet of floor space for each additional occupant: *Provided, however*, that dormitories shall have at least forty square feet per person for sleeping purposes.

(9) At least one–half of the floor area in each dwelling unit shall have a minimum ceiling height of seven feet. No floor space shall be counted toward minimum requirements where the ceiling height is less than five feet.

(10) Trailers, mobile homes and camping vehicles provided as dwelling units shall provide at least twenty square feet of clear floor area for each occupant sleeping therein.

(11) Each habitable room shall have at least one window or skylight opening directly to the out–of–doors. Windows or skylights shall be openable to at least forty–five percent of their aggregate area. Windows and/or doors shall be arranged to provide for cross or through ventilation, except where comparably adequate ventilation is supplied by mechanical or other approved methods. Every room in dwelling units previously subject to the 1960 rules and regulations adopted by the state board of health, and constructed subsequent to March 22, 1960, shall be provided with window openings to the exterior having an aggregate area of at least ten percent of the floor area. Every room in all other dwelling units shall be provided with adequate window openings to the exterior.

(12) Storage facilities shall be provided for occupants' possessions.

(13) Where trailers, mobile homes and/or camping vehicles are used as dwelling units, the sanitation regulations governing mobile home parks or camping vehicles (chapter 248–76 WAC) shall apply. Where trailers, mobile homes and/or camping vehicles manufactured after July, 1968 are provided by the person responsible for the operation of the labor camp, plumbing, heat–producing and electrical equipment shall be subject to chapter 296–48 WAC. [Order 32, § 248–61–090, filed 11/3/69.]

WAC 248–61–100 Heating. (1) Dwelling units used during periods which require artificial heating shall be provided with heating facilities which are capable of maintaining 68°F. temperature in all rooms.

(2) Heating facilities shall be installed and vented to prevent fire hazard or fume concentration, and be so located as to prevent impeded egress from the dwelling unit in case of emergency. [Order 32, § 248–61–100, filed 11/3/69.]

WAC 248–61–110 Lighting. (1) All dwelling unit rooms and toilet, shower and laundry rooms shall have a minimum of twenty foot candles on work surfaces provided by sufficient wall or ceiling fixtures.

(2) All labor camps shall be provided with electric service.

(3) Each dwelling unit room shall be provided with a minimum of one ceiling fixture and one wall outlet.

(4) Each toilet, handwashing, bathing and laundry room shall be provided with one ceiling or wall–type fixture and convenience outlets as needed.

(5) All wiring shall meet state electrical standards as set out in chapter 296–44 WAC. [Order 32, § 248–61–110, filed 11/3/69.]

WAC 248–61–120 Toilet, handwashing, bathing and laundry facilities. (1) Where dwelling units lack toilets and bathroom facilities, central toilet, handwashing and bathing facilities shall be provided, separate for men and women, within two hundred feet of the dwelling units and shall be connected to the dwelling units by walkways as prescribed in WAC 248–61–080(2).

(2) Central laundry and clothes drying facilities shall be located within two hundred feet of dwelling units.

(3) Water flush toilets shall be required: *Provided, however*, That the health officer may make exception to allow privies or other approved methods.

(4) Toilets shall be provided in a ratio of one for every fifteen occupants or major fraction thereof.

(5) Where central toilet facilities are provided, an adequate and accessible supply of toilet tissue, with holders, shall be furnished.

(6) Urinals shall be provided in the ratio of one urinal for every thirty males or major fraction thereof. In the case of trough urinals or toilets, twenty–four inches of length shall be considered equivalent of one urinal or

toilet. Urinals may be substituted for up to one-third of the toilets required for each sex.

(7) Lavatories shall be provided in the ratio of one for every twelve occupants or major fraction thereof.

(8) Bathing facilities shall be provided in the ratio of one shower head for each fifteen occupants or major fraction thereof.

(9) Laundry facilities shall be provided in the ratio of one laundry tray and one mechanical washing machine for each fifty occupants or major fraction thereof; except that additional mechanical washing machines may be provided in lieu of an equivalent number of laundry trays.

(10) Where sanitary facilities are provided in each dwelling unit, there shall be provided a minimum of one toilet, lavatory and bathing facility.

(11) Toilet, handwashing, bathing and laundry facilities are to be based on the maximum housing capacity of the labor camp.

(12) The walls and floors of toilet, bathing and laundry rooms shall be water impervious, easily cleanable and light colored.

(13) The floors of rooms containing toilet, lavatory, bathing and laundry facilities shall be sloped to properly trapped floor drains which are connected to a suitable disposal system. [Order 32, § 248-61-120, filed 11/3/69.]

WAC 248-61-130 Foodhandling facilities. (1) Where central food facilities are provided, they shall comply with the state board of health rules and regulations for food establishments (chapter 248-84 WAC).

(2) If central facilities are not provided, cooking facilities shall be provided in each family unit. Such facilities shall be provided with:

(a) An operable cook stove or hot plate with minimum of two burners.

(b) Adequate food storage shelves and food preparation counter.

(c) Mechanical refrigeration capable of maintaining temperatures of 45°F. or below shall be provided in each dwelling unit where cooking is done or in a central unit capable of maintaining like temperatures and providing ample space for storing perishable food items of all labor camp occupants. Inasmuch as refrigerator units not in use constitute a health hazard to children, when such refrigerator units are not in use, adequate precaution shall be taken by the camp owner or operator to assure that these refrigerator units are not a hazard to children.

(d) The walls adjacent to cooking areas shall be fire resistant, nonabsorbent, and of easily cleanable material.

(e) Where the occupant provides foodhandling facilities equal to or better than those described above, this shall be permitted.

(3) Where dormitories and dwelling units, other than family units, do not have foodhandling facilities equal to those described in subsections (1) and (2) above, a common foodhandling facility shall be provided. This shall consist of a room or building provided for cooking and eating, which is separate from the sleeping facilities. Such room or building shall be provided with:

(a) Stoves or hot plates, with a minimum equivalent of two burners, in a ratio of one stove or hot plate to ten persons;

(b) Adequate food storage shelves and a counter for food preparations;

(c) Mechanical refrigeration capable of maintaining the temperature of food at 45°F. or below;

(d) Tables and chairs or equivalent seating adequate for the intended use of the facility;

(e) Adequate sinks with hot and cold water under pressure; and

(f) Floors shall be of nonabsorbent, easily cleaned materials. [Order 32, § 248-61-130, filed 11/3/69.]

WAC 248-61-140 Beds and bedding. (1) Sleeping facilities shall be provided for each occupant. Such facility shall consist of beds, bunks, or cots.

(2) Clean mattresses and clean mattress covers shall be provided by the person responsible for operation of the labor camp. Clean mattress covers shall be issued for each bed in use at each change of occupancy.

(3) Where bedding is provided by the person responsible for operation of the labor camp, it shall be issued and maintained in a clean and sanitary condition.

(4) Each bed or bunk shall clear the floor by twelve inches. Single beds shall be not closer than thirty-six inches laterally; double deck bunks forty-eight inches laterally. Top mattress of double bunk shall clear ceiling by at least thirty-six inches; bottom mattress thirty-six inches from top mattress.

(5) Where the occupant provides beds and bedding equal to or better than those described above, this shall be permitted. [Order 32, § 248-61-140, filed 11/3/69.]

WAC 248-61-150 Fire and safety provisions. (1) All buildings shall be constructed and maintained in accordance with applicable state and local fire and safety laws.

(2) In dwelling units two means of escape shall be provided: One may be a window, at least five hundred and seventy six square inches (four square feet) in size with no side less than sixteen inches, which shall be readily accessible to small children.

(3) Accessible fire extinguishing equipment shall be provided and located not more than one hundred feet from each dwelling unit. Such equipment shall provide protection equal to that furnished by one two and one-half gallon water extinguisher under pressure or a garden hose, equipped with a nozzle, of adequate length to reach the interior of all dwelling units.

(4) First aid facilities shall be provided and readily accessible for use at all times. Such facilities shall provide as a minimum the equivalent to the sixteen unit first aid kit recommended by the American Red Cross, and provided in a ratio of one per fifty persons.

(5) No flammable or volatile liquids or materials shall be stored in or adjacent to rooms of dwelling units, except for those needed for current household use. [Order 32, § 248-61-150, filed 11/3/69.]

WAC 248-61-160 Supervision and responsibility. The person responsible for operation of the labor camp shall maintain it in a clean and sanitary condition and in good repair; he shall familiarize himself with these regulations. [Order 32, § 248-61-160, filed 11/3/69.]

WAC 248-61-170 Communicable disease. The person responsible for operation of the labor camp or his designated agent shall exercise reasonable efforts to know of the presence of communicable disease within the camp and when such is suspected shall report this to the health officer. [Order 32, § 248-61-170, filed 11/3/69.]

WAC 248-61-180 Exemptions. The state director of health may, upon written application, grant a waiver from the requirements of these rules and regulations where a deficiency or deficiencies exist which do not exceed ten percent of a specified minimum requirement. [Order 32, § 248-61-180, filed 11/3/69.]

Chapter 248-64 WAC
PRIMARY AND SECONDARY SCHOOLS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-64-010 Introduction. [Regulation .64.010, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-020 Definitions. [Regulation .64.020, filed 6/4/63; Regulation .64.020, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-030 Substitutions. [Regulation .64.030, filed 6/4/63; Regulation .64.030, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-040 Site. [Regulation .64.040, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-050 Inspection of schools. [Regulation .64.050, filed 6/4/63; Regulation .64.050, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-060 Buildings. [Regulation .64.060, filed 6/4/63; Regulation .64.060, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-070 Water supply. [Regulation .64.070, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-080 Toilet and hand-washing facilities. [Regulation .64.080, filed 6/4/63; Regulation .64.080, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-090 Showers. [Regulation .64.090, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-100 Sewage disposal. [Regulation .64.100, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-110 Ventilation. [Regulation .64.110, filed 6/4/63; Regulation .64.110, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-120 Heating. [Regulation .64.120, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-130 Lighting. [Regulation .64.130, filed 6/4/63; Regulation .64.130, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-140 Seating. [Regulation .64.140, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

248-64-150 Food handling. [Regulation .64.150, effective 3/11/60.] Repealed by Order 55, filed 6/8/71.

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 248-64-210 Introduction. These rules and regulations are established as minimum environmental standards for educational facilities and do not necessarily reflect optimum standards for facility planning and operation. [Order 55, § 248-64-210, filed 6/8/71.]

WAC 248-64-220 Definitions. The following definitions shall apply in the interpretation and the enforcement of these rules and regulations:

(1) "School" – Shall mean any publicly financed or private or parochial school or facility used for the purpose of school instruction, from the kindergarten through twelfth grade. This definition does not include a private residence in which parents teach their own natural or legally adopted children.

(2) "Board of Education" – An appointive or elective board whose primary responsibility is to operate public or private or parochial schools or to contract for school services.

(3) "Instructional areas" – Space intended or used for instructional purposes.

(4) "New construction" – Shall include the following:

(a) New school building.

(b) Additions to existing schools.

(c) Renovation, other than minor repair, of existing schools.

(d) Schools established in all or part of any existing structures, previously designed or utilized for other purposes.

(e) Installation or alteration of any equipment or systems, subject to these regulations, in schools.

(f) Portables constructed after the effective date of these regulations.

(5) "Air conditioning" – Shall be defined as cooling and/or dehumidification of spaces.

(6) "Occupied zone" – Is that volume of space from the floor to 6 feet above the floor when determining temperature and air movement, exclusive of the 3 foot perimeter on the outside wall.

(7) "Site" – Shall include the areas used for buildings, playgrounds and other school functions.

(8) "Portables" – Any structure that is transported to a school site where it is placed or assembled for use as part of a school facility.

(9) "Health officer" – Legally qualified physician who has been appointed as the health officer for the city,

town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(10) "Secretary" – Means Secretary of the Washington State Department of Social and Health Services or his designee.

(11) "Department" – Means Washington State Department of Social and Health Services. [Order 131, § 248-64-220, filed 8/5/76; Order 55, § 248-64-220, filed 6/8/71.]

WAC 248-64-230 Substitutions. The secretary may allow the substitution of procedures or equipment for those outlined in these regulations, when such procedures or equipment have been demonstrated to be equivalent to those heretofore prescribed. When the secretary judges that such substitutions are justified, he shall grant permission for the substitution in writing. Requests for substitution shall be directed to the jurisdictional health officer who shall immediately forward them, including his recommendations, to the secretary. All decisions, substitutions, or interpretations shall be made a matter of public record and open to inspection. [Order 55, § 248-64-230, filed 6/8/71.]

WAC 248-64-240 Site approval. (1) Before a new facility is constructed, an addition is made to an existing facility, or an existing school facility is remodeled, the board of education shall obtain written approval from the health officer that the proposed development site presents no health problems. The board of education may request the health officer to make a survey and submit a written health appraisal of any proposed school site.

(2) School sites shall be of a size sufficient to provide for the health and safety of the school enrollment.

(3) Noise from any source at a proposed new construction site shall not exceed 60 dBA for more than five percent of the time (L5) during the hours the school is in session. Sites exceeding these sound levels are not considered acceptable, unless an appropriate plan for sound control reduction is included in the new construction proposal. [Order 88, § 248-64-240, filed 10/3/73; Order 55, § 248-64-240, filed 6/8/71.]

WAC 248-64-250 Plan review and inspection of schools. (1) Any board of education, before constructing a new facility, or making any addition to or major alteration of an existing facility or any of the utilities connected with the facility, shall:

(a) First submit final plans and specifications of such buildings or changes to the jurisdictional health officer;

(b) Shall obtain the health officer's recommendations and any required changes, in writing;

(c) Shall obtain written approval from the health officer, to the effect that such plans and specifications comply with these rules and regulations.

(2) The health officer shall:

(a) Conduct a preoccupancy inspection of new construction to determine its conformity with the approved plans and specifications.

(b) Make periodic inspections of each existing school within his jurisdiction, and forward to the board of education and the administrator of the inspected school a copy of his findings together with any required changes and recommendations. [Order 55, § 248-64-250, filed 6/8/71.]

WAC 248-64-260 Buildings. (1) Buildings shall be kept clean and in good repair.

(2) The instructional areas shall be of sufficient size to provide at least 25 square feet of floor space per child. If an approved mechanical ventilation system is provided, the square footage per student may be reduced to 22-1/2 square feet.

(3) Instructional areas shall have a minimum average ceiling height of 8 feet. Ceiling height shall be the clear vertical distance from the finished floor to the finished ceiling. No projections from the finished ceiling shall be less than 7 feet vertical distance from the finished floor, e.g., beams, lighting fixtures, sprinklers, pipe work.

(4) All stairway and steps shall have handrails and nonslip treads.

(5) The floors shall have an easily cleanable surface.

(6) The premises and all buildings shall be free of insects and rodents of public health significance and conditions which attract, provide harborage and promote propagation of vermin.

(7) All poisonous compounds shall be easily identified, used with extreme caution and stored in such a manner as to prevent unauthorized use or possible contamination of food and drink.

(8) There shall be sufficient space provided for the storage of outdoor clothing, play equipment and instructional equipment. The space shall be easily accessible, well lighted, heated and ventilated.

(9) Toilet areas.

(a) Water closets shall be enclosed in stall partitions except in toilet rooms containing only one water closet and one lavatory. Partitions shall be raised a minimum of 12 inches from the floor and shall be so constructed as to be easily cleanable and shall be kept clean.

(b) Toilet room walls, up to a minimum height of 3 feet 6 inches, shall be water impervious. In new construction the minimum height shall be 4 feet.

(c) Toilet room floors shall be constructed of water impervious materials which are highly resistant to uric acid. The intersecting corners between walls and floors shall be 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 248-64-280 Sewage disposal. All liquid waste from a school shall be discharged into a public sewerage system where possible. Where connection to a public sewerage system is not feasible, schools shall be provided with an approved individual sewerage system. Where septic tank and drainfield systems are used, they shall be constructed in accordance with USPHS Manual No. 526, "Manual of Septic Tank Practice" or with the requirements of the health officer. All other types of sewage disposal facilities shall be designed and approved in accordance with all applicable regulations. [Order 55, § 248-64-280, filed 6/8/71.]

WAC 248-64-290 Ventilation. (1) All rooms used by students or staff shall be kept reasonably free of all objectionable odor, excessive heat or condensation.

(2) All sources producing air contaminants of public health importance shall be controlled by the provision and maintenance of local mechanical exhaust ventilation systems as approved by the health officer. [Statutory Authority: RCW 43.20.050. 80-03-044 (Order 192), § 248-64-290, filed 2/20/80; 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 248-64-300 Heating. (1) The entire facility shall be heated during school hours to not less than the winter indoor dry bulb temperatures listed below for different types of spaces.

Area	Set Point Range Temperature in Fahrenheit
a. Instructional Areas	68°–72°
b. Gymnasium	60°–65°
c. Auditorium	68°–72°
d. Kitchens	65°–70°
e. Cafeteria	68°–72°
f. Meeting Rooms	68°–72°
g. Offices	68°–72°
h. Locker Rooms	75°–80°
i. Laboratory	68°–72°
j. Shop	65°–70°
k. Toilet Rooms	65°–70°
l. Showers	75°–80°

(2) The system shall be designed with a capacity sufficient to maintain the minimum stated room temperature while introducing the minimum outside air quantities required under Ventilation. [Order 55, § 248-64-300, filed 6/8/71.]

WAC 248-64-310 Temperature control. Automatic room temperature controls for heating, ventilating and/or air conditioning systems shall maintain temperature and differential imposed by the set point range indicated in WAC 248-64-300(1). [Order 55, § 248-64-310, filed 6/8/71.]

WAC 248-64-320 Sound control. (1) In new construction the entire facility shall be designed and constructed to limit ambient room noise levels to the average values published in Chapter 35 of the 1973 edition of the American Society of Heating, Refrigeration and Air Conditioning Engineers Guide and Data Book for the respective type of area involved. Both exterior and interior sources of sound generation shall be considered in arriving at the final values. The maximum ambient noise level in industrial arts, vacational [vocational] agriculture and trade and industrial facilities shall not exceed 65 dB(A) when all fume and dust exhaust systems are operating. The A-scale or octave band analysis method shall be utilized in making noise level measurements.

(2) The occupants in a school shall not be exposed to amplified music exceeding 90 dB(A).

(3) The maximum noise exposure in shop instructional areas shall correspond to WAC 296-62-090(11), the General Occupational Health Standards as enforced by the Department of Labor and Industries.

MAXIMUM NOISE EXPOSURES PERMISSIBLE

Duration per day (hours)	Sound Level (dba)
8 hours	90
6 hours	92
4 hours	95
3 hours	97
2 hours	100
1-1/2 hours	102

Duration per day (hours)	Sound Level (dba)
1 hour	105
1/2 hour	110
1/4 hour	115

Should the total noise exposure in shops exceed these levels, hearing protective devices such as ear plugs or muffs shall be provided to the students so exposed. [Order 124, § 248–64–320, filed 3/18/76; Order 88, § 248–64–320, filed 10/3/73; Order 55, § 248–64–320, filed 6/8/71.]

WAC 248–64–330 Lighting. (1) Lighting for school plants shall provide a comfortable visual environment with adequate intensities as described herein. The following is a table of maintained light intensities which shall be provided at 30 inches above the floor and on teaching surfaces including chalkboards. Column 1 is the required minimum for lighting installed prior to December 31, 1971 and Column 2 is the required minimum for new lighting and relighting.

	Foot–Candle Intensity Col. 1 Minimum Existing	Col. 2 Minimum New*
Offices——on desks	30	50
General instructional areas including: study halls, laboratories; electronic and machine shops; lecture rooms; libraries	30	50
Special instructional areas: Sewing rooms, drafting rooms, art rooms and other rooms where fine detail work is to be done	50	100
Shops for easy seeing tasks such as woodworking	30	50
Gymnasiums: Main and auxiliary spaces, shower rooms, and locker rooms	20	35
Auditoriums, lunch rooms, assembly rooms, and similar rooms	10	50
Corridors, stairs, passageways, storerooms, and like indoor areas	10	20
Toilet rooms	20	30
Kitchen, storage and preparation of food	25	50
Nurses' room cot areas (dimming or partial switching of lights is recommended for the lower level)	5/10	5/20

*In schools constructed after December 31, 1971.

(2) Luminance ratios (brightness ratios) shall not exceed recommended ratios for surfaces in the visual field large enough to cause excessive eye accommodation. Large luminance ratios for small areas, such as narrow trims around tackboards or baseboards, are acceptable where such areas are not large enough to cause excessive eye accommodation to their luminance. Instructional areas should have predominately light colors to obtain low luminance ratios. Luminance ratios in classrooms (lighter or darker) shall not exceed the following:

Lighter Task Darker	
4 to 1 to 1/4	Between task and adjacent surroundings such as task and desk or between chalkboard and wall.
10 to 1 to 1/4	Between task and more remote surfaces such as task and wall or between ceiling and beams.
— to 1 to 1/10	Between task and floors.
	Between lighting fixtures and adjacent surfaces the ratio shall not exceed 20 to 1.

Exceptions to the above ratios will be allowed in the case of windows and chalkboards; however, lighter colored chalkboards are recommended. Tasks shall be defined as a piece of white paper on desks and may be considered as 70 percent for design purposes.

(3) Walls and ceilings of instructional areas shall have a nonspecular (nonglare) surface.

(4) Reflectance of the finishes in instructional spaces shall be in the ranges shown for the following surfaces:

Ceilings except beams	70–90%
Tackboards, walls, cabinets, doors and desk tops	17–90%
Science laboratory counter tops are exempted.	

(5) Excessive brightness or glare shall be controlled in all instructional areas. Chalkboards shall be placed to minimize veiling glare thereon from windows. Direct and reflected glare shall be controlled where windows are near the line of sight of students viewing instructional surfaces.

(a) Lighting fixtures in instructional areas shall include shielding means, such as diffusers or louvers to control direct glare. In new construction louvered fixtures shall have minimum shielding angles of 45 degrees by 45 degrees.

(b) Lighting quality in instructional areas shall meet one of the following criteria:

(i) The Visual Comfort Probability (VCP) for the classroom shall be 70 or more as computed by methods recommended by the Illuminating Engineering Society, or:

(ii) Individual lighting fixtures shall have an "average surface brightness" in both parallel and normal views not exceeding 1.5 candles per square inch (678 foot–lamberts) in the shielded area of 65 degrees by 85 degrees from the vertical.

(c) Skylights in instructional areas shall meet the same brightness criteria as lighting fixtures, or have darkening control devices. [Order 124, § 248–64–330, filed 3/18/76; Order 55, § 248–64–330, filed 6/8/71.]

WAC 248–64–340 Food handling. (1) Food storage, preparation, and service facilities shall be constructed and maintained and operated in accordance with chapter 248–84 WAC and WAC 248–86–001 through 248–86–060.

(2) When central kitchens are used, food shall be transported in tightly covered containers. Only closed vehicles shall be used in transporting foods from central kitchens to other schools. [Order 55, § 248–64–340, filed 6/8/71.]

WAC 248–64–350 Safety. (1) The existence of unsafe conditions which present a potential hazard to occupants of the school are in violation of these

regulations. The secretary in cooperation with the State Superintendent of Public Instruction shall review potentially hazardous conditions in schools which are in violation of good safety practice, especially in laboratories, industrial arts and vocational instructional areas. They shall jointly prepare a guide for use by department personnel during routine school inspections in identifying violations of good safety practices. The Guide should also include recommendations for safe facilities and safety practices.

(2) In new construction, chemistry laboratories shall be provided with an eyewash fountain and a shower head for flushing in cases of chemical spill and clothing fires. If more than one laboratory is provided, one of each fixture will be adequate if the laboratories are in close proximity. [Order 55, § 248-64-350, filed 6/8/71.]

WAC 248-64-360 Exemption. (1) Prior to December 31, 1971 approval for new construction may be granted for construction conforming to the requirements of the rules and regulations adopted June 3, 1963, provided that the applicant for such approval submits satisfactory evidence to the health officer that the preliminary plans were developed for the proposed project prior to the adoption of these rules and regulations.

(2) The board of health may, at its discretion, exempt a school from complying with parts of these regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the health or safety of the students or staff of the school in danger and that strict enforcement of the regulation would create an undue hardship upon the school. [Order 55, § 248-64-360, filed 6/8/71.]

Chapter 248-72 WAC
CAMPS

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.
248-72-110 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.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-72-100 Milk and cream. [Regulation 72.100, effective 3/11/60.] Repealed by 80-07-002 (Order 199), filed 6/5/80. Statutory Authority: RCW 43.20.050.

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 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 248-72-110 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 248-73 WAC
OUTDOOR MUSIC FESTIVALS

WAC

248-73-010 Purpose.
248-73-020 Definitions.
248-73-030 Submission of plans.
248-73-040 Site.
248-73-050 Water supply.
248-73-060 Sewage disposal.
248-73-070 Toilet facilities.
248-73-080 Solid waste.
248-73-090 Insect and rodent control.
248-73-100 Food service.
248-73-110 Dust control.
248-73-120 Lighting.
248-73-130 Bathing areas.
248-73-140 General.

WAC 248-73-010 Purpose. The following rules and regulations are established as the minimum sanitation

requirements for outdoor music festivals, in accordance with chapter 302, Laws of 1971 ex. sess. [Order 59, § 248–73–010, filed 8/16/71.]

WAC 248–73–020 Definitions. (1) "Outdoor Music Festival" or "Music Festival" or "Festival" means an assembly of persons gathered primarily for outdoor, live, or recorded music entertainment, where the predicted attendance is 2,000 or more and where the duration of the program is five hours or longer: *Provided*, That this definition shall not be applied to any regularly established permanent place of worship, athletic stadium, athletic field, arena, auditorium, coliseum, or other similar permanently established places of assemblies which do not exceed by more than 250 people the maximum seating capacity of the structure where the assembly is held: *Provided, further*, That this definition shall not apply to government sponsored fairs held on regularly established fairgrounds nor to assemblies required to be licensed under other laws or regulations of the state.

(2) "Local Health Officer" means the legally qualified physician who has been appointed as the health officer of the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(3) "Applicant" means the promoter who has the right of control of the conduct of an outdoor music festival who applies to the appropriate legislative authority for a license to hold an outdoor music festival.

(4) "Issuing Authority" means the legislative body of the local governmental unit where the site for an outdoor music festival is located. [Order 59, § 248–73–020, filed 8/16/71.]

WAC 248–73–030 Submission of plans. The applicant shall submit plans for site and development to the local health officer not less than 30 days prior to the time the applicant must file his application with the issuing authority. The plan shall include the name of the festival, its physical location, dates of operation, the name, address and phone number of the applicant, a list of other individuals responsible for all phases of construction and operation, and shall include the following information:

(1) Projected attendance at the outdoor music festival.

(a) Maximum day attendance.

(b) Maximum overnight attendance.

(c) Total attendance for the duration of the festival.

(2) Site characteristics:

(a) The area, dimensions, legal description and ownership of the tract of land.

(b) Physical characteristics of the site, including but not limited to bodies of water, existing structures, topographical data, current land use of site and contiguous property.

(c) Location, and the width of all offsite access roads and onsite service roads.

(d) Location of facilities including parking, camping sites, food concessions, medical services, entertainment area, water source and distribution system, sewage disposal, solid waste collection and disposal, bathing areas, communication facilities and administrative accommodations.

(3) Method and design of water supply and distribution system.

(4) Method and design of sewage and waste water collection and disposal systems.

(5) Method and design of toilet facilities, their number and location.

(6) Method of solid waste collection and disposal, including number and location of containers.

(7) Method of insect and rodent control.

(8) Design of food service facilities and information including source, storage, preparation and types of foods.

(9) Design and location of all facilities providing shelter including overnight accommodations for festival patrons.

(10) Method of dust control.

(11) Plan of electrical service, including type, location and number of lighting fixtures, communications facilities and electrical outlets.

(12) Description of bathing areas and facilities.

(13) Transportation and facilities for emergency medical service.

No later than fifteen days after the submission of plans for site and development, the local health officer shall either approve or disapprove such plans. Any disapproval shall set forth in detail the specific grounds therefor. The applicant shall have an opportunity to correct the deficiencies as described by the local health officer and to resubmit plans for local health officer approval. Final approval or disapproval shall be given by the local health officer on or before the date set for submission of application to the issuing authority. The local health officer shall accompany any final disapproval with written reasons therefor. [Order 59, § 248–73–030, filed 8/16/71.]

WAC 248–73–040 Site. The festival site shall be well drained, located and maintained so as not to create a health or safety hazard or nuisance. [Order 59, § 248–73–040, filed 8/16/71.]

WAC 248–73–050 Water supply. (1) A supply of water shall be provided from a source approved by the local health officer.

(2) The water shall comply with the standards for quality as specified in WAC 248–54–430.

(3) The water supply shall be provided through a distribution system, capable of maintaining a minimum pressure of 10 pounds per square inch at all times, or by an alternative method acceptable to the local health officer.

(4) Water supply outlets shall be provided in a minimum ratio of one outlet for every 200 persons, and located within 300 feet of all portions of all day use and overnight camping areas.

(5) All components of the distribution system shall be disinfected prior to initial use in accordance with WAC 248–54–390.

(6) Common drinking container shall be prohibited. [Order 59, § 248–73–050, filed 8/16/71.]

WAC 248-73-060 Sewage disposal. All sewage and liquid wastes shall be disposed of in a manner approved by the local health officer and shall comply with WAC 248-50-080 through 248-50-110. [Order 59, § 248-73-060, filed 8/16/71.]

WAC 248-73-070 Toilet facilities. (1) There shall be provided separate toilet facilities for each sex. Such toilets shall consist of adequately designed and maintained privies, chemical toilets or other facilities for the collection and disposal of human wastes, as may be approved by the local health officer.

(2) A minimum number of three toilets for each sex shall be provided for the first five hundred patrons and one additional toilet for each sex shall be provided for each additional five hundred patrons or major fraction thereof. The total number of toilets shall be based on the projected maximum daily attendance.

(3) Toilet facilities shall be located within 300 feet of all portions of all day use and overnight camping areas. In addition, there shall be toilets immediately adjacent to food concessions, medical service and administrative areas.

(4) Toilet facilities shall be constructed in a manner to provide privacy and to facilitate cleaning and maintenance. Toilets shall be kept clean and free of insects, rodents and excessive odors.

(5) An adequate quantity of toilet paper shall be provided. [Order 59, § 248-73-070, filed 8/16/71.]

WAC 248-73-080 Solid waste. (1) All solid waste, including but not limited to garbage, trash, and other refuse, shall be collected, transported and disposed of in a manner approved by the local health officer and shall comply with WAC 248-50-120.

(2) An adequate number of conveniently located containers, approved by the local health officer, shall be provided in all activity areas.

(3) All solid waste shall be collected at sufficient intervals to prevent nuisances or public health hazards.

(4) All solid waste collected from food service and medical service areas shall be stored in clean watertight containers with tight fitting lids. [Order 59, § 248-73-080, filed 8/16/71.]

WAC 248-73-090 Insect and rodent control. Appropriate measures shall be taken to control rodents and insects. [Order 59, § 248-73-090, filed 8/16/71.]

WAC 248-73-100 Food service. Food service facilities shall be operated and maintained in accordance with the provisions of chapters 248-84, 248-86 and 248-87 WAC. [Order 59, § 248-73-100, filed 8/16/71.]

WAC 248-73-110 Dust control. Appropriate measures shall be taken to control dust. Special control measures such as watering, oiling, sawdust or application of other soil stabilizers shall be made at food concessions, and medical service facilities. [Order 59, § 248-73-110, filed 8/16/71.]

WAC 248-73-120 Lighting. (1) Outside lighting shall be provided for spectator and parking areas, toilet facilities, food concessions, medical service facilities and walkways.

(2) Light measured on working surfaces inside medical service facilities and food concessions shall be at least 20 foot candles. [Order 59, § 248-73-120, filed 8/16/71.]

WAC 248-73-130 Bathing areas. All natural bathing areas shall comply with the provisions of WAC 248-98-070. [Order 59, § 248-73-130, filed 8/16/71.]

WAC 248-73-140 General. (1) The applicant or his designated agent shall familiarize himself with these regulations and shall maintain the festival site and facilities in a clean and sanitary condition. The applicant or his designated agent shall be on the site at all times and shall be responsible for the operation of the festival and compliance with these rules and regulations.

(2) When, in the opinion of the local health officer, a hazard to health exists, or is developing, before, during or after the festival, that is not contemplated in these regulations, he may direct the applicant or his designated agent to take appropriate action to remedy the situation.

(3) The local health officer, in his discretion and with the concurrence of the Assistant Secretary, Washington State Division of Health Services, Department of Social and Health Services, may waive, modify, or approve reasonable alternatives to any of the requirements of these regulations. [Order 59, § 248-73-140, filed 8/16/71.]

Chapter 248-84 WAC
FOOD SERVICE SANITATION

WAC

248-84-001 Scope and purpose.
248-84-002 Definitions.
248-84-010 Food supplies.
248-84-015 Food protection and storage.
248-84-020 Food preparation, display, service and transportation.
248-84-025 Personnel.
248-84-030 Sanitary design, construction and installation of equipment and utensils.
248-84-035 Equipment and utensil cleaning and sanitation.
248-84-040 Sanitary facilities and controls.
248-84-045 Garbage and rubbish.
248-84-050 Insect and rodent control.
248-84-055 Construction and maintenance of physical facilities.
248-84-060 Mobile units.
248-84-065 Temporary food service establishments.
248-84-070 Permits required, suspension and revocation procedures.
248-84-075 Service of notices.
248-84-080 Hearings.
248-84-085 Inspections.
248-84-090 Examination—Hold orders—Condemnation—Destruction of food.
248-84-095 Review of plans.
248-84-100 Procedure when infection is suspected.
248-84-105 Variance clause.
248-84-110 Interpretation.
248-84-500 Separability clause.
248-84-900 Penalty clause.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-84-990 Repeal, effective date, and separability clause. [Rule .84.070 (part), filed 6/4/63.] Restored to WAC 248-84-070(7) and (8) as originally filed.

WAC 248-84-001 Scope and purpose. These regulations, as authorized under RCW 43.20.050, are adopted to protect the health, safety and well-being of the public and to prevent the spread of disease. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-001, filed 10/1/80; Regulation .84.001, filed 6/4/63; Regulation .84.001, effective 3/11/60.]

WAC 248-84-002 Definitions. The following definitions shall apply in the interpretation and enforcement of these rules and regulations:

(1) Adulterated – shall mean the condition of a food (a) if it bears or contains any poisonous or deleterious substance in a quantity which may render it injurious to health; (b) if it bears or contains any added poisons or deleterious substance for which no safe tolerance has been established by regulation, or in excess of such tolerance if one has been established; (c) if it consists in whole or in part of any filthy, putrid, or decomposed substance, or if it is otherwise unfit for human consumption; (d) if it has been processed, prepared, packed, or held under insanitary conditions, whereby it may have been rendered injurious to health; (e) if its container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health; or (f) if it is in whole or in part the product of a diseased animal, or an animal which has died other than by slaughter: *Provided*, That game animals which died other than by slaughter and which meet all other criteria of this definition, may be approved by the health officer for use by temporary food service establishments.

(2) Approved – shall mean acceptable to the health officer based on his/her determination as to conformance with appropriate standards and good public health practice.

(3) Closed – shall mean fitted together snugly leaving no openings large enough to permit the entrance of vermin.

(4) Corrosion-resistant material – shall mean a material which maintains its original surface characteristics under prolonged influence of the food, cleaning compounds and sanitizing solutions which may contact it.

(5) Easily cleanable – shall mean readily accessible and of such material and finish, and so fabricated that residue may be completely removed by normal cleaning methods.

(6) Employee – shall mean the permit holder, individuals having supervisory or management duties and any other person working in a food service establishment.

(7) Equipment – shall mean all stoves, ovens, ranges, hoods, slicers, mixers, meat blocks, tables, counters, refrigerators, sinks, dishwashing machines, steam tables, and similar items, other than utensils, used in the operation of food service establishments.

(8) Food – shall mean any raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use, or for sale in whole or in part for human consumption.

(9) Food-contact surfaces – shall mean those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces from which food may drain, drip or splash back onto surfaces normally in contact with food.

(10) Food processing establishment – shall mean any commercial establishment, other than a restaurant, snack bar, mobile restaurant, temporary food services establishment, retail bakery or catering kitchen, in which food is processed or otherwise prepared or packaged or where any potentially hazardous food is placed, packaged or repackaged into another container for consumption or for resale.

(11) Food service establishment – shall mean, but not be limited to: Any restaurant; snack bar; tavern; bar; night club; industrial feeding establishment; grocery store; retail meat market; retail fish market; retail bakery; delicatessen; mobile food service unit; temporary food service establishment; private, public, or nonprofit organization or institution routinely serving food; catering kitchen; commissary or similar place in which food or drink is prepared for sale or for service on the premises or elsewhere; and any other establishment or operation where food is served or provided for the public with or without charge.

(12) Health officer – shall mean the city, county, city-county, or district health officer as defined in RCW 70.05.010(2) or his/her authorized representative.

(13) Hermetically sealed container – shall mean a container designed and intended to be secure against the entry of microorganisms and to maintain the commercial sterility of its contents after processing.

(14) Kitchenware – shall mean all multi-use utensils other than tableware used in the storage, preparation, conveying, or serving of food.

(15) Mislabeled – shall mean the presence of any written, printed, or graphic matter, upon or accompanying food or containers of food which is false or misleading, or which violates any applicable state or local labeling requirements.

(16) Mobile food unit – means a food service establishment designed to be readily movable.

(17) Person – shall mean an individual, firm, corporation, partnership, association, or agency of state, county or municipal government, or agency of the federal government which is subject to the jurisdiction of the state.

(18) Person in charge – shall mean the individual present in a food service establishment who is the apparent supervisor of the food service establishment at the time of inspection. If no individual is the apparent supervisor, then any employee present is the person in charge.

(19) Potentially hazardous food – shall mean any food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea or other natural or synthetic ingredients capable of

supporting rapid and progressive growth of infectious or toxigenic microorganisms. The term does not include clean, whole, uncracked, odor–free shell eggs or foods which have a pH level of 4.6 or below or a water activity (a_w) value of 0.85 or less.

(20) Reconstituted – shall mean dehydrated food products recombined with water or other liquids.

(21) Sanitization – shall mean effective bactericidal treatment by a process that provides enough accumulative heat or concentration of chemicals for enough time to reduce the bacterial count, including pathogens, to a safe level on utensils, work surfaces and equipment.

(22) Sealed – shall mean free of cracks or other openings that permit the entry or passage of moisture.

(23) Single–service articles – shall mean cups, containers, lids, closures, plates, knives, forks, spoons, stirrers, paddles, straws, napkins, wrapping materials, toothpicks and similar articles intended for one–time, one–person use and then discarded.

(24) Tableware – shall mean all multi–use eating and drinking utensils.

(25) Temporary food service establishment – shall mean a food service establishment that operates at a fixed location for a period of time of not more than 14 consecutive days in conjunction with a single event or celebration.

(26) Utensil – shall mean any implement used in the storage, preparation, transportation, or service of food.

(27) Wholesome – shall mean in sound condition, clean, free from adulteration, and otherwise suitable for use as human food. [Statutory Authority: RCW 43.20-.050. 80–14–059 (Order 203), § 248–84–002, filed 10/1/80.]

WAC 248–84–010 Food supplies. (1) All food in food service establishments shall be from approved sources; in compliance with applicable state and local laws, ordinances, and regulations; and clean, wholesome, free from spoilage, free from adulteration and mislabeling, and safe for human consumption. No hermetically sealed food which has been processed in a place other than an approved commercial food processing establishment shall be used.

(2) Fluid milk and fluid milk products used or served shall be pasteurized and shall meet the Grade A quality standards as established by law, except that Grade A raw milk (as defined in RCW 15.36.140) may be sold in the original container for off–premises consumption. Dry milk and dry milk products shall be made from pasteurized milk and milk products.

(3) Fresh and frozen shellfish (oysters, clams, or mussels) shall be from sources approved by the department of social and health services.

(4) Only clean whole eggs, with shell intact and without cracks or checks, or pasteurized egg products shall be used or sold, except that hard–boiled, peeled eggs, commercially prepared and packaged, may be used or sold. [Statutory Authority: RCW 43.20.050. 80–14–059 (Order 203), § 248–84–010, filed 10/1/80; Regulation .84.010, filed 6/4/63; Regulation .84.010, effective 3/11/60.]

WAC 248–84–015 Food protection and storage. (1) Food shall be protected at all times from potential or real contamination or adulteration including, but not limited to; dust, insects, rodents, unclean equipment, utensils, tableware and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, and overhead leaks or drips from condensation, and toxic chemicals while transported, stored, prepared, displayed and served.

(2) The temperature of potentially hazardous food shall be maintained at 45 degrees Fahrenheit or below or 140 degrees Fahrenheit or above at all times, except as provided by this regulation.

(3) In the event of a fire, flood, or similar event that might result in the contamination of food, or that might prevent potentially hazardous and/or perishable food from being held at required temperatures, the person in charge shall immediately contact the health officer. Upon receiving notice of this occurrence, the health officer shall take whatever action he/she deems necessary to protect the public health.

(4) Food, whether raw or prepared, if removed from its original container, shall be stored in a clean, labeled, covered container except during necessary periods of preparation or service. Once opened any product remaining in the original container shall be covered. Container covers shall be impervious and nonabsorbent, except that linens or napkins may be used for lining or covering bread or roll containers.

(5) Containers of food shall be stored above floor level to protect them from contamination and in a manner that permits easy cleaning; except that bulk foods may be stored in impervious, closed containers, and pressurized beverage containers and foods protected by glass containers or canned goods may be stored on dry floor surfaces if easy cleaning is permitted.

(6) Enough conveniently located refrigeration facilities and hot food storage facilities shall be provided to assure the maintenance of potentially hazardous food at the required temperatures during storage.

(7) Each refrigeration unit shall be equipped with a numerically scaled thermometer, accurate to ±3 degrees Fahrenheit, and located so as to be easily readable in the warmest part of the facility. Each hot food facility used for storing potentially hazardous food shall be equipped with a numerically scaled thermometer accurate to ±3 degrees Fahrenheit, and located so as to be easily readable, in the coolest part of the facility. Where it is impractical to install thermometers on hot food facilities, a product thermometer must be available and used to check internal food temperatures.

(8) Frozen food shall be kept frozen until such time as it is to be thawed for use. Frozen food facilities shall be maintained at 0 degrees Fahrenheit or below.

(9) Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitizing purposes may be used or stored in food service establishments: *Provided*, That retail grocery stores may be exempted from this requirement when such products are handled in a manner acceptable to the health officer. Poisons and toxic materials shall be identified, and shall

be used, stored, and displayed only in such a manner and under such conditions as will not contaminate or adulterate food or constitute a hazard to employees or customers. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-015, filed 10/1/80.]

WAC 248-84-020 Food preparation, display, service and transportation. (1) Food shall be prepared, displayed, served and transported with the least possible manual contact, with suitable utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross-contamination.

(2) Serving utensils shall be properly stored between uses during service.

(3) All parts of potentially hazardous foods requiring cooking shall be cooked (with no interruption in the cooking process) to the minimum internal temperatures as shown below:

ITEM	TEMPERATURE
Poultry, poultry stuffings, stuffed meats and stuffings containing meats	165 degrees F
Pork and any food containing pork	150 degrees F
Rare roast beef and rare beef steak (unless otherwise ordered by the immediate consumer)	130 degrees F
All other potentially hazardous foods requiring cooking	140 degrees F

(4) All potentially hazardous foods that have been cooked and then refrigerated, shall be rapidly reheated to 165 degrees Fahrenheit or greater throughout before being served or placed in a hot food storage facility. Steam tables, bain-maries, warmers, and similar hot food-holding facilities are prohibited for the rapid reheating of potentially hazardous foods.

(5) Potentially hazardous foods shall be thawed:

(a) In refrigerated units at a temperature not to exceed 45 degrees Farenheit; or

(b) Under potable running water of a temperature of 70 degrees Fahrenheit or below, with sufficient water velocity to agitate and float off loose food particles into the overflow; or

(c) In a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process or when the entire, uninterrupted cooking process takes place in the microwave oven; or

(d) By other methods approved by the health officer.

(6) Once served to a customer, portions of leftover food shall not be served again; except that packaged food other than potentially hazardous food, that is still packaged and is in sound condition and is wholesome may be reserved.

(7) All foods to be served raw shall be thoroughly washed with potable water before they are served.

(8) Metal stem-type, numerically scaled indicating thermometers accurate to ±2 degrees Fahrenheit shall be provided and used by employees to assure the attainment and maintenance of safe internal cooking, holding and refrigeration temperatures of potentially hazardous foods.

(9) Potentially hazardous foods requiring refrigeration after preparation shall be rapidly cooled to 45 degrees Fahrenheit or below. Potentially hazardous foods of large volume or prepared in large quantities shall be rapidly cooled utilizing such methods as:

(a) Quick chilling with running cold water bath or an ice bath coupled with agitation.

(b) Storage of foods in small containers in freezer units coupled with agitation.

(c) Shallow pans – food depth of 4" or less.

(d) Other approved methods.

In all cases potentially hazardous foods shall be cooled to 70 degrees Fahrenheit or below within two hours or less and to 45 degrees Fahrenheit or below within four hours or less time after removal from a hot-holding device or the end of the cooking process.

(10) Preparation of potentially hazardous salads (such as potato or macaroni types) shall be completed using prechilled ingredients to assure minimum temperature rise during preparation.

(11) Potentially hazardous foods to be transported or stored on ice (as in a buffet line) shall be prechilled to 45 degrees Fahrenheit or below. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-020, filed 10/1/80; Regulation .84.020, filed 6/4/63; Regulation .84.020, effective 3/11/60.]

WAC 248-84-025 Personnel. (1) Employee health:

No person, while infected with a disease in a communicable form that can be transmitted by foods or who is a carrier of organisms that cause such a disease or while afflicted with a boil, an infected wound, or an acute respiratory infection, shall work in a food service establishment in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms or transmitting disease to other persons.

(2) Cleanliness:

All employees shall wear clean outer garments, maintain a high degree of personal cleanliness, conform to proper hygienic practices and use effective hair restraints when necessary. They shall wash their hands thoroughly in an approved handwashing facility before starting work, during work as often as is necessary to prevent contamination of food such as after handling unclean items, raw foods, or using the toilet.

The use of tobacco in any form shall not be permitted in any areas where food is prepared or stored or where utensils are cleaned or stored.

(3) Food and beverage service worker's permit:

(a) The provision of the state Board of Health for Food and Beverage Service Worker's Permits (chapter 248-86 WAC) and the Rules and Regulations of the state Board of Health governing food workers (chapter 248-87 WAC) and chapter 197, Laws of 1957 (chapter 69.06 RCW) shall be complied with. Food and Beverage Service Worker's Permits shall be issued and signed by the health officer.

(b) No person shall work, or be employed in a food service establishment without a valid Food and Beverage Service Worker's Permit: *Provided*, That an employee may have up to thirty days to obtain said permit from

the first day of employment in that food service establishment.

(c) It shall be the duty of the owner, manager or other person in charge of a food establishment to ensure that all workers or employees therein obtain and maintain valid permits as herein required.

(4) Dressing rooms:

Adequate facilities shall be provided for the orderly storage of employees' clothing and personal belongings. Where employees routinely change clothes within the establishment, designated areas shall be located outside of the food preparation, storage, and serving areas, and the equipment and utensil washing and storage area: *Provided*, That when approved by the health officer such an area may be located in a storage room where only completely packaged food is stored. Dressing rooms shall be kept clean. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-025, filed 10/1/80.]

WAC 248-84-030 Sanitary design, construction and installation of equipment and utensils. (1) All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable, shall be in good repair and meet the requirements of the National Sanitation Foundation or equivalent. The food contact surfaces of such equipment and utensils shall be easily accessible for cleaning, nontoxic, corrosion resistant and nonabsorbent.

(2) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas. The equipment shall not be located under exposed or unprotected sewer lines, open stairwells, or other sources of contamination.

(3)(a) All food service establishments in which the operations require cleaning and sanitizing of equipment and utensils shall be equipped with either approved mechanical dishwashing facilities or facilities for proper manual dishwashing operations.

(b) When equipped with a mechanical dishwashing unit, a sink with a minimum of two compartments shall also be provided in the dishwashing area.

(c) When manual dishwashing operations are used, a sink with a minimum of three compartments shall be provided in the dishwashing area.

(d) In bars and taverns, an extra sink compartment shall be provided at the bar in addition to those necessary for normal cleaning and sanitizing processes: *Provided*, That this subsection and subsection (2) shall only apply to food service establishments constructed or remodeled after the effective date of these regulations.

(e) Sinks used for hand washing or equipment or utensil washing shall not be used for food preparation. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-030, filed 10/1/80; Regulation .84.030, filed 6/4/63; Regulation .84.030 effective 3/11/60.]

WAC 248-84-035 Equipment and utensil cleaning and sanitation. (1) All eating and drinking utensils shall be thoroughly cleaned and sanitized after each usage.

(2) Cooking surfaces of equipment shall be cleaned at least once a day.

(3) All kitchenware and food-contact surfaces of equipment, exclusive of cooking surfaces of equipment, used in the preparation or serving of food or drink, and all food storage utensils, shall be thoroughly cleaned after each use. All utensils and food-contact surfaces of equipment used in preparation, service, display, or storage of potentially hazardous food shall be sanitized prior to such use, and following any interruption of operations during which contamination of the food-contact surfaces is likely to have occurred.

(4) Where equipment and utensils are used for the preparation of potentially hazardous food on a continuous or a production line basis, the food-contact surfaces of such equipment, and utensils shall be cleaned and sanitized at intervals throughout the day on a schedule approved by the health officer.

(5) Nonfood-contract surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.

(6) Cleaning and sanitizing of kitchenware, tableware, food contact surfaces of equipment and utensils shall conform to methods approved by the health officer.

(7) Cloths used for wiping food spills on tableware such as plates or bowls being served to the customer, shall be clean, dry and used for no other purpose.

(8) Moist cloths used for wiping up food spills or wiping work surfaces or equipment or utensils or food workers' hands shall be clean and shall be rinsed frequently in an approved sanitizing solution and used for no other purpose. [Statutory Authority: RCW 43.20-.050. 80-14-059 (Order 203), § 248-84-035, filed 10/1/80.]

WAC 248-84-040 Sanitary facilities and controls. (1) Water Supply:

(a) The water supply shall be adequate, of a safe, sanitary quality and from an approved source. Bottled water if used in a food service establishment shall be from an approved source. Hot and cold running water under pressure shall be provided in all areas where food is prepared, or equipment, utensils, or containers are washed.

(b) Ice used for any purpose shall be made from water which comes from an approved source, and shall be used only if it has been manufactured, stored, transported, and handled in a sanitary manner.

(2) Sewage Disposal: All sewage shall be disposed of in a public sewerage system or, in a sewage disposal system approved by the health officer.

(3) Plumbing: Plumbing shall be sized, installed, and maintained according to the local plumbing codes. There shall be no cross-connection between the potable water supply and any nonpotable or questionable water supply nor any source of pollution through which the potable water supply might become contaminated. Except for properly trapped open sinks, there shall be no direct connection between the sewerage system and any drains originating from equipment in which food, portable equipment or utensils are placed.

(4) Toilet Facilities: Each food service establishment shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be of sanitary design and easily cleanable. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and one such receptacle in the woman's toilet room shall be covered. When toilet facilities are provided for patrons, such facilities shall meet the requirements of this subsection.

(5) Handwashing Facilities:

(a) Lavatories shall be at least the number required by law, shall be installed according to law, and shall be located to permit convenient use by all employees in food preparation areas and utensil washing areas.

(b) Lavatories shall be accessible to employees at all times.

(c) Lavatories shall also be located in or immediately adjacent to toilet rooms or vestibules.

(d) Each lavatory shall be equipped with hot and cold or tempered running water, handcleaning soap or detergent, and single use or approved sanitary towels or other approved hand drying devices.

(e) Such facilities shall be kept clean and in good repair. [Statutory Authority: RCW 43.20.050. 80–14–059 (Order 203), § 248–84–040, filed 10/1/80; Regulation .84.040, filed 6/4/63; Regulation .84.040, effective 3/11/60.]

WAC 248–84–045 Garbage and rubbish. All garbage and rubbish containing food wastes shall, prior to disposal, be kept in leak–proof, nonabsorbent containers which shall be kept covered with tight–fitting lids when filled or stored, or not in continuous use: *Provided*, That such containers need not be covered when stored in a closed vermin–proofed room or enclosure, or in a food waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room, or area shall be thoroughly cleaned as needed. Food waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance. [Statutory Authority: RCW 43.20-.050. 80–14–059 (Order 203), § 248–84–045, filed 10/1/80.]

WAC 248–84–050 Insect and rodent control. (1) Effective measures intended to minimize the entry and presence of rodents, flies, cockroaches, and other vectors on the premises shall be utilized. The premises shall be kept in such condition as to prevent the harborage or feeding of insects or rodents.

(2) When pesticides are used to eliminate or control rodents or insects the application shall be in accordance with label directions, applicable Washington state department of agriculture regulations (chapter 16–228 WAC), and shall not adulterate food or contaminate food contact surfaces. [Statutory Authority: RCW 43-.20.050. 80–14–059 (Order 203), § 248–84–050, filed 10/1/80; Regulation .84.050, filed 6/4/63; Regulation .84.050, effective 3/11/60.]

WAC 248–84–055 Construction and maintenance of physical facilities. (1) Floors:

Floors and floor coverings of all food preparation, food and utensil storage, and utensil washing areas, and the floor of all walk–in refrigeration units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of water impervious, grease resistant, easily cleanable, smooth, safe, and durable material and shall be kept clean and in good repair. Carpeting, if used as a floor covering, shall be of approved construction, properly installed, easily cleanable, and maintained in good repair. Carpeting is prohibited in food preparation, equipment and utensil washing areas, food storage areas and toilet room areas where urinals or toilet fixtures are located. The use of sawdust, wood shavings, peanut hulls or similar material as floor covering is prohibited. Properly installed, trapped floor drains shall be provided in floors that are water flushed for cleaning or that receive discharges of water or other fluid waste from equipment, or in areas where pressure spray methods for cleaning equipment are used.

(2) Walls and ceilings:

The walls, including nonsupporting partitions, doors and windows, wall coverings, and ceilings of walk–in refrigeration units, food preparation areas, utensil and equipment washing areas and toilet rooms shall be smooth, nonabsorbent, and easily cleanable. Walls and ceilings shall be clean and in good repair.

(3) Lighting and ventilation:

(a) All areas in which food is prepared or stored or equipment and utensils are washed, handwashing areas, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well lighted. During all clean–up activities, adequate light shall be provided in the area being cleaned, and upon or around equipment being cleaned.

(b) All rooms in which food is prepared or served or utensils and equipment are washed, dressing or locker rooms, toilet rooms and garbage and rubbish storage areas shall be well ventilated. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping onto food or onto food preparation surfaces. Filters shall be readily removable for cleaning or replacement. All rooms shall have sufficient ventilation to keep them free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes. Ventilation systems shall comply with applicable state and local fire prevention, building and mechanical code requirements.

(4) Premises:

(a) Food service establishments and all parts of property used in connection with their operations shall be kept free of litter. The walking and driving surfaces shall be maintained. Only articles necessary for the operation

and maintenance of the food service establishment shall be stored on the premises. No operation of a food service establishment shall be conducted in any room used as living or sleeping quarters. Food service operations shall be separated from any living or sleeping quarters by complete partitioning and solid doors.

(b) No live animals, including birds and turtles, shall be allowed in any area used for the conduct of food service establishment operations. This exclusion does not apply to edible fish, crustacea, shellfish, or to fish in aquariums. Patrol dogs accompanying security or police officers, or guide dogs accompanying blind or deaf persons, shall be permitted in dining areas. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-055, filed 10/1/80.]

WAC 248-84-060 Mobile units. The requirements for a mobile food unit are the same as for other food service establishments wherever the requirements are applicable.

(1) The vehicle must be an approved type and acceptable to the health officer, based on his/her determination as to conformance with appropriate standards and good public health practice.

(2) During transportation of food from a food service establishment, all food shall be completely wrapped or packaged so as to be protected from contamination.

(3) Potentially hazardous food must be kept at or below 45 degrees Fahrenheit or at 140 degrees Fahrenheit or above while transported, stored, or on display.

(4) All employees shall wear clean outer garments, maintain a high degree of personal cleanliness, and conform to good hygenic practices while on duty as contained in WAC 248-84-025.

(5) Mobile food units serving only prepared, packaged foods in individual servings or beverages which are protected from contamination are exempted from requirements of water supply and sewage disposal. When a mobile food unit has a water system the source and system design shall be approved by the health officer. Liquid waste shall be retained in the mobile unit and/or disposed of by a method approved by the health officer.

(6) The health officer may impose additional requirements when needed to assure the service of safe food and may prohibit the sale of certain potentially hazardous foods and may modify specific requirements for physical facilities when, in his/her opinion, no imminent health hazard will result. [Statutory Authority: RCW 43.20-.050. 80-14-059 (Order 203), § 248-84-060, filed 10/1/80; Regulation .84.060, filed 6/4/63; Rules (part), effective 3/11/60.]

WAC 248-84-065 Temporary food service establishments. (1) A temporary food service establishment shall comply with the requirements of these regulations, except as otherwise provided in this chapter. The health officer may impose additional requirements to protect against health hazards related to the conduct of the temporary food service establishment, may prohibit the sale of some or all potential hazardous foods, and when no health hazard will result, may waive or modify requirements of these regulations.

(2) Restricted operations:

(a) These provisions are applicable whenever a temporary food service establishment is permitted, under the above provisions of these regulations, to operate without complying with all the requirements of this chapter.

(b) Only those potentially hazardous foods requiring limited preparation, such as hamburgers and frankfurters that only require seasoning and cooking, shall be prepared or served. The preparation or service of other potentially hazardous foods, including pastries filled with cream or synthetic cream, custards, and similar products, and salads or sandwiches containing meat, poultry, eggs or fish is prohibited. This prohibition does not apply to any potentially hazardous food that has been prepared and packaged under conditions meeting the requirements of this ordinance, is obtained in individual servings, is stored at a temperature of 45 degrees Fahrenheit or below or at a temperature of 140 degrees Fahrenheit or above in facilities meeting the requirements of these regulations, and is served directly in the unopened container in which it was packaged.

(3) Ice: Ice that is consumed or that contacts food shall be made under conditions meeting the requirements of these regulations. The ice shall be obtained only in chipped, crushed, or cubed form and in single-use safe plastic or wet-strength paper bags filled and sealed at the point of manufacture. The ice shall be held in these bags until it is dispensed in a way that protects it from contamination.

(4) Single-service articles: All temporary food service establishments without effective facilities for cleaning and sanitizing tableware shall provide only single-service articles for use by the consumer.

(5) Wet storage: Storage of packaged food in contact with water or undrained ice is prohibited. Wrapped sandwiches shall not be stored in direct contact with ice.

(6) Handwashing: A convenient handwashing facility shall be available for employee handwashing. This facility shall consist of, at least, warm running water, soap, and individual paper towels. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-065, filed 10/1/80.]

WAC 248-84-070 Permits required, suspension and revocation procedures. (1) Permit:

(a) Permit required: No person shall operate a food service establishment who does not have a valid permit issued to him/her by the health officer. A valid permit shall be conspicuously posted in every food service establishment, mobile food unit and temporary food service establishment.

(b) Issuance of permits: Any person desiring to operate a food service establishment, mobile food unit or temporary food service establishment shall make written application for a permit on forms provided by the health officer. An inspection may be required by the health officer for the renewal of a permit and will be required prior to opening for all new permits; to determine compliance with these regulations.

(2) Suspension of permits:

(a) The health officer may suspend any permit to operate a food service establishment, mobile food unit or temporary food service establishment if the holder of the permit does not comply with the requirements of these regulations, or if the operation of the establishment does not comply with the requirements of these regulations, or if the operation of the food service establishment otherwise constitutes a substantial hazard to public health. Suspension is effective upon service of the notice required by subsection (2)(b) of this section. When a permit is suspended, food service operations shall immediately cease.

(b) Whenever a permit is suspended, the holder of the permit or the person in charge shall be notified in writing that the permit is, upon service of the notice, immediately suspended and that an opportunity for hearing will be provided if a written request for hearing is filed with the health officer by the holder of the permit within ten days. If no written request for hearing is filed within ten days, the suspension is sustained.

(c) Any person whose permit has been suspended, may at any time make application for a reinspection for the purpose of reinstatement of the permit. Within two working days following receipt of a written request for reinspection, including a statement signed by the applicant that in his opinion the conditions causing suspension of the permit have been corrected, the health officer shall make a reinspection. If the applicant is complying with the requirements of these regulations, the permit shall be reinstated.

(d) If an alternate process for suspension of permits is adopted by a local board of health, it may be used.

(3) Revocation of permits:

(a) The health officer may, after providing opportunity for hearing, revoke a permit for serious or repeated violations of any of the requirements of these regulations, or for interference with the health officer in the performance of duty.

(b) Prior to revocation, the health officer shall notify, in writing, the holder of the permit, or the person in charge, of the specific reason(s) for which the permit is to be revoked and that the permit shall be revoked at the end of the ten days following service of such notice unless a written request for hearing is filed with the health officer by the holder of the permit within such ten-day period. If no request for hearing is filed within the ten-day period, the revocation of the permit becomes final.

(c) Any person whose permit has been revoked may make a written application for the purpose of obtaining a new permit. A hearing will be provided before the health officer to determine if a new permit shall be issued.

(d) If an alternate process for revocation of permits is adopted by a local board of health, it may be used. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-070, filed 10/1/80; Regulation .84.070 (part), filed 6/4/63; Rules (part), effective 3/11/60.]

WAC 248-84-075 Service of notices. A notice provided for in these regulations is properly served when it is delivered to the holder of the permit, or the person in charge, or when it is sent by registered or certified mail, return receipt requested, to the last known address of the holder of the permit. A copy of the notice shall be filed in the records of the health officer. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-075, filed 10/1/80.]

WAC 248-84-080 Hearings. The hearings provided for in these regulations shall be conducted by the health officer or his/her designee at a time and place designated by him/her. The health officer or designee shall make a final finding based upon the complete hearing record and shall sustain, modify or rescind any notice or order considered in the hearing. A written report of the hearing decision shall be furnished to the holder of the permit by the health officer or designee. If an alternate hearing process is adopted by a local board of health it may be used. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-080, filed 10/1/80.]

WAC 248-84-085 Inspections. Any inspection of a food service establishment, mobile food unit or temporary food service establishment shall be performed as often as necessary for the enforcement of these regulations.

(1) Access: The health officer, after proper identification, shall be permitted to enter any food service establishment, mobile food unit or temporary food service establishment, at any reasonable time for the purpose of making inspections to determine compliance with these regulations. The health officer shall be permitted to examine the records of the establishment to obtain information pertaining to food and supplies purchased, received, or used, and to any person employed which is pertinent to an illness investigation or other matters which may affect health or the enforcement of these regulations.

(2) Report of inspection: Whenever an inspection of a food service establishment, mobile food unit or temporary food service establishment is made, the findings shall be recorded on an inspection report form prepared by the health officer. This inspection report form may be FDA form *FD2420* or other inspection report forms specified by the health officer and approved by the department of social and health services. If FDA form *FD2420* is used by the health officer, results shall be interpreted in accordance with the 1976 edition of the United States Public Health Service, "Food Service Sanitation Manual." A copy of the completed inspection report form shall be furnished to the person in charge of the food service establishment at the conclusion of the inspection. The completed inspection report form shall state specific violations found and establish a specific and reasonable period of time for correction. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-085, filed 10/1/80.]

WAC 248-84-090 Examination--Hold orders--Condemnation--Destruction of food. Food may be examined or sampled by the health officer as often as necessary for enforcement of these regulations. The health officer may, upon written notice to the owner or person in charge, place a written hold order on any food which he/she determines or has probable cause to believe to be unwholesome, or otherwise adulterated, mislabeled, contaminated, spoiled, or stored at temperatures not in compliance with these regulations, or from an unapproved source. The health officer shall tag, label, or otherwise identify any food subject to the hold order. No food subject to a hold order shall be used, served, or moved from the establishment. The health officer shall permit storage of the food under conditions specified in the hold order, unless storage is not possible without risk to the public health, in which case immediate destruction shall be ordered and accomplished. The hold order shall state that a written request for hearing may be filed with the health officer within ten days and that if no hearing is requested and if the health officer does not vacate the hold order, then the food shall be destroyed under supervision of the health officer. On the basis of evidence produced at that hearing, the hold order may be vacated, or the owner or person in charge of the food may be directed by written order to denature or destroy such food or to bring it into compliance with the provisions of these regulations. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-090, filed 10/1/80.]

WAC 248-84-095 Review of plans. Properly prepared plans and specifications shall be submitted to the health officer for approval before a food service establishment is constructed or remodeled and whenever an existing structure is converted for use as a food service establishment. The plans and specifications shall indicate the proposed layout; arrangement; mechanical plans; construction materials of work areas; floor, wall and ceiling materials of all areas; the type, make and model of all fixed equipment and facilities. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-095, filed 10/1/80.]

WAC 248-84-100 Procedure when infection is suspected. When the health officer suspects that disease transmission by (an) employee(s) of a food service establishment has occurred, the health officer shall take appropriate action to control the transmission of disease including but not limited to any or all of the following:

(1) The securing of a morbidity history of the suspected employee(s);

(2) The immediate exclusion of the employee(s) from employment in food service establishments;

(3) Immediately close the food service establishment concerned until, in the opinion of the health officer, no further danger of disease outbreak exists;

(4) Restrict the employee's services to some area of the establishment where there would be no danger of transmitting disease;

(5) Require adequate medical and laboratory examinations of the employee and of other employees and of his/her or their body discharges to take place;

(6) Require assistance in locating persons exposed to the disease. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-100, filed 10/1/80.]

WAC 248-84-105 Variance clause. The health officer, upon written petition of the food service establishment, may grant a variance to any section or sections of these regulations covering physical facilities and equipment standards when no health hazard would exist as a result of this action and the variance is consistent with the intent of these regulations. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-105, filed 10/1/80.]

WAC 248-84-110 Interpretation. These regulations shall be enforced by the health officer in accordance with the interpretations contained in the 1976 edition of the United States Public Health Service, "Food Service Sanitation Manual," where applicable. When a section of these regulations conflicts with the "Food Service Sanitation Manual," these regulations shall apply: *Provided*, That a local board of health may adopt more stringent regulations. [Statutory Authority: RCW 43-.20.050. 80-14-059 (Order 203), § 248-84-110, filed 10/1/80.]

WAC 248-84-500 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 43.20.050. 80-14-059 (Order 203), § 248-84-500, filed 10/1/80.]

WAC 248-84-900 Penalty clause. Any person violating, or refusing or neglecting to comply with these regulations, and upon conviction, shall be guilty of a misdemeanor pursuant to RCW 70.05.120. [Statutory Authority: RCW 43.20.050. 80-14-059 (Order 203), § 248-84-900, filed 10/1/80.]

Chapter 248-86 WAC
FOOD AND BEVERAGE SERVICE WORKERS PERMITS

WAC

248-86-001 Definitions.
248-86-010 Form of permits—Fees.
248-86-020 Requirements for permits.
248-86-030 X-ray and serology.
248-86-040 Examination may be required.
248-86-050 Revocation of permit.
248-86-060 Right of appeal.
248-86-999 Legal authority of the state board of health.

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 248-86-001 Definitions. Definitions as used in this chapter of the rules and regulations and in chapter 197, Laws of 1957, (chapter 69.06 RCW) –

(1) "Act" or "this act" means chapter 197, Laws of 1957, (chapter 69.06 RCW).

(2) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(3) "Director" means the state director of health.

(4) "Department" means the state department of health.

(5) "Jurisdictional health department" refers to one of the following:

(a) Local health district as defined in chapter 70.46 RCW.

(b) City–county health department as defined in chapter 70.08 RCW.

(c) City health department as defined in chapter 70-.04 RCW.

(d) County health department as defined in chapter 70.06 RCW.

(6) All other words and designations shall have the meaning as set forth in WAC 248–100–001. [Regulation .86.001, effective 3/11/60.]

WAC 248-86-010 Form of permits--Fees. (1) All permits required by this act shall be issued by the jurisdictional health department and signed by the local health officer or his authorized representative.

(2) All applicants for a permit or renewal of a permit shall pay to the jurisdictional health department a fee in the amount of $2.00. Such fee shall be used by the jurisdictional health department to defray the expenses arising out of the administration of this act.

(3) The permit shall conform to the following specifications: The permit shall be 6" x 5" in size and shall consist of two sections titled as follows: 1) Food and beverage service worker's permit, and 2) Food and beverage service worker's health record. The permit is given to the worker and the health record is kept on file in the health department.

The permit shall contain the following information: 1) Number of the permit; 2) Signature of the worker; 3) occupation; 4) Home address; 5) the statement, "THIS CERTIFIES THAT _____ has satisfied the requirements of chapter 197, Laws of 1957, and the state board of health for issuance of permit"; 6) Manual chapters covered in test shall be noted; 7) Permit expiration date; and 8) Signature of health officer.

On the reverse side of the permit there shall be noted the following:

"*Please note*: This card is valid only to the employee whose signature appears on the reverse side. It must be filed at place of employment and shown upon request to sanitarian, health officer, or deputy."

"INSTRUCTIONS GOVERNING PERSONAL HYGIENE AND SANITATION"

1. Do not work if you are ill with a "catching" sickness, such as sore throat, common cold, diarrhea, or other contagious disease.

2. Notify the health department if you, or any person in your home or your place of business has a contagious disease or a disease suspected of being contagious.

3. Keep your hands and fingernails clean. Wash your hands frequently, particularly every time after going to the toilet, blowing the nose, or handling soiled objects.

4. Use disposal tissue for blowing the nose or spitting. Spitting can be a dangerous habit.

5. Do not pick pimples, boils, or your nose. This is a dangerous source of infection. If you have sores of this kind, keep them covered with a dressing.

6. Handle foods with your fingers as little as possible. Use utensils whenever you can, as in picking up butter, etc.

7. Avoid handling rims of glasses, cups, soup bowls, and eating surfaces of silver.

8. Protect food by keeping it covered from flies, keeping perishable foods and cream–filled pastries properly refrigerated

The food and beverage service worker's health record shall contain the following information:

1) Date issued;
2) Number;
3) Name;
4) Age;
5) Sex;
6) Home address;
7) Occupation;
8) Where employed;
9) City;
10) Typhoid fever ..... No ( ) Yes ( ) Date _____
11) Amoebic dysentery ..... No ( ) Yes ( ) Date _____
12) Laboratory examinations, x–rays, or skin tests:
13) Test ..... Result _____ Date _____
14) Test ..... Result _____ Date _____
15) Test ..... Result _____ Date _____
16) Manual chapters covered in test shall be noted.

The reverse side of the health record shall contain: "Follow–up remarks:" [Regulation .86.010, effective 3/11/60.]

WAC 248-86-020 Requirements for permits. (1) The local health officer shall furnish to applicant for a permit or renewal of permit a copy of the latest edition of the "Food and Beverage Service Workers' Manual", as prepared by the department and approved by the director.

(2) In order to qualify for issuance of a permit or renewal of a permit, the applicant shall demonstrate his knowledge of elementary acceptable practices in the sanitary preparation, service, and storage of food and beverages, and the proper sanitation of equipment and facilities, by satisfactorily completing an examination conducted by the local health officer or his authorized representative on such subjects, based on the practices and procedures set forth in the "Food and Beverage Service Workers' Manual". [Regulation .86.020, effective 3/11/60.]

WAC 248-86-040 Examination may be required. Whenever, in the judgment of the director or any local health officer, circumstances indicate the necessity, specified persons engaged in the preparation, service, or

sale of food or unbottled beverages for public consumption shall, upon request of such public health officials and at no additional charge to such persons, submit to examination by the local health officer, or a legally qualified physician designated by him for the purpose of determining the presence of a communicable disease or infection. [Regulation .86.040, effective 3/11/60.]

WAC 248-86-050 Revocation of permit. The food and beverage service workers' permit may be revoked by the local health officer, or by the director, upon evidence indicating repeated or continuing violations of accepted procedures and practices in the preparation, service, or storage of food or beverage offered for public consumption, or upon demonstration of the presence of a communicable disease in the infectious state, or an infectious condition of potential hazard to the public or to the persons' co-workers, or for falsification of information required for issuance of the permit. [Regulation .86.050, effective 3/11/60.]

WAC 248-86-060 Right of appeal. Any food or beverage service worker whose permit has been revoked by a local health officer, or the director, may appeal to the local board of health, or the state board of health in the event such revocation is by the director, for review of the findings. Such appeal must be in writing and must be filed with the appropriate board of health within ten days of revocation of the worker's permit. While such appeal is pending, the revocation of the worker's permit shall be stayed until such time as the appropriate board of health has reviewed the findings and entered its decision. [Regulation .86.060, effective 3/11/60.]

WAC 248-86-999 Legal authority of the state board of health. RCW 69.06.010 and 69.06.020. See also RCW 43.20.050. [Regulation .86.999, effective 3/11/60.]

Chapter 248-87 WAC
FOOD WORKERS

WAC

248-87-001 Objective.
248-87-002 Definitions.
248-87-020 Communicable disease.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-87-010 Permit required. [Regulation .87.010, effective 3/11/60.] Repealed by Order 139, filed 2/4/77.

WAC 248-87-001 Objective. For the purpose of preventing the spread of infectious diseases and attaining a uniform sanitary standard in the state, it is deemed essential to require all food workers in the state to demonstrate through the process of an examination that they possess an adequate knowledge of the sanitary principles and practices involved in the preparation, storage, and service of foods and beverages, and in the handling of related equipment and facilities by extending the provisions of chapter 197, Laws of 1957, and (chapter 248-86 WAC), to all such workers. [Regulation .87.001, effective 3/11/60.]

WAC 248-87-002 Definitions. As used in this chapter of the rules and regulations, the following definitions shall apply: (1) A "Food service worker" shall mean a person engaged in a food and/or beverage establishment and who may contribute to the transmission of infectious diseases through the nature of his contact with food products and/or equipment and facilities. This shall not include persons engaged in food handling operations where the products are sterilized after packaging or in the processing of frozen fruits or vegetables, nor nonsupervisory personnel assisting with food services functions of churches, lodges, granges and similar organizations when such are exempted from collected retail sales tax by rule 169 of the tax commission of the state of Washington as effective May 1, 1935.

(2) The term "Food establishment" shall include, but is not limited to, all food handling operations associated with school lunches, carnivals, circuses, intrastate ferries, state institutions, bakeries, shellfish processing plants, caterers, hospitals, nursing homes, maternity homes, boarding homes, child care agencies, churches, lodges, granges, clubs, and food demonstrations. [Regulation .87.002, effective 3/11/60.]

WAC 248-87-020 Communicable disease. It shall be unlawful and a violation of these regulations for any person with a communicable disease in the infectious state or a known carrier of a communicable disease or infectious condition to handle, prepare, serve or sell food, food products, or beverages for public consumption and it shall be unlawful and a violation of these regulations for any person to knowingly employ such person so afflicted. [Regulation .87.020, effective 3/11/60.]

Chapter 248-91 WAC
APPROVALS AND CERTIFICATIONS OF NECESSITY FOR WATER DISTRICTS TO ESTABLISH, MAINTAIN, CONSTRUCT AND OPERATE SEWER SYSTEMS

WAC

248-91-010 Definitions.
248-91-020 Purpose.
248-91-030 Application content.
248-91-040 Notification of interested parties.
248-91-050 Criteria for necessity.
248-91-060 Decision of the department.
248-91-070 Limitation of an approval and a certification of necessity.

WAC 248-91-010 Definitions. For purposes of this chapter, the following definitions are applicable:

(1) "Department" shall mean the Washington state department of health.

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

(3) "Approval and a certification of necessity" shall mean an order of the department which gives approval to a water district to establish, maintain, construct and

operate a sewer system in a proposed service area in accordance with RCW 57.08.065.

(4) "Necessity" shall mean a reasonable need and not mean an indispensable need.

(5) "Proposed service area" shall mean the area proposed to be served with a sewer system by the applicant water district.

(6) "Sewer system" shall mean a system of sewers and appurtenances for the collection, transportation, treatment and disposal of sewage and industrial wastes.

(7) "Sewage" shall mean the water-carried waste products or discharge from human beings or other wastes from residences, public or private buildings, or industrial plants, together with such ground, surface or storm waters as may be present.

(8) "Industrial wastes" shall mean the liquids, solids, or other wastes resulting from any process of industry, or from the development of any natural resource.

(9) "Drainage basin" shall mean a geographic area drained by a surface stream or body of impounded water together with all tributary surface streams and bodies of impounded surface water.

(10) "Sewer entities" shall mean any municipal or public corporations which by law are entitled to construct and operate a sewer system. [Order 6, § 248-91-010, filed 10/16/68; Emergency Order 3, § 248-91-010, filed 8/2/68.]

WAC 248-91-020 Purpose. This regulation prescribes the procedure whereby a water district organized under the provisions of chapter 57.04 RCW may apply for and receive an approval and a certification of necessity from the department in accordance with the provisions of RCW 57.08.065 in order to exercise powers of a sewer district in accordance with the provisions of Title 56, RCW, as now, or hereafter amended. Additionally, this regulation will define the criteria which the department will consider in determining the eligibility of an applicant water district for an approval and a certification of necessity. [Order 6, § 248-91-020, filed 10/16/68; Emergency Order 3, § 248-91-020, filed 8/2/68.]

WAC 248-91-030 Application content. An application for an approval and a certification of necessity must be presented to the department and shall include, but not be limited to, the following considerations:

(1) A general statement of the present and future sewage problems in the proposed area of service.

(2) A consideration of the relationship of the district to contiguous, nearby or overlapping sewer entities.

(3) Service areas considering reasonable drainage basin oriented planning.

(4) Population forecasts as a basis of sewer system design in the proposed service area.

(5) A layout map showing major trunk lines and interceptor lines including the drainage area to be served within and outside of the boundaries of the water district.

(6) The methods of interception and disposal of sewage.

(7) The projected completion time for the sewer system.

(8) An affidavit signed by an officer of the applicant water district, stating that all persons, parties or entities have been given the notice required by WAC 248-91-040.

(9) A summary setting forth the reasons why the applicant water district is better suited to provide a sewer system within the proposed service area than a contiguous or adjacent sewer entity. [Order 6, § 248-91-030, filed 10/16/68; Emergency Order 3, § 248-91-030, filed 8/2/68.]

WAC 248-91-040 Notification of interested parties. Prior to the submission of an application to the department for an approval and a certification of necessity, an applicant water district shall:

(1) Notify all the contiguous and affected sewer entities in the area in which the water district is proposing to construct and operate a sewer system that the applicant water district will submit an application for an approval and a certification of necessity, and that the department will consider all written comments and objections submitted to the department from any contiguous and affected sewer entity if the same written comments and objections are received by the department before a date which will be specified by the department.

(2) Notify the county commissioners, county health officer, county engineer, county planning commission and the county boundary review board, if any, in the county of the proposed service area, that the applicant water district will submit an application for an approval and certification of necessity and the department will consider all written comments and objections submitted to the department by any of the same if the written comments and objections are received by the department before a date which will be specified by the department.

(3) The dates for inclusion in the notification provided for in paragraphs (1) and (2) hereof will be furnished by the department upon the request of any applicant water district to the department. [Order 6, § 248-91-040, filed 10/16/68; Emergency Order 3, § 248-91-040, filed 8/2/68.]

WAC 248-91-050 Criteria for necessity. The department will issue an approval and a certification of necessity to an applicant water district if all of the following conditions are satisfied:

(1) The granting of an approval and a certification of necessity will eliminate or alleviate an existing or imminent health problem as determined by the department.

(2) A sewer system does not exist in a substantial portion of the proposed service area and no regularly constituted and established sewer entity intends to construct and operate a sewer system in a substantial portion of the proposed service area within the reasonably foreseeable future.

(3) The proposed service area conforms to any or all established sewage drainage basins designated pursuant to RCW 90.48.270.

(4) The proposed service area conforms to any or all established comprehensive plans for sewage drainage basins, established pursuant to RCW 90.48.280. [Order 6, § 248-91-050, filed 10/16/68; Emergency Order 3, § 248-91-050, filed 8/2/68.]

WAC 248-91-060 Decision of the department. After the department has made a decision either granting or denying a request for an approval and a certification of necessity, said decision shall constitute a "contested case" within the meaning of chapter 34.04 RCW. [Order 6, § 248-91-060, filed 10/16/68; Emergency Order 3, § 248-91-060, filed 8/2/68.]

WAC 248-91-070 Limitation of an approval and a certification of necessity. The granting of an approval and a certification of necessity by the department shall only constitute approval to establish, maintain, construct, and operate a sewer system within the proposed service area requested in the initial application for an approval and a certification of necessity, and shall in no way constitute approval or authority to establish, maintain, construct and operate a sewer system in any area which may be annexed at some future time by the applicant water district.

The granting of an approval and a certification of necessity by the department does not constitute approval of the engineering report or plans and specifications of any sewer system, and all plans and specifications and the proposed method of operation and maintenance for any sewer system must be approved by the department pursuant to WAC 248-92-040. [Order 6, § 248-91-070, filed 10/16/68.]

Chapter 248-92 WAC
PUBLIC SEWAGE

WAC

248-92-001 Definitions.
248-92-010 Prohibited methods of sewage disposal.
248-92-020 Investigative and order powers of director.
248-92-030 Plans for sewerage systems.
248-92-040 Plans for sewage treatment works.
248-92-050 Plans for sewage treatment works——Requirements for engineers.
248-92-060 Operation of sewage treatment plants——Efficiency.
248-92-070 Operation of sewage treatment plants——Freedom from sand and silt.
248-92-080 Operation of sewage treatment plants——Disinfection.
248-92-090 Irrigation with sewage.
248-92-100 Use of sewage sludge for fertilizer.
248-92-101 Adoption of appendix details as rules.
248-92-105 Appendix——Definitions.
248-92-110 Appendix——Report——Sewerage system.
248-92-115 Appendix——General layout map.
248-92-120 Appendix——Plot plan.
248-92-125 Appendix——Engineering report——Sewage treatment works.
248-92-130 Appendix——Preliminary report, industrial waste treatment works.

Reviser's note: The statutes provide that both the pollution control commission and the Washington department of health are to possess jurisdiction over sewerage systems and industrial waste plants. For the convenience of those affected, there has been an interdepartmental agreement that construction plans may be forwarded to the pollution control commission. Certain rules of both departments are similar. See chapter 372-20 WAC.

WAC 248-92-001 Definitions. For the purpose of these rules and regulations, the terms shall have the meaning as defined in the appendix. [Regulation .92.001, effective 3/11/60.]

WAC 248-92-010 Prohibited methods of sewage disposal. No sewage or industrial waste, or components thereof, shall be placed or permitted to be placed, or permitted to flow onto the surface of the ground, or into any waters of the state in any manner determined by the state director of health to be prejudicially affecting a domestic water supply, or otherwise endangering the health and well-being of the people of the state. [Regulation .92.010, effective 3/11/60.]

WAC 248-92-020 Investigative and order powers of director. The state director of health shall investigate the methods of sewage and industrial waste disposal and if such may endanger a domestic water supply, or in any other way endanger the health or well-being of the people of the state, he shall issue and enforce such orders as may be necessary to correct the condition. [Regulation .92.020, effective 3/11/60.]

WAC 248-92-030 Plans for sewerage systems. (1) Report, general layout map and specifications – Every owner or his authorized representative shall make a comprehensive study of his sewerage system and prepare and submit to the state director of health a copy of a report, a general layout map and general construction specifications of his public sewerage system. Written approval of this report, general layout map and general construction specifications shall be obtained from the state director of health before any further construction, alterations or additions are made to the system or, in case of a new system, before such system is constructed except as provided in (a) below. After such approval has been received the owner will not be required to submit any further plans and specifications for any part of the sewerage system covered by the general layout map except as required by (b), (c) and (d) below, but the owner shall notify the state director of health of any portion of the system to be constructed and indicate its position on the approved general layout map. (The specifications may be submitted at the time of notification of construction.) The report and general layout map shall include but not be limited to the items listed under those headings in the appendix.

(a) In lieu of an approved report, general layout map, and specifications, any owner or his authorized representative shall submit a copy of a report, a plot plan, and specifications of each new sewerage system or alterations or additions to any existing sewerage system and receive written approval before construction is started. The report and plot plan shall include but not be limited to those items listed in the appendix.

(b) Whether or not a report and general layout map have been approved, if the system does not include adequate sewage treatment works as determined by the state director of health, written approval for the construction of each addition or alteration of the sewerage system must be obtained from the state director of health before construction is started.

(c) In case an addition is to be made to a sewerage system and this addition is not a part of an approved general layout map, the owner shall submit a copy of a revised general layout map or a plot plan of the area to the state director of health and receive written approval before construction is started.

(d) Every owner shall submit a set of detailed plans and specifications of all overflow or bypass structures, pipe outlets and pumping stations with overflow structures, showing the quantities of flow for which they are designed and shall receive written approval from the state director of health before construction is started. [Regulation .92.030, effective 3/11/60.]

WAC 248-92-040 Plans for sewage treatment works. Engineering report of sewage treatment works – Before detailed plans and specifications for new sewage treatment works or major extensions, alterations or improvements to existing sewage treatment works are prepared, every owner or his authorized agent shall submit one copy of a preliminary engineering report to the secretary of the department of social and health services or his designee and receive written approval of the secretary of the department of social and health services or his designee. This report shall include the items listed under "scope of the engineering report" in the appendix. [Order 72, § 248-92-040, filed 4/11/72; Regulation .92.040, effective 3/11/60.]

WAC 248-92-050 Plans for sewage treatment works——Requirements for engineers. All plans for new sewage treatment plants, major changes or additions to existing systems or plants shall be prepared under the supervision of a professional engineer licensed in accordance with chapter 283, Laws of 1947 (chapter 18.43 RCW). All copies of plans submitted to the state director of health for review shall bear the seal of the professional engineer under whose supervision they have been prepared. [Regulation .92.050, effective 3/11/60.]

WAC 248-92-060 Operation of sewage treatment plants——Efficiency. (1) **Efficient operation** – All sewage treatment plants shall be operated at their highest practical efficiency at all times. If, after investigation by the state director of health, it is determined that any sewage treatment works is, because of defective design, inadequacy, incompetent supervision or inefficient operation, causing unsatisfactory conditions in the waters into which the effluent is discharged or otherwise interfering with the legitimate uses of such waters or causes a menace to public health, the owner shall make such changes in the plant or its operation as are necessary to produce satisfactory results. These changes shall be made within such time limits as are set by the state director of health.

(2) **Records** – The owner shall make such tests and keep such records as are necessary to assure the effective operation of the sewage treatment works, and such records shall be made available to the state director of health. [Regulation .92.060, effective 3/11/60.]

WAC 248-92-070 Operation of sewage treatment plants——Freedom from sand and silt. All sewerage systems shall be kept free from obstructions and deposits of sand and silt. All pumping stations in the sewerage system shall be effectively maintained to insure continuous operation. [Regulation .92.070, effective 3/11/60.]

WAC 248-92-080 Operation of sewage treatment plants——Disinfection. Effective disinfection of sewage discharges shall be provided in accordance with the determination of the state director of health. If at any time effective disinfection cannot be accomplished due to the breakdown of equipment or the need for bypassing raw or partially treated sewage, or any other reason, the owner shall immediately notify the state director of health by telephone or telegraph. [Regulation .92.080, effective 3/11/60.]

WAC 248-92-090 Irrigation with sewage. Raw sewage, or treatment plant effluent, shall not be used for irrigation, except under conditions as may be prescribed by the state director of health. [Regulation .92.090, effective 3/11/60.]

WAC 248-92-100 Use of sewage sludge for fertilizer. The use of sewage sludge for fertilizing material shall be in compliance with the limitations and procedures as may be prescribed by the state director of health; and the owner shall notify the state director of health of any intended use of sludge as a fertilizing material. [Regulation .92.100, effective 3/11/60.]

WAC 248-92-101 Adoption of appendix details as rules. This appendix contains details referred to in the rules and regulations and is adopted as a part of these rules and regulations. [Appendix to Public Sewage Rules, effective 3/11/60.]

WAC 248-92-105 Appendix——Definitions. (1) "Commission" – The Washington Pollution Control Commission.

(2) "Sewage" – The water-carried waste products or discharge from human beings or other wastes from residences, public or private buildings, together with such ground, surface or storm water as may be present.

(3) "Industrial wastes" – The liquids, solids, or other wastes resulting from any process of industry, or from the development of any natural resource.

(4) "Sewage works" – A comprehensive term which includes facilities for collecting, pumping, treating, and disposing of sewage; the sewerage system and the sewage treatment works.

(5) "Sewage treatment works" – An arrangement of devices and structures for treating sewage, industrial

wastes, and sludge. Sometimes used as synonymous with sewage treatment plant.

(6) "Sewerage system" – A system of sewers and appurtenances for the collection, transportation, and pumping of sewage and industrial wastes.

(7) "Industrial waste treatment works" – An arrangement of devices and structures for treating industrial wastes.

(8) "Sewer" – A pipe or conduit; generally closed, but normally not flowing full, for carrying sewage and other waste liquids.

(9) "Pumping station" – A station housing sewage pumps, and their appurtenances.

(10) "Pipe outlet" – A pipe line which conveys the effluent from a reservoir, sewage treatment plant, or other structure to its point of discharge.

(11) "Sewer outlet" – The point of final discharge of sewage or treatment plant effluent.

(12) "Owner" – The state, county, city, town, village, corporation, firm, company, institution, person or persons owning or operating any sewerage system, sewage treatment plant, or industrial waste disposal system or treatment plant.

(13) "Detailed plans" of sewerage systems – Plans used for the construction of any sewer or sewer system.

(14) "Final plans" of sewage treatment works – Plans used for the construction of any sewage treatment works. [Public Sewage Appendix, effective 3/11/60.]

WAC 248-92-110 Appendix——Report——Sewerage system. The "report" shall include: – (1) A description of the nature and extent of the area included in the present system (if any) and the area and extent to which plans provide sewage works for future development.

(2) The population trend and an estimate of future population to be served.

(3) A statement regarding the present and expected future quantity and character of sewage, including any industrial wastes which may be present or expected in the sewerage system.

(4) A discussion of limitations placed on infiltration and the infiltration problem.

(5) A statement regarding provisions for treatment. [Public Sewage Appendix, effective 3/11/60.]

WAC 248-92-115 Appendix——General layout map. The general layout map shall include the following items: (1) **Boundaries** – The boundary lines of the municipality or sewer district to be sewered.

(2) **Existing sewers** – The location, size and direction of flow of all existing sanitary or combined trunk sewers and the boundaries of the areas served by each.

(3) **Proposed sewers** – The location, size and direction of flow of all proposed trunk sewers and the boundaries of the areas to be served by each.

(4) **Existing and proposed pump stations** – Location of all existing and proposed pumping stations designated to distinguish between those existing and proposed.

(5) **Topography and elevations** – Topography showing pertinent ground elevations and including existing and proposed streets, if such information is available.

(6) **Streams, lakes and other bodies of water** – The location and direction of flow of major streams and the high and low elevations of all water surfaces at sewer outlets and overflows.

(7) **Public water supplies** – The location of wells or other sources of public water supply, water storage reservoirs, and other structures of public health significance. [Public Sewage Appendix, effective 3/11/60.]

WAC 248-92-120 Appendix——Plot plan. The plot plan shall include: – (1) **Boundaries** – The boundary lines of the area involved.

(2) **Sewer lines** – All sewer lines and their tie–in with the existing system.

(3) **Other data** – Elevations, slopes, pipe sizes, and manhole spacings.

(4) **Public water supplies** – The location of wells or other sources of public water supply, water storage reservoirs, and other structures of public health significance. [Public Sewage Appendix, effective 3/11/60.]

WAC 248-92-125 Appendix——Engineering report——Sewage treatment works. The engineering report for the sewage treatment works shall include the following items together with any other relevant data –

(1) The purpose and need for the proposed project.

(2) The nature and extent of the area included in the present system and the area and extent to which plans provide sewage works for future development. If the area to be served by existing and proposed sewers does not include the entire municipality, sewer district, or natural drainage area, give a brief description of that portion not included, together with information as to the probability of future development, and the method by which this area can be served by treatment works.

(3) The population trend as indicated by available records, and give the estimated future population for the design period. Describe briefly the method used to determine future population trends.

(4) Any existing sewage treatment works as they are related to the proposed project.

(5) Discuss the location of water supply and distribution structures as they relate to the various portions of the proposed sewage works.

(6) The considerations given to possibility of garbage disposal in sewage works.

(7) List of all establishments producing appreciable quantities of industrial wastes and the quantity, production periods, and character of industrial wastes in so far as they may affect the sewerage system or sewage treatment works. Consideration shall be given to future industrial expansion.

(8) The degree of treatment proposed based upon the size, usage and character of the receiving body of water and upon the amount and strength of sewage or waste to be treated and other influencing factors.

(9) The type or types of treatment process proposed based upon the character of sewage or waste to be handled and the degree of treatment required.

(10) Data on the volume and strength of sewage and the design data regarding flow and strength.

(11) The ratio of interception in connection with existing combined sewers, and the quantity expected to be bypassed during storms.

(12) The basic design data of each unit of the treatment works.

(13) Provision for future needs.

(14) Discussion of the various sites available and the advantages of the one recommended. The proximity of residences or developed areas to any treatment works. The relationship of maximum high water to the plant site and various plant units.

(15) Expected efficiencies of each unit and the entire plant, and the character of effluent expected.

(16) A flow diagram showing general layout of various units. [Public Sewage Appendix, effective 3/11/60.]

WAC 248-92-130 Appendix——Preliminary report, industrial waste treatment works. The preliminary report on industrial waste disposal or treatment facilities shall include the following items where pertinent – (1) Type of industry.

(2) Kind and quantity of finished products.

(3) The amount of process waste and its sources.

(4) The quantity of unpolluted water, such as cooling water, etc., and the provision for segregation for separate discharge.

(5) Description of the waste, including if possible a chemical analysis.

(6) The amount and kind of chemicals used in the process, if any.

(7) The basic design data of the treatment units.

(8) All necessary maps and layout sketches, including any flow diagrams.

(9) Results to be expected from the treatment process.

(10) All data necessary to indicate the location of the outlet pipe and method of diffusing the waste into the receiving water.

(11) If any domestic sewage is to be disposed of through the system, a brief description in compliance with the provisions of WAC 248-92-020 should be included. [Public Sewage Appendix, effective 3/11/60.]

Chapter 248-94 WAC
BASIC PLUMBING PRINCIPLES

WAC

248-94-001 Purpose and nature of regulations.
248-94-010 Water supply requirements.
248-94-020 Volume of flow.
248-94-030 Size of pipes.
248-94-040 Boilers and hot water tanks.
248-94-050 Sewage connection.
248-94-060 Water closets——Multiple dwellings.
248-94-070 Plumbing fixtures.
248-94-080 Drainage systems.
248-94-090 Drainage pipes.
248-94-100 Cleanouts.
248-94-110 Traps.
248-94-120 Pipes——Adequate air circulation.
248-94-130 Soil stacks.
248-94-140 Water and air pressure tests.
248-94-150 Clogging substances.
248-94-160 Food receptacles and the drainage system.
248-94-170 Location of water closets.
248-94-180 Disposal where no sewers.
248-94-190 Backflow requirements.
248-94-200 Sanitary maintenance.

WAC 248-94-001 Purpose and nature of regulations. These regulations embody the fundamental sanitary principles which a successful plumbing system should satisfy. These principles have been prepared with the view of specifying the results desired, and of making provision for testing the plumbing work to ascertain whether satisfactory results can be secured, but they do not attempt to specify details of construction. [Regulation .94.001, effective 3/11/60.]

WAC 248-94-010 Water supply requirements. All premises intended for human habitation or occupancy should be provided with a water supply which meets the requirements of the Washington state department of health. [Regulation .94.010, effective 3/11/60.]

WAC 248-94-020 Volume of flow. Buildings in which water closets and other plumbing fixtures exist should be provided with a supply of water adequate in volume and pressure for flushing purposes. [Regulation .94.020, effective 3/11/60.]

WAC 248-94-030 Size of pipes. The pipes conveying water to water closets should be of sufficient size to supply the water at a rate which will flush the toilets adequately without unduly reducing the pressure at other fixtures. [Regulation .94.030, effective 3/11/60.]

WAC 248-94-040 Boilers and hot water tanks. Devices for heating water and storing it in "boilers" or hot water tanks, should be so designed and installed as to prevent all dangers from explosion and also to prevent a back flow of hot water through meters connected with the public water supply. [Regulation .94.040, effective 3/11/60.]

WAC 248-94-050 Sewage connection. Every building intended for human habitation or occupancy on premises abutting on a street in which there is a public sewer should have a connection with the sewer and, if possible, a separate connection. [Regulation .94.050, effective 3/11/60.]

WAC 248-94-060 Water closets——Multiple dwellings. In multiple dwellings provided with a building drainage system there should be at least one private water closet for each family. [Regulation .94.060, effective 3/11/60.]

WAC 248-94-070 Plumbing fixtures. Plumbing fixtures should be made of smooth, nonabsorbent materials, should be free from concealed fouling surfaces and

should be set free of enclosures. [Regulation .94.070, effective 3/11/60.]

WAC 248-94-080 Drainage systems. The entire building drainage system should be so designed, constructed, and maintained as to conduct the waste water or sewage quickly from the fixture to the place of disposal with velocities which will guard against fouling and the deposit of solids and will prevent clogging. [Regulation .94.080, effective 3/11/60.]

WAC 248-94-090 Drainage pipes. The drainage pipes should be so designed and constructed as to be proof for a reasonable life of the building against leakage of water or drain air due to defective materials, imperfect connections, corrosion, settlements or vibrations of the ground or building, temperature changes, freezing, or other causes. [Regulation .94.090, effective 3/11/60.]

WAC 248-94-100 Cleanouts. The drainage system should be provided with an adequate number of cleanouts so arranged that in case of stoppage the pipes may be readily accessible. [Regulation .94.100, effective 3/11/60.]

WAC 248-94-110 Traps. Each fixture or combination fixture should be provided with a separate, accessible, self-scouring, reliable water-seal trap placed as near to the fixture as possible. [Regulation .94.110, effective 3/11/60.]

WAC 248-94-120 Pipes——Adequate air circulation. The building drainage system should be so designed that there will be adequate circulation of air in all pipes, and no danger of siphonage, aspiration, or forcing of trap seals under conditions of ordinary use. [Regulation .94.120, effective 3/11/60.]

WAC 248-94-130 Soil stacks. The soil stack should extend full size upward through the roof and have a free opening, the roof terminal being so located that there will be no danger of air passing from it to any window and no danger of clogging of the pipe by frost or by articles being thrown into it or of roof water draining into it. [Regulation .94.130, effective 3/11/60.]

WAC 248-94-140 Water and air pressure tests. The plumbing system should be subjected to a water or air pressure test and to a final inspection in such manner as will disclose all leaks and imperfections in the work. [Regulation .94.140, effective 3/11/60.]

WAC 248-94-150 Clogging substances. No substances which will clog the pipes, produce explosive mixtures, or destroy the pipes or their joints should be allowed to enter the building drainage system. [Regulation .94.150, effective 3/11/60.]

WAC 248-94-160 Food receptacles and the drainage system. Refrigerators, ice boxes, or receptacles for storing food should not be connected directly with the drainage system. [Regulation .94.160, effective 3/11/60.]

WAC 248-94-170 Location of water closets. No water closet should be located in a room or compartment which is not properly lighted and ventilated to the outer air. [Regulation .94.170, effective 3/11/60.]

WAC 248-94-180 Disposal where no sewers. If water closets or other plumbing fixtures exist in buildings where there is no sewer within reasonable distance, suitable provisions should be made for disposing of the building sewage by a method of disposal which meets the requirements of the Washington state department of health. [Regulation .94.180, effective 3/11/60.]

WAC 248-94-190 Backflow requirements. Where a building drainage system may be subjected to back flow of sewage, suitable provision should be made to prevent its overflow in the building. [Regulation .94.190, effective 3/11/60.]

WAC 248-94-200 Sanitary maintenance. Plumbing systems should be maintained in a sanitary condition. [Regulation .94.200, effective 3/11/60.]

Chapter 248-96 WAC
ON-SITE SEWAGE DISPOSAL

WAC

248-96-010 Authority.
248-96-011 Purpose and objectives.
248-96-012 Scope.
248-96-015 Local regulation.
248-96-016 Local regulations approval procedure.
248-96-018 Administration.
248-96-020 Definitions.
248-96-040 Applicability.
248-96-045 Other types of disposal units.
248-96-046 Alternate devices and methods.
248-96-050 No discharge to waters or ground surface.
248-96-060 Connection to public sewer system.
248-96-070 On-site system management.
248-96-075 Larger systems.
248-96-080 Permit.
248-96-090 Minimum lot sizes for subdivisions.
248-96-095 Determination of soil characteristics.
248-96-096 Larger tract requirements.
248-96-100 Location.
248-96-110 Design.
248-96-130 Designer program.
248-96-140 Inspection.
248-96-160 Waiver of regulations.
248-96-170 Disposal of septic tank waste.
248-96-175 Sewage contractor's license.
248-96-180 Evaluation and revision.

WAC 248-96-010 Authority. Pursuant to the authority of RCW 43.20.050 (Powers and Duties of State Board of Health), these regulations are hereby established as minimum requirements of the state board of health, governing on-site sewage disposal systems for individual homes and any other source of sewage. [Order 101, § 248-96-010, filed 6/10/74.]

WAC 248-96-011 Purpose and objectives. These regulations provide for a uniform framework through which local boards of health will establish a system of local regulations. Such local regulations will integrate local conditions consistent with uniform state standards to accomplish the following objectives:

(1) Establish design standards to accommodate long-term disposal of sewage using on-site methods for rural areas.

(2) Establish design and management system criteria to permit on-site methods of sewage disposal for subdivisions and suburban areas where significant population growth is occurring or likely to occur.

(3) Establish minimum functional regulations and guidelines for health jurisdictions choosing not to adopt local regulations. [Order 101, § 248-96-011, filed 6/10/74.]

WAC 248-96-012 Scope. The regulations do not apply, except as specifically noted, to public sewage collection, treatment and disposal systems. Sections WAC 248-96-018 through 248-96-180, excluding 248-96-045, 248-96-046, 248-96-075, and 248-96-180 of these rules and regulations shall become effective and enforced by the health officer if the provisions of WAC 248-96-015 are not met. [Order 101, § 248-96-012, filed 6/10/74.]

WAC 248-96-015 Local regulation. All local boards of health shall adopt local rules and regulations governing on-site waste disposal systems within eighteen months after the effective date of these regulations. Such local rules and regulations and guidelines must be consistent with the state board of health regulations and guidelines and must be approved by the secretary in accordance with the procedure outlined in section WAC 248-96-016 of the state board of health regulations. If any local board of health fails to adopt rules and regulations consistent with intent and purpose of the state regulations, the state regulations shall become effective and they shall be enforced by the local health officer within his jurisdiction. [Order 101, § 248-96-015, filed 6/10/74.]

WAC 248-96-016 Local regulations approval procedure. (1) Within six months after the passage of these regulations, all local health departments shall submit to the secretary for approval a copy of their proposed or existing local regulations governing on-site waste disposal systems. All local regulations must include appropriate sections corresponding to WAC 248-96-018 through 248-96-180.

(2) Upon reviewing the local regulations, the secretary shall consider all factors relevant to the administration of local health department's program including land development activities, basic soils and climatic conditions, local program priority and staffing, and sewage basin planning.

(3) After receiving the local regulations, the secretary shall have 60 days to either approve or disapprove the proposal. Within four months after the initial approval by the secretary, the local health department shall provide to the secretary a copy of the adopted local regulations. No changes can be made in the adopted local regulations from the original submittal without written authority from the secretary.

(4) If the secretary determines that the local regulations are not consistent with the purpose and objectives of the state board of health regulations, he shall provide in writing to the local health department, his specific reasons for not approving the local regulations. All decisions by the secretary shall be appealable to the state board of health within 120 days after the disapproval has been received by the local health department. Resubmission of revised local regulations may occur any time after disapproval has been received.

(5) Nothing in these regulations shall prohibit the adoption and enforcement of more stringent regulations by local health departments where such regulations are needed to protect the public health and welfare. [Order 101, § 248-96-016, filed 6/10/74.]

WAC 248-96-018 Administration. The health officer shall administer these regulations under the authority and requirements of chapters 70.05 and 43.20 RCW. As provided in RCW 70.05.060(7), he may charge fees for this administration. [Order 101, § 248-96-018, filed 6/10/74.]

WAC 248-96-020 Definitions. (1) "Approved" – The term "approved" shall mean acceptable by the health officer as stated in writing.

(2) "Cover" – shall mean fill material that is used to cover a subsurface disposal area to a maximum depth of 18 inches.

(3) "Fill" – shall mean soil materials that have been displaced from their original location.

(4) "Ground water" – subsurface water occupying the zone of saturation.

(5) "Health officer" – the health officer of the city, county, city-county, or district health department or his authorized representative.

(6) "Larger on-site sewage disposal system" – any on-site sewage system with design flows, at any common point, between 3,500, to 14,500 gpd or developments having 10, but no more than 49 service connections. On-site systems receiving state or federal grants, or systems using mechanical treatment or lagoons with ultimate design flows above 3,500 gpd are excluded from this definition. Excluded systems are governed by chapter 173-240 WAC.

(7) "On-site sewage disposal system" – any system of piping, treatment devices, or other facilities that convey, store, treat, or dispose of sewage on the property where it originates or on adjacent or nearby property under the control of the user where the system is not connected to a public sewer system.

(8) "Person" – any individual, corporation, company, association, society, firm, partnership, joint stock company, or any branch of state or local government.

(9) "Public sewer system" – a sewerage system which is owned or operated by a city, town, municipal corporation, county, political subdivision of the state, or other approved ownership consisting of a collection system and necessary trunks, pumping facilities and a means of final treatment and disposal and under permit from the department of ecology.

(10) "Secretary" – the secretary of the state department of social and health services or his authorized representative.

(11) "Septic tank" – a watertight receptacle which receives the discharge of sewage from a building sewer, and is designed and constructed so as to permit separation of settleable and floating solids from the liquid, detention and digestion of the organic matter, prior to discharge of the liquid portion.

(12) "Sewage" – the water-carried human or domestic waste from residences, building, industrial establishments or other places, together with such ground water infiltration, and other wastes as may be present.

(13) "Subdivision" – a division of land, as defined in chapter 58.17 RCW, now or as hereafter amended.

(14) "Surface water" – any body of water, whether fresh or marine, or watercourse, including lakes, impoundments and streams. [Statutory Authority: RCW 43.20.050. 80-04-038 (Order 196), § 248-96-020, filed 3/20/80; Order 101, § 248-96-020, filed 6/10/74.]

WAC 248-96-040 Applicability. (1) These regulations shall not apply to new construction for which a permit was issued prior to the effective date of the regulations or to existing systems where extensions or alterations are undertaken as a result of failure of the system or portions thereof, or pursuant to an order of the health officer.

(2) Lots, parcels or tracts that have received written approval by the health officer prior to the effective date of these regulations shall be subject to only the design section of these regulations (WAC 248-96-110) and any additional standards prescribed by the health officer. Provisions of this subsection shall also include extensions of existing systems to handle increase in flows from dwelling unit expansion.

(3) Subdivisions recorded prior to the effective date of these regulations and that have not received written approval by the health officer, shall be subject to the requirements of the county regulations in effect at the time of recording and other standards deemed necessary by the health officer.

(4) These regulations shall not apply to facilities constructed or operated in accordance with a permit or approval issued by the Washington state department of ecology and where they may be in conflict with chapters 90.48 or 70.95B RCW, said RCW shall govern. [Statutory Authority: RCW 43.20.050. 80-04-038 (Order 196), § 248-96-040, filed 3/20/80; Order 101, § 248-96-040, filed 6/10/74.]

WAC 248-96-045 Other types of disposal units. Units other than septic tanks or devices that can function as septic tanks with subsurface disposal systems, including but not limited to chemical toilets, vault privies, incinerator toilets, mechanical and aerobic treatment devices, evapotranspiration systems, may be used but only with the prior approval of the health officer in accordance with the procedure established in WAC 248-96-046. [Order 101, § 248-96-045, filed 6/10/74.]

WAC 248-96-046 Alternate devices and methods. Any alternate device or method shall first be submitted to the secretary for technical evaluation and report in accordance with guidelines established by a technical review committee and the secretary. The secretary is hereby authorized to appoint a technical review committee for purposes of establishing said guidelines. Such guidelines shall include national standards including but not limited to guidelines of the National Sanitation Foundation. The committee shall be composed of representatives from local health departments, manufacturers, consumer organizations, engineering firms, the department of ecology, a public sewer utility, and other interested organizations. Approval authority for the application, installation or use of any alternate device or method is vested with the local health officer provided the device or method has first been given a technical evaluation and report by the secretary in accordance with the provisions of this chapter. This section shall not become effective until one year after the effective date of these regulations. [Order 101, § 248-96-046, filed 6/10/74.]

WAC 248-96-050 No discharge to waters or ground surface. (1) Effluent from any on-site sewage disposal system shall not be discharged to surface water or upon the surface of the ground.

(2) Subsurface on-site sewage disposal systems shall not be permitted in areas where a minimum separation of three feet between the bottom of the disposal field and the maximum seasonal ground water elevation or impermeable layer cannot be maintained. The health officer shall require such greater vertical separation as needed to protect health when the aquifer is used for a potable water supply. The health officer may reduce the vertical separation provided the local health department has in effect an adequate designer program as described in WAC 248-96-130. However, in no case shall the separation be less than one foot.

(3) Subsurface on-site sewage disposal systems shall not be permitted in areas of fractured rock or excessively permeable material where it is likely that action of the soil profile will be ineffective in retaining and removing substances having an adverse effect on ground waters. [Order 101, § 248-96-050, filed 6/10/74.]

WAC 248-96-060 Connection to public sewer system. (1) Connection of any dwelling unit or other premise where sewage originates shall be made to a public sewer system where there is an adequate public sewer within 200 feet of the dwelling or other facility to be

served, and such connection is permitted by the sewer utility. Such connection shall be made and use of the on–site sewage disposal system discontinued when repair or replacement of the on–site sewage disposal system is required or as directed by local ordinance, whichever is sooner, but in any case shall be accomplished within two years after public sewer service becomes available. This requirement may be waived if the health officer determines that such connection is not feasible.

(2) If the distance between the facility to be served and an adequate public sewer is greater than 200 feet, and where the anticipated sewage flow is greater than 1,000 gallons per day, connection shall be made thereto if the health officer determines that a connection is feasible and such connection is permitted by the sewer utility.

(3) Where connection to public sewer is required, the same shall be made in accordance with rules, regulations and resolution of the public sewer utility providing sanitary service: *Provided, however,* That if the public sewer utility's requirements are less restrictive, subsections (1) and (2) of this section shall apply. [Order 101, § 248–96–060, filed 6/10/74.]

WAC 248–96–070 On–site system management. (1) When subdivisions or multiple housing units are designed to have gross densities that exceed 3.5 housing units or 12 people/acre or waste flows of 1,200 gallons/acre/day, on–site sewage disposal systems shall not be permitted unless the perpetual maintenance and management of the sewage disposal systems are under the responsibility of an approved management system as identified in subsections (2) and (3) of this section.

(2) Proposed on–site sewage disposal systems to be located within the boundary of an operating public sewer utility shall be approved by the sewer utility prior to the issuance of a permit. If the proposed system serves a density greater than that identified in subsection (1) of this section, the maintenance of the sewage disposal system shall be the responsibility of the sewer utility or dry sewers shall be provided as approved by the department of ecology and applicable public sewer utility having jurisdiction in accordance with an approved sewage drainage basin plan.

(3) Sewage disposal systems serving housing densities and/or flows exceeding that identified in subsection (1) of this section and not located within the boundary of an operating public sewer utility, shall have an approved perpetual maintenance and management system as established under the guidelines developed by the secretary, the department of ecology, and the local government responsible for public utilities. The guidelines shall take into account the comprehensive land–use plan for the jurisdictional area and size of development.

(4) Within six months after the effective date of these regulations, the secretary shall develop guidelines describing an approved on–site waste management system. [Order 101, § 248–96–070, filed 6/10/74.]

WAC 248–96–075 Larger systems. Prior to construction, plans and specifications for larger on–site systems shall be submitted to and approved by the secretary. By a mutual contract with the secretary, local health departments may assume plan review and approval authority for larger on–site systems. Submittals, design and management requirements shall adhere to the following procedures, requirements, and review documents.

(1) **Preliminary engineering report:** Prior to or concurrent with the preparation of detailed plans and specifications for new construction or improvements to a larger on–site sewage disposal system, the person proposing the larger on–site system shall submit to the secretary for approval a preliminary report addressing the nature and scope of the proposed construction, including an analysis of the drainfield area to satisfactorily assimilate and treat the proposed sewage quantities for the anticipated life of the system. In addition to those factors identified in WAC 248–96–090, Method (2), the preliminary report shall contain, but need not be limited to, consideration of the following factors:

(a) Representative number of percolation tests and soil logs.

(b) Schedule for phase development.

(c) Water balance analysis of the drainfield area.

(d) Overall effects of the proposed sewage system upon the surrounding area.

(2) **Submission of plans and specifications:**

(a) Every person, before installing or entering into a contract for installing a larger on–site sewage disposal system shall submit to the secretary complete plans and specifications fully describing such larger on–site sewage disposal systems, and upon receipt of written approval by the secretary the plans and specifications shall be adhered to unless deviations are first submitted to and receive written approval of the secretary. Routine field deviations required during construction need not be submitted for approval.

(b) Plans submitted for approval shall include the proposed provisions for inspection of the work during construction.

(c) A detailed operation and maintenance manual, fully describing the treatment and disposal systems and outlining routine maintenance procedures for proper operation of the system, shall be submitted together with the plans and specifications.

(3) **Approvals--Period of validity--Renewal:**

(a) Approvals of plans and specifications by the secretary under this section shall be valid for an initial period of two years commencing with the date of the letter of approval.

Lapsed approvals may be renewed for successive one–year periods thereafter at the discretion of the secretary upon the written request by the applicant.

(b) As a condition of renewal, the secretary may require the plans and specifications to be revised to conform with the design standards and the requirements of the rules and regulations of this chapter current at the time of request for renewal.

(4) **Requirements for engineers and certification:** All preliminary engineering reports and plans and specifications for new larger on–site sewage disposal systems, extensions or alterations, shall be prepared by a professional engineer licensed in the state of Washington in accordance with chapter 18.43 RCW and shall bear the engineer's seal. Within sixty days following the completion of and prior to the use of any project or portion thereof for which plans and specifications have received the approval of the secretary, a certification shall be made to the department and signed by a professional engineer that the engineer or his authorized agent has inspected the physical facilities of the project, which as to layout, size and type of pipe, valves and materials and other designed physical facilities has been constructed in accordance with the plans and specifications approved by the secretary.

(5) **Design:** Design of the system shall comply with Design Guidelines for Larger On–site Sewage Systems, December 1979, D.S.H.S./D.O.E.

(6) **Soil:** Soil interpretations shall be based upon the Interim Soil Evaluation Guidelines, November 1978, D.S.H.S.

(7) **Management:** Management of larger on–site systems shall comply with Guidelines for the Formation and Operation of On–site Waste Management Systems, November 1976, D.S.H.S. [Statutory Authority: RCW 43.20.050. 80–04–038 (Order 196), § 248–96–075, filed 3/20/80; Order 101, § 248–96–075, filed 6/10/74.]

WAC 248–96–080 Permit. (1) No person shall install a new on–site sewage disposal system, nor perform major alterations, extensions or relocations of an existing system without a valid permit issued by the health officer. Systems approved by the secretary are exempt from permit requirements. Permits for alterations or repairs shall be so identified. Application for such permit shall be made in writing in a manner prescribed by the health officer.

(2) When applying for a permit to install an on–site sewage disposal system, a construction plan of the proposed system is required. The construction plan shall contain information as required by the health officer in sufficient detail and to a scale which will permit a proper evaluation of the application. Such information should contain the following as a minimum:

(a) Name of applicant and legal description of site.

(b) Soil logs describing nature and depth of soils.

(c) Percolation test data where required.

(d) Anticipated maximum seasonal ground water table.

(e) General topography of the site and site drainage characteristics.

(f) Distances of proposed system to water supplies, surface water, banks or cuts, boundaries of property and structures or other improvements.

(g) Distance to public sewer system. [Statutory Authority: RCW 43.20.050. 80–04–038 (Order 196), § 248–96–080, filed 3/20/80; Order 101, § 248–96–080, filed 6/10/74.]

WAC 248–96–090 Minimum lot sizes for subdivisions. One of the following methods shall be used for determining lot sizes when on–site sewage disposal is used.

METHOD (1)

TABLE I MINIMUM LOT SIZE
SOIL TYPE

WATER SUPPLY	1	2	3	4	5	6
Public	1* acre	12,500 sq.ft.	15,000 sq.ft.	18,000 sq.ft.	20,000 sq.ft.	——
Individual—Each Lot	2* acres	1 acre	1 acre	1 acre	2 acres	——

Soil Type	Drainage	Percolation Rate**	General Soil Classification
1	Excessive	Less than 1 minute/inch	Gravel, coarse sand, cobbles
2	Good	1 – 4 minutes/inch	Sandy soil, some loam, some gravel
3	Fair	5 – 9 minutes/inch	Finer sand and/or silt, few gravels
4	Poor	10 – 19 minutes/inch	Mostly silt or clay, some sand and shot clay
5	Marginal	20 – 29 minutes/inch	Silt or clay
6	Unnacceptable	Over 30 minutes/inch	Gumbo, rock, hardpan, clay pan

* Lot sizes for soil type 1 can be reduced by the health officer if engineering justification can be provided that shows significant adverse effects on ground water quality will not occur; however, in no case shall the reduced size be less than that for soil type 2.

** The requirements for percolation tests may be waived by the health officer if existing soils information, such as soil logs, soil maps and Soil Conservation Service data, is sufficient to accurately classify soils.

METHOD (2) On–site sewage disposal systems shall be installed on lots, parcels, or tracts that have a sufficient amount of area with proper soils in which sewage can be retained and treated properly on–site. If engineering justification can be provided that a lot or lots have a sufficient amount of area with proper soils to adequately retain and treat sewage on–site, taking into consideration those factors outlined in subsection (2), then minimum lot size will be established by the health officer on the basis of the information submitted. Factors that must be considered when determining minimum lot size include but are not limited to the following:

(a) Soil type and depth.

(b) Area drainage, lot drainage.

(c) Protection of surface and groundwaters.

(d) Setbacks from property lines, water supplies, etc.

(e) Source of domestic water.

(g) Climatic conditions.
(h) Availability of public sewers.
(i) Activity or land use, present and anticipated.
(j) Growth patterns.
(k) Individual and accumulated gross effects on water quality.
(l) Reserve areas for additional subsurface disposal.
(m) Anticipated sewage volume.

METHOD (3) If the lot or lots are within the jurisdiction of an approved sewer utility which will provide maintenance and operation responsibility and replacement of systems as necessary, then minimum lot sizes shall be established jointly between the sewer utility, the local health, planning, established county public works departments, and other applicable local agencies. [Order 101, § 248-96-090, filed 6/10/74.]

WAC 248-96-095 Determination of soil characteristics. (1) Preliminary tests for subdivisions involving more than one disposal system shall be made in the amount of at least one representative soil log and percolation test per acre or tract or more as required by the health officer.

(2) At least two percolation tests and one soil log shall be performed at the site of each disposal area. This requirement may be waived by the health officer if adequate soils information is available. Additional tests may be required where the soil structure varies or if large disposal areas are required.

(3) All percolation tests and soil logs shall be performed by or under the direct supervision of a registered sanitarian, professional engineer or approved designer, except as specified in WAC 248-96-130.

(4) If a sufficient amount of information is not available on water table conditions, the health officer can require that percolation tests and soil logs be conducted during the months of suspected high water table conditions.

(5) All soil tests shall be conducted using a uniform procedure developed by the secretary and the local health officers. Such procedures shall be developed within six months after the effective date of these regulations. [Order 101, § 248-96-095, filed 6/10/74.]

WAC 248-96-096 Larger tract requirements. The requirements found in WAC 248-96-050(2) and WAC 248-96-090 may be reduced by the health officer for lots, parcels or tracts of 1/128th a section or more. [Order 101, § 248-96-096, filed 6/10/74.]

WAC 248-96-100 Location. (1) The minimum distance for location of the various component parts of the on-site sewage disposal system is measured horizontally and shall comply with Table II.

TABLE II MINIMUM DISTANCE IN FEET

Component	Well or Suction Line (a)	Water Supply Line Under Pressure	Surface Water (a)(b)(c)	Building	Property Line	Open Ditches or Cuts Down Hill Side
Building sewer	50	10	10	—	—	—
Septic tank	50	10	50	5	5	—
Tile field or dry well	100	10	100	10	10	15 + Height of cut or bank

(a) In soil types that are classified as having excessive drainage characteristics in accordance with WAC 248-96-090, the distance from any water supply or surface water may be increased by the health officer.

(b) Setbacks from surface waters shall be measured from mean high water.

(c) A reduced separation can be allowed between the tile field or dry well and the well or surface water by the health officer if it can be demonstrated that the reduction will not have an adverse effect. However, in no case shall the separation be less than 75 feet.

(2) The area to be used for sewage disposal shall be selected and maintained so that it is free from encroachment by buildings and other structures. The area shall not be subject to vehicular traffic and shall not be covered with an impervious surface.

(3) The on-site sewage disposal system shall not be located in an area where surface water will accumulate. Provisions shall be made to minimize flow or accumulation of surface water over the area.

(4) No part of an on-site sewage disposal system shall be constructed in a state flood control zone, before a flood control zone permit is obtained from the department of ecology. Such permits are issued under the provisions of chapter 86.16 RCW and chapter 508-60 WAC. [Order 101, § 248-96-100, filed 6/10/74.]

WAC 248-96-110 Design. (1) The detailed design and construction of all systems shall conform to the "Manual of Septic Tank Practice," U.S. Public Health Service Publication No. 526, 1967, or any succeeding edition, except where modified by, or in conflict with these regulations.

(2) The system shall be designed to receive all sanitary sewage and domestic waste from the building served unless otherwise approved by the health officer. Footing or roof drains shall not enter the sewage disposal system.

(3) The size of the effluent absorption area shall be determined by the results of percolation tests performed in accordance with WAC 248-96-095 together with an evaluation of soil data, drainage conditions, and such other related data as may be required by the health officer.

(4) All septic tanks shall be designed in accordance with subsection (1) of this section.

(a) All tanks must have a minimum of two compartments.

(b) "Materials" – septic tanks and dosing tanks shall be constructed of corrosion resistant material, and shall be watertight. They may be constructed of poured in–place concrete, precast reinforced concrete, concrete blocks with mortar joints, or other materials approved by the health officer and the secretary.

(c) Suitable baffles and/or tees shall be provided to prevent floating solids from leaving the tank.

(d) Access and cleanouts shall be provided for easy inspection and removal of the tank contents.

(5) Effluent shall be disposed of by means of subsurface disposal fields except when special approval for other disposal systems is granted by the health officer and the secretary.

(a) The installation and use of cesspools for disposal of sewage is not permitted.

(b) Seepage pits shall not be used for the disposal of septic tank effluent except under special conditions approved by the health officer. The depth of approved seepage pits shall not exceed 10 feet from finished grade unless approved by the department of ecology.

(c) Sewage holding tanks shall not be used as a permanent method of sewage disposal for residential dwelling units.

The health officer may allow holding tanks on an interim use basis to handle emergency situations or to correct existing problem systems.

The health officer may allow holding tanks for controlled part–time use situations such as recreational vehicle parks and trailer dump stations: *Provided*, That an approved on–site system management program as provided by WAC 248–90–070 is in effect.

(6) The subsurface disposal system generally shall not be installed in fill. Fill can be used as cover over a subsurface disposal area up to a maximum depth of eighteen (18) inches provided that no portion of the absorption trenches are installed in this material.

The health officer may allow installation of a subsurface disposal system in fill that has been in place a period of time and has stabilized to the point where site conditions and soil tests show the site to be satisfactory to allow full compliance with provisions of these regulations.

(7) Construction on slopes in excess of 15% but not greater than 30% may be allowed: *Provided*, That subsoil profiles indicate no restrictive layers of soil and appropriate engineering design is provided.

(8) The absorption trench shall be installed no closer than ten (10) feet to an interceptor drain line provided the interceptor drain is on a slope higher than the absorption trench. If the interceptor drain is below the absorption trench, the drain shall be installed no closer than 30 feet. [Order 101, § 248–96–110, filed 6/10/74.]

WAC 248–96–130 Designer program. If a designer program is established, all plans, specifications, and percolation tests submitted to the health officer must be designed and certified by either a registered sanitarian, professional engineer or a designer licensed by the health officer. The health officer may waive any or all portions of the requirements of this section for single family dwellings only. [Order 101, § 248–96–130, filed 6/10/74.]

WAC 248–96–140 Inspection. The health officer may make inspections during construction to determine compliance with these regulations. No part of any installation shall be covered until approval has been obtained from the health officer. The health officer may waive this requirement provided the installation has been made by a person licensed under WAC 248–96–175 and a designer program has been established according to WAC 248–96–130. Once an on–site system has been installed and is approved, a complete set of certified "as–built" drawings shall be provided to the health officer for a permanent record of the installation. [Order 101, § 248–96–140, filed 6/10/74.]

WAC 248–96–160 Waiver of regulations. Whenever a strict interpretation of these regulations would result in extreme hardship, the health officer may, upon concurrence of the secretary, waive such regulation or portion thereof: *Provided*, That the waiver is consistent with the intent of these regulations and that no public health hazard will result. [Order 101, § 248–96–160, filed 6/10/74.]

WAC 248–96–170 Disposal of septic tank waste. (1) The contents of a septic tank or other treatment device shall be disposed of only in areas and in a manner approved by the health officer.

(2) Local boards of health shall establish requirements for persons engaged in the removal of septic tank contents, which shall include standards for equipment and operating procedures and may provide for the issuance and revocation of permits. [Order 101, § 248–96–170, filed 6/10/74.]

WAC 248–96–175 Sewage contractor's license. Local boards of health shall establish requirements for persons, firms, or corporations engaged in the business of installing or repairing on–site sewage disposal systems. The requirements shall include a license or permit issued for a period not to exceed one year, an examination of the competence of the licensee to perform this work which may include a written test, and such other evaluation as the health officer may deem appropriate. The requirements shall include a means of revoking a license for non–compliance of established rules and regulations. [Order 101, § 248–96–175, filed 6/10/74.]

WAC 248–96–180 Evaluation and revision. These regulations shall be reviewed and evaluated annually. Revision shall be made as needed to insure proper administration and to allow for newer methods of on–site sewage disposal. The secretary is directed to appoint a special review committee for purposes of reviewing and recommending changes to these regulations. Members of

the committee shall be selected from the land development and real estate industry, local health departments, planning, sanitarian and engineering organizations, consumer and environmental groups, state regulatory agencies, and a representative of a public sewer utility. [Order 101, § 248-96-180, filed 6/10/74.]

Chapter 248-98 WAC
SWIMMING AND WADING POOLS——BATHING BEACHES

WAC

248-98-001 Definitions.
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248-98-999 Legal authority of the state board of health.

WAC 248-98-001 Definitions. (1) The term "public swimming pool" as used in these regulations shall mean an artificial pool of water having a depth of 24 inches or more used for swimming or recreative bathing together with buildings and appurtenances in connection therewith, and shall be construed as including all pools of water used for swimming or recreative bathing, in which it is necessary to employ such measures as the addition of clean water or disinfectant or both, for the purpose of maintaining the water quality standards included in these regulations, and shall include any swimming pool owned or operated by the state of Washington or any of its political subdivisions or is a pool generally available to the general public upon the payment of a specific admission charge for the use of the same; and shall include pools maintained by hotels, motels, or private clubs as an additional facility for members or guests where the same is 1500 square feet or more in surface area; or any pools not otherwise defined in this section.

(2) The term "semipublic pool" shall mean a pool provided by a hotel, motel, or private club as an additional facility for members or guests where the same is less than 1500 square feet in surface area and having a water depth of 24 inches or more.

(3) The term "bathing beach" shall mean a bathing place, together with buildings and appurtenances used in connection therewith, on a natural pond, lake, stream, or other body of fresh or salt water, which is open to the public for bathing by express permission of the owner, or which is operated for a fee, or which is openly advertised as a place for bathing by the public.

(4) The term "wading pool" shall mean any artificial pool of water intended for wading purposes.

(5) The term "spray pool" shall mean a pool or artificially constructed depression for use by children, into which water is sprayed but is not allowed to pond in the bottom of the pool.

(6) The term "private pool" shall mean a swimming pool, bathing beach, wading pool, or spray pool maintained by an individual for use of his family and friends and shall not be subject to the provisions of these rules and regulations.

(7) The term "health officer" shall mean the state director of health or the city, county, city-county, or district health officer, as defined in RCW 43.20.010 and chapters 70.04, 70.08, and 70.46 RCW, or their authorized representatives. [Regulation .98.001, effective 3/11/60.]

WAC 248-98-010 Approval of plans. No municipality, person, persons, firm, corporation, association, organization, or institution shall construct a public or semipublic swimming pool, or make changes in any such pools already built, or in the appurtenances thereof, until the plans and specifications therefor shall first have been submitted to and received the approval of the state director of health. The state director of health may stipulate when granting this approval such modifications or conditions as the public health or safety may require. Such plans and specifications shall be prepared by a professional engineer or architect registered in the state of Washington. [Regulation .98.010, effective 3/11/60.]

WAC 248-98-020 Compliance. Existing public and semipublic swimming pools and wading pools which do not fully comply with the design, construction, and equipment requirements as outlined in WAC 248-98-050 and 248-98-080 of these regulations may be continued in use, provided the pool is operated in continuous compliance with the requirements regarding water quality, disinfection, and sanitary control, as outlined in WAC 248-98-030, 248-98-040, and 248-98-060 of these regulations. [Regulation .98.020, effective 3/11/60.]

WAC 248-98-030 Water. (1) **Water quality.** The water in all pools subject to these rules and regulations shall at all times meet the following standards of quality:

(a) Bacteria count – Not more than 15% of any series of samples, (see WAC 248-98-030(2) following) nor more than 2 consecutive samples in any series of samples collected at times when the swimming pool is in use, shall show the presence of bacteria of the coliform group in any of the five 10-milliliter portions examined.

Not more than 15% of any series of samples nor more than 2 consecutive samples in any series of samples (See WAC 248-98-030(2)), collected at times when the swimming pool is in use, shall contain more than 200 bacteria per milliliter when incubated for 24 hours on standard nutrient agar at 35°C. ± 0.5°C.

(b) Turbidity – At all times when the pool is in use the water shall be sufficiently clear to permit a black disc six inches in diameter on a white field, when placed on the bottom of the pool at the deepest point, to be clearly visible from the walkways of the pool at all distances up to ten yards, measured from a line drawn

across the pool through said disc. When conditions are such that the test disc cannot be seen as specified, bathers shall not be permitted in the pool until the test can be complied with. A test disc shall be kept readily available at all times.

(c) Chemical – The water in a swimming pool shall be maintained at all times in such alkaline condition that the pH value of the water in the pool shall be between 7.2 and 8.9.

(2) **Analytical methods.** Sample shall be examined in accordance with the latest edition of standard methods of water analysis of the American Public Health Association by a laboratory approved for the purpose by the state director of health. Samples of water submitted to such laboratory shall be accompanied by all pertinent data requested on water sample information form accompanying official water sample bottles relative to the operation of the pool, indicating the conditions prevailing at the time of collection of samples.

(3) **Collection of samples.** The health officer shall prescribe what series of samples of swimming pool water shall be collected and shall determine the frequency of samples necessary to assure that the water quality will meet the standards as set forth in paragraph (1) of this section. Such samples shall be collected while the swimming pool is in use, at a point near the outlet of the swimming pool, and at such additional sampling points as may be selected to indicate the quality of the water being maintained throughout the swimming pool. Samples of chlorinated water shall be dechlorinated when collected.

(4) No chemicals or materials shall be added to any pool unless the use thereof has been approved by the state director of health. [Regulation .98.030, effective 3/11/60.]

WAC 248-98-040 Disinfection. A disinfection process or procedure shall be used at all pools subject to these rules and regulations for the purpose of insuring continuous disinfection of the water throughout the pool during the period the pool is in use.

When chlorine or chlorine compounds are used as the disinfectant, the water in the pool at all times while in use shall contain a chlorine residual of not less than 0.4 parts per million as measured by the orthotolidine method, or shall contain a free chlorine residual of a value to be determined by the health officer.

Disinfection by other than chlorine or chlorine compounds may be used, if approved by the state director of health, and if such disinfection process or procedure will permit maintenance of a water quality in compliance with the requirements as outlined in WAC 248-98-030 of these regulations. [Regulation .98.040, effective 3/11/60.]

WAC 248-98-050 Design, construction, and equipment. The following design, construction, and equipment criteria will apply to all pools subject to these rules and regulations except as specifically noted. The design engineer or architect shall submit his computations for such portions of the design as the state director of health may require.

(1) **Location.** Outdoor pools shall be located where they will not be exposed to excessive pollution by dust, smoke, soot, surface drainage from surrounding areas, or other undesirable substances.

(2) **Material.** Pools shall be constructed of concrete or other approved material with an impervious finish adapted to the requirements of the various parts of the pool, and suitably constructed to withstand normal weather cycles.

(3) The rate of slope of the bottom of a public swimming pool shall not exceed 1 foot in 15 feet from the point of least depth to the tangent point of the vertical transition curve leading to the deepest part of the pool; and the radius of curvature from the transition tangent point through the first 15° of curvature shall not exceed 2 feet. All portions of the pool bottom shall have definite slope toward the outlets.

(4) **Radius of curvature of coving.** Where coved construction is used between the side walls and bottom of public and semipublic swimming pools, the radius of curvature shall not exceed the following values:

(a) At 3–foot depth, a 6–inch radius cove at the base of a 2–foot, 6–inch vertical section.

(b) At 3–foot, 6–inch depth, a 1–foot radius cove at the base of a 2–foot, 6–inch vertical section.

(c) At 5–foot depth, a 1–foot, 6–inch radius cove at the base of a 3–foot, 6–inch vertical section.

From this point the spring line or point of departure from vertical may rise through an 8–foot transitional zone, measured horizontally, to a typical deep end wall design consisting of a 2–foot, 6–inch vertical section with a curved section from that point meeting the floor of the pool.

(5) **Walk areas.** Walkways shall be provided around the entire perimeter of the pool. They shall slope away from the pool, be provided with adequate drains, and be constructed of an impervious material with nonslip finish. For public swimming pools, total walkway area provided shall be not less than 16 square feet per bather, based on the bather load as computed below in paragraph (11)(m) of this section, and may be distributed around the pool in any manner, provided that the minimum walkway width at any point shall be 4 feet. For semipublic swimming pools walkways shall be not less than 4 feet in width and shall circumscribe the pool.

(6) **Fencing.** At outdoor public and semipublic pools, the entire area shall be fenced so that persons in street apparel and animals cannot enter the area used by bathers. Spray pools and wading pools shall be fenced so as to prevent the entrance of animals and minimize the entrance of persons not actively utilizing the pool facilities. For semipublic pools, fencing may consist of any suitable barrier so designed and constructed as to prevent the free and easy passage of persons from one area to another.

(7) **Sand and grass areas.** Sand and grass areas shall not be allowed inside of the pool enclosure unless properly fenced off to prevent direct access on the part of bathers and unless satisfactory facilities are provided for

the proper cleansing of bathers before they again enter the bathing area. Fencing may consist of any barrier so designed and constructed as to prevent the free and easy passage of persons from one area to another. The provisions of this paragraph shall not apply to semipublic pools, spray pools, and wading pools.

(8) **Inlets.** Inlets for fresh or repurified water shall be located to produce, so far as possible, uniform circulation of water and the maintenance of a uniform chlorine or other disinfectant residual throughout the entire pool without existence of dead spots. Inlets for the circulation system shall be submerged to reduce escape of chlorine or other disinfectants.

(9) **Outlets.** Outlets shall be provided at the low points of the pool. They shall be not more than 20 feet apart nor more than 10 feet from the vertical portion of the sidewalls. Total area of the openings in the outlet gratings shall be such as to preclude the possibility of developing a suction dangerous to bathers' safety. The pool outlet piping shall be valved and shall discharge to the recirculation pump suction and have a capacity equal to 100% of the recirculation pump capacity.

(10) **Overflow channel and skimming facilities.**

(a) Public swimming pools, except as provided for under subparagraph (b) of this paragraph, shall be provided with an overflow channel around the entire perimeter of the pool. The design shall be such that matters entering them will not be washed back into the pool, and so dimensioned as to minimize the danger of bathers catching arms or feet in them. Channels shall be adequately sloped to provide rapid drainage to drains spaced not more than 15 feet apart, and drainage from channels shall be returned to the filters. The overflow channel drainage and collection system shall have a hydraulic capacity sufficient to carry 100% of the recirculation pump capacity plus one–fifth of the balancing tank capacity expressed in gallons per minute.

(b) Semipublic swimming pools and public swimming pools of 2500 square feet of area, or less, provided for hotels, motels, private clubs, apartment houses or trailer courts may, in lieu of overflow channels, be provided with suitable devices which will accomplish the purpose of an overflow channel. The minimum number of such devices shall be equal to at least one device for each 500 square feet of surface area, or fraction thereof, plus one additional device where considered necessary, and they shall be so spaced that the surface of the pool will be skimmed uniformly. Each device shall be provided with a valve, and piping will be so designed hydraulically that the devices will collectively carry 100% of the recirculation pump capacity. Such devices must be recessed in the wall of the pool in such a manner that no part protrudes beyond the plane of the wall into the pool. They shall be automatically adjustable to variations in water level over a range of at least 3 inches; shall be provided with a device to prevent air lock in the recirculation suction line; and shall be equipped with an easily removable and cleanable screen designed to trap large solids.

(11) **Recirculation.**

(a) Public swimming pools shall be provided with complete recirculation equipment and facilities, including pumping equipment, hair and lint catcher, filters, and balancing tanks, together with all necessary valves, pipe connections to the inlets and outlets of the pool, and provisions for cleaning the filters. The entire system and its component parts shall be so designed that the entire volume of the pool can be recirculated in 6 hours. Not less than 60% of the recirculated water shall be returned through the overflow channels.

(b) Semipublic pools shall be provided with complete recirculation equipment and facilities, including pumping equipment; hair and lint catcher; filters, and balancing tanks, when required; together with all necessary valves, pipe connections to the inlets and outlets of the pool, and provisions for cleaning the filters. The entire system and its component parts shall be so designed that the entire volume of the pool can be recirculated in 12 hours. Not less than 60% of the recirculated water shall be returned through the overflow devices or channels.

(c) *Filtration equipment.* The maximum permissible filter rates shall be not greater than 3 g.p.m. per square foot of filter area for pressure filters using sand or equal media; 2 g.p.m. per square foot of filter area for diatomaceous earth filters; and 3 g.p.m. per square foot of filter area for gravity filters using sand or equal media.

(d) *Disinfection equipment.* Equipment shall be provided for the adequate disinfection of all pool water. When chlorinators are used for public pools, the capacity shall be sufficient to feed at the rate of at least 3 lb. of chlorine per 24 hours per 10,000 gallons of pool capacity; and for semipublic pools the capacity shall be sufficient to feed at the rate of at least 1 lb. of chlorine per 24 hours per 10,000 gallons of pool capacity. When gas chlorination is used, the chlorination equipment and all gas containers shall be housed in a separate room or rooms with the access doors opening to the outside of the building. All gas chlorination equipment, including gas containers, shall be housed above ground level and be adequately ventilated.

(e) *Coagulant and alkalinity equipment.* Suitable equipment for the feeding of a coagulant and alkalinity–producing chemical at such points that their use will be most effective shall be provided.

(f) All swimming pools shall be equipped with facilities for adding make–up water.

(g) *Cross–connections.* No piping arrangement shall exist which under any condition will permit sewage or waste water to enter the recirculation system or the pool, or water from the recirculation system or the pool to enter the make–up water supply.

(h) *Access to equipment.* Filters and other equipment shall be easily accessible.

(i) *Testing equipment.* Suitable testing equipment in good repair, for determination of hydrogen ion concentration (pH), alkalinity, and disinfectant residual shall be provided, together with the necessary reagents.

(j) *Rate of flow indicators.*

(i) Public Pools: Two rate of flow indicators shall be installed so as to measure gallons per minute flow. One indicator shall be located at the recirculation pump, and

the other shall be located at the main pool outlet pipeline.

(ii) Semi-Public Pools: A single flow indicator shall be installed to measure in gallons per minute the total recirculation flow.

(k) *Loss of head gauges.* Suitable loss of head gauges shall be provided for measurement of lost head through filters.

(l) Provision shall be made for means of discharging filter backwash to waste; and where diatomaceous filters are used, provision shall be made for recirculating first-filtered water to filter or discharging to waste.

(m) *Bather load capacity.* The maximum number of bathers permitted within the pool enclosures of public pools at any one time shall not exceed a number determined by the following formula:

$$\text{Maximum Bathing Load} = \frac{A - S}{27} \div \frac{S}{10}$$

Where

A = Total area of water surface in square feet

S = Area of pool less than 5-feet 6-inches deep in square feet

Also, this formula will be used in determining certain features of pools as noted elsewhere in these rules and regulations.

(n) *Balancing tank capacity.* Where balancing tanks are required, the capacity shall be equal to 6 times the maximum bathing load expressed in gallons. If the balancing tank is designed to serve as a make-up water tank or to prevent air lock in the pump suction line, or both, the capacity shall be increased sufficiently to accommodate these uses.

(12) Exceptions to recirculation requirements can be made for flowing-through pools in cases where the supply of water is sufficient to provide the same turnover period that is specified for recirculation pools; and provided that the water supply meets the quality requirements as outlined in WAC 248-98-030 and is subjected to a method of disinfection as outlined in WAC 248-98-040; and provided that the introduction of fresh treated water into pool is accomplished by the same type of inlet design required for recirculation pools.

(13) **Steps, ladders, and step holes.** Steps, ladders and step holes for entering and leaving the pool shall be of such construction as to minimize danger of accidents. Treads shall be of nonslip material. Where step holes are provided, they shall be of such design that they may be readily cleaned and be provided with drains into the pool to prevent accumulation of dirt. In public swimming pools, stairs shall be recessed into the wall of the pool and walkway of the pool, and a guard rail shall be provided in the walkway around the stairwell. In semipublic swimming pools, stairs may be constructed so as to extend into the pool, provided that the stair tread edge is constructed of a material so colored as to contrast with the color of the stairs and be clearly visible and evident to bathers.

(14) **Dressing rooms.** Dressing rooms shall be arranged so as to be easily accessible to toilet and shower facilities, and such that there will be minimum occasion for the patrons with bare feet and those in street shoes to walk in the same area, and shall be well lighted and ventilated. Floors of dressing rooms shall be constructed of impervious material with a nonslip finish and sloped to properly located drains.

(15) **Shower facilities.** Adequate shower bath facilities, with hot and cold or tempered running water, shall be provided for each sex. The minimum number of showers shall be one for each forty bathers at time of maximum use.

(16) **Toilet facilities.**

(a) Flush toilets shall be provided at a place all bathers must pass before entering the pool. One toilet for each forty women and one toilet and one urinal for each sixty men shall be provided. Urinals shall be so constructed that urine does not splash onto the floor or bathers' legs.

(b) The sewage or excreta from toilet facilities provided in the vicinity of any swimming pool shall be disposed of in a manner approved by the health officer.

(c) Where toilet facilities are provided for spectators, such facilities must be separate from those provided for bathers, and the approaches to spectators' toilet facilities shall not include areas where bathers pass in bare feet.

(17) **Lighting.**

(a) *Pool and pool enclosure.* All indoor public and semipublic pools, and all outdoor public and semipublic pools at which night bathing is permitted, shall be provided with lighting fixtures of such number and design as to light all parts of the pool enclosure and the water in the pool. The lighting intensity measured at a point 30 inches above any part of the pool walkway shall be not less than 15 foot-candles. Arrangement and design of lighting fixtures shall be such that lifeguards may see clearly every part of the pool waters, walkways, springboards, and other appurtenances without being blinded by light. When underwater pool lighting is provided, such lights shall be so installed as to create no hazard to bathers.

(b) *Shower and dressing rooms.* Shower rooms and dressing rooms of all public and semipublic pools shall be provided with lighting fixtures of such number and design, and be so located, as to provide a lighting intensity of not less than 15 foot-candles measured at a point 30 inches above any part of the shower room or dressing room floor. Location of lighting fixtures and control switches shall be such as to create no hazard to persons using these facilities.

(18) **Drinking water supply.** A safe, sanitary drinking water supply shall be provided at conveniently located drinking fountains located within the pool enclosure. The drinking fountains shall be of the angle jet type and meet the standards of the American Standards Association.

(19) Semipublic pools are exempted from the provisions of paragraphs (14), (15), (16)(a), and (18) of this section.

(20) **Foot baths.** The provision of foot baths is optional. If provided, they shall be equipped with an adequate drain, or shall be of a portable nature, shall be cleaned daily, and shall contain a chlorine solution of 0.3% to 0.6% chlorine or other solution of equal bactericidal quality approved by the health officer.

(21) **Hose bibs.** Hose bibs shall be provided at convenient locations within the dressing rooms and adjacent to the pool walkways at all public and semipublic pools and wading pools.

(22) **Wash basins.** A minimum of one wash basin shall be provided for each sex and be located adjacent to the toilets.

(23) **Soap.** Liquid or powdered soap in suitable dispensing equipment shall be provided at each shower head and each wash basin, and soap dispensers shall be kept clean and filled at all times that pool is in use.

(24) **Toilet tissue.** Toilet tissue in suitable dispensers shall be provided at each toilet. Dispensers shall be kept filled at all times that pool is in use. [§ 248-98-050(11)(j), filed 10/3/67; Regulation .98.050, effective 3/11/60.]

WAC 248-98-060 Operation, sanitary control and safety measures. (1) All parts of all pools subject to these rules and regulations, including their premises and appurtenances, shall be maintained in a clean and sanitary condition at all times while the pool is open to bathers.

(2) **Operator or attendant.** All public and semipublic pools shall be maintained and operated by one or more persons familiar with the equipment and appurtenances and having a good understanding of the principles of swimming pool operation. The operator or attendant shall require a careful observance of the sanitary regulations.

(3) **Operating records.** At all public swimming pools, semipublic swimming pools, and wading pools, full daily records shall be kept as follows: the actual length of time pumps and filters are in operation; when each filter is backwashed or cleaned; the results of all tests made of the quality of the water and the results of disinfectant residual tests. These records must be available for inspection by the state department of health or the local health officer having jurisdiction.

(4) All persons using public or semipublic pools shall be required to take a cleansing bath in the nude, using warm water and soap, and to rinse off thoroughly all soapsuds before entering the pool. In the case of semipublic pools, the requirement of this paragraph will be posted in a prominent location within each living unit, or on a prominent sign adjacent to the pool.

(5) **Communicable disease.** No person having skin lesions, sore or inflamed eyes, mouth, nose, or ear discharges, or who is known to the health officer to be a carrier of any communicable disease shall use any pool subject to these rules and regulations.

(6) **Pollution of pool prohibited.** Urinating, expectorating, blowing the nose, or depositing any foreign matter in any pool subject to these rules and regulations is prohibited.

(7) Tobacco, food and drink shall be completely banned from the enclosure of any public swimming pool.

(8) **Spectators.** Persons not dressed for bathing shall not be allowed on walks immediately adjacent to public pools.

(9) **Lifesaving and first aid facilities.**

(a) Every public and semipublic swimming pool shall be equipped with one or more light but strong poles with blunt ends and not less than 12 feet in length for making reaching assists or rescues; one or more throwing buoys not more than 15 inches in diameter, having 60 feet of 3/16 inch manila rope attached, placed in easily accessible racks adjacent to the pool; a standard 24-unit first aid kit which shall be kept filled and readily accessible for emergency use; and two or more blankets reserved for emergency use. In addition, there shall be prominently displayed immediately adjacent to the telephone a telephone number list to include the nearest available doctor, ambulance service, hospital, and police or fire department rescue unit.

(10) Common towels, combs, brushes and drinking cups are prohibited.

(11) **Posting regulations.** Placards reciting paragraphs (4) through (10) inclusive shall be posted conspicuously at the pool or enclosure and in the dressing rooms and offices of all pools subject to the provisions of these rules and regulations.

(12) **Care of bathing suits and towels.** All bathing suits, towels and bathing caps furnished patrons at any pool subject to these rules and regulations shall be laundered with soap and hot water, and thoroughly rinsed and dried before re-use.

(13) Care of floor surfaces. Bathhouse floors and appurtenances as well as pool decks and walkways shall be scrubbed at least daily to insure cleanliness at all times. Disinfection with chlorine solution or other germicides shall be accomplished daily. The provisions of this paragraph shall apply to all public and semipublic pools, wading pools and spray pools.

(14) Public pools shall be so operated that the entire volume of the pool shall be recirculated in not more than six hours. Semipublic pools shall be so operated that the entire volume of the pool shall be recirculated in not more than 12 hours: *Provided*, That pools previously approved with turnover rates varying from the above may continue to so operate. [Regulation .98.060, effective 3/11/60.]

WAC 248-98-070 Bathing beaches. No bathing beach shall be maintained or operated when such water is determined by the health officer to be so polluted or subject to pollution as to constitute a menace to health if used for bathing. Where bathhouse and toilet facilities are provided for use of bathers they shall be constructed, maintained and operated in a sanitary manner approved by the health officer. [Regulation .98.070, effective 3/11/60.]

WAC 248-98-080 Wading pools. (1) Wading pools shall be not more than 24 inches in depth.

(2) The water in wading pools at all times while in use shall meet the requirements pertaining to water quality as outlined in WAC 248-98-030 of these rules and regulations.

(3) Wading pool water shall be recirculated and shall be disinfected in accordance with the provisions of WAC 248-98-040 and of WAC 248-98-050(11)(d).

(4) In the operation of wading pools the requirements pertaining to sanitary control of swimming pools as outlined in WAC 248-98-060(1), (5) and (6) of these regulations apply.

(5) Adequate sanitary toilet facilities shall be available in the vicinity of wading pools.

(6) No wading pool shall be maintained or operated when such pool is determined by the health officer to constitute a menace to health if used for wading. [Regulation .98.080, effective 3/11/60.]

WAC 248-98-090 Spray pools. The water supply for a spray pool shall at all times meet the water quality requirements as outlined in WAC 248-98-030 of these rules and regulations. The spray pool shall be equipped at its low point with an unvalved drain of sufficient capacity and design to prohibit accumulation of any water in the pool. [Regulation .98.090, effective 3/11/60.]

WAC 248-98-100 Apartment houses. A swimming pool provided and maintained by an apartment house or trailer court as an additional facility for tenants where the same is less than 1500 square feet in surface area may be designed, constructed, maintained, and operated in accordance with the requirements for semipublic pools. [Regulation .98.100, effective 3/11/60.]

WAC 248-98-110 Waiver. The secretary of the department of social and health services, or his designee, may in his discretion, waive parts of these regulations upon a showing by an applicant that a waiver may be made in an individual case without placing the safety or health of persons using the swimming pool in jeopardy. [Order 715, § 248-98-110, filed 9/14/72.]

WAC 248-98-120 Substitution. The secretary of the department of social and health services, or his designee, may, in his discretion, allow substitutions of equipment, facilities, or procedures required by these regulations upon a showing that such substitution will adequately provide for the protection of the public health and safety of persons using the pool. [Order 715, § 248-98-120, filed 9/14/72.]

WAC 248-98-999 Legal authority of the state board of health. RCW 70.90.020 and 70.90.030 (chapter 57, Laws of 1957). [Regulation .98.999, effective 3/11/60.]

Chapter 248-99 WAC
STANDARDS FOR THE CONTROL, PREVENTION AND TREATMENT OF TUBERCULOSIS—— CERTAIN COUNTIES

WAC

248-99-010 Purpose.
248-99-020 Definitions.
248-99-030 Responsibility of local health officers.
248-99-040 Local health department responsibilities.
248-99-050 Inpatient services.
248-99-060 Infection control.
248-99-070 Clinical services.
248-99-080 Home treatment.
248-99-090 Case monitoring.
248-99-100 Program review.

WAC 248-99-010 Purpose. (1) These regulations are adopted for the purpose of establishing standards necessary to assure the effective and adequate care and treatment of persons suffering from tuberculosis in hospitals, nursing homes, and other organized living groups, or outpatient settings, including patient homes.

(2) Outpatient treatment should be given the highest priority in personnel and services. A high degree of success must be achieved, requiring the dedicated service of physicians and nurses who can identify with every type of patient and a provision of a full range of type of service, including office, clinic, home visit and special clinics.

(3) These regulations are adopted pursuant to section 2, chapter 213, Laws of 1973, 1st ex. sess., and RCW 70.33.020, and the requirements of these regulations shall be in addition to the requirements of WAC 248-100-532, now or as hereafter amended. [Order 848, § 248-99-010, filed 8/23/73.]

WAC 248-99-020 Definitions. (1) "Primary physician" shall mean the physician who assumes the day-to-day medical care of a tuberculosis patient.

(2) "Chest clinic" shall mean an outpatient medical activity provided for persons suffering from or suspected to be suffering from disease primarily affecting the lungs.

(3) "Inpatient" shall mean medical care furnished in a hospital, nursing home or other organized living group in which the patient is a resident.

(4) "Outpatient" shall mean medical care furnished to patients who are residents in their homes or other places of residence.

(5) "Surveillance" shall mean an organized system of medical observation of persons at risk of developing active disease.

(6) "Suspect" shall mean a person who may possibly have a disease condition.

(7) "Epidemiological investigation" shall mean those specific actions taken by physicians or nurses which are taken to determine the extent of spread of infection from an active case of tuberculosis.

(8) "Register" shall mean the listing of all tuberculosis patients as required by WAC 248-100-532(3)(c), now or as hereafter amended.

(9) "UV generator" shall mean a properly mounted fluorescent tube which electrically produces ultraviolet radiation with bacteriocidal properties.

(10) "Slide microscopy" shall mean the diagnostic test in which body fluids such as sputum are examined for the presence of pathogenic bacteria.

(11) "Prophylaxis" shall mean either primary treatment to prevent infection in an uninfected person or secondary treatment to treat disease in an infected person.

(12) "Infectious" shall mean the state of being the possible transmitter of tuberculosis infection to other persons. [Order 848, § 248-99-020, filed 8/23/73.]

WAC 248-99-030 Responsibility of local health officers. County, city-county and district health officers are responsible for the control of tuberculosis within their jurisdictions. Each health officer will act as or will designate another physician to act as a tuberculosis control officer. This individual will coordinate all aspects of the control and treatment program. [Order 848, § 248-99-030, filed 8/23/73.]

WAC 248-99-040 Local health department responsibilities. (1) Each health department shall staff and provide a chest clinic under the supervision of a physician specializing in pulmonary diseases. Sufficient nursing and clerical personnel shall be provided to furnish supervision of post-inpatient treatment, post-treatment surveillance, suspect evaluation, epidemiological investigation, contact workup and prophylaxis. A health department unable to provide these services shall contract for such services.

(2) A register must be kept of all known cases of tuberculosis within the jurisdiction in accordance with WAC 248-100-532(3)(c), now or as hereafter amended. Reports of all newly discovered cases of tuberculosis must be made promptly to the department of social and health services.

(3) One or more physicians qualified to treat tuberculosis as determined by the local health officer with the advice of the state tuberculosis advisory committee shall be secured to assume the primary inpatient and/or outpatient care of patients. A tuberculosis clinical consultant, similarly endorsed, shall be available to provide review in case conferences of diagnoses, plans of management and dates of discharge.

(4) The health department shall also provide by contract appropriate inpatient care. Public health nursing services sufficient to meet the needs of outpatients including home care programs shall be available. Social service is necessary, and if not available within the department, shall be arranged. [Order 848, § 248-99-040, filed 8/23/73.]

WAC 248-99-050 Inpatient services. (1) Hospitals which treat infectious tuberculosis patients shall provide the following: Private or semi-private rooms suitably arranged for respiratory isolation with a properly installed UV generator, nursing service, complete x-ray service, respiratory therapy service, clinical laboratory services including slide microscopy, occupational therapy when reasonably available to the hospital, patient education, and social services.

(2) Nursing homes caring for infectious tuberculosis patients shall provide the following: A private or semi-private room arranged for respiratory isolation, and nursing service. [Order 848, § 248-99-050, filed 8/23/73.]

WAC 248-99-060 Infection control. (1) A hospital which contracts to treat tuberculosis patients shall have an infection control committee, published infection control policies for nursing and laboratory services, a staff health surveillance program including skin testing and periodic x-ray examination, and continuing staff education. Mycobacteriological culture, identification and sensitivity testing are procedures not recommended for hospital laboratories; these services are available in the state public health laboratory.

(2) Nursing homes caring for tuberculosis patients shall continuing staff education, published infection control policies, and a staff health surveillance program. [Order 848, § 248-99-060, filed 8/23/73.]

WAC 248-99-070 Clinical services. (1) The following physician services shall be available for the treatment of tuberculosis patients in all hospitals treating tuberculosis patients and as appropriate in nursing homes: Internal medicine and pediatrics (primary physician), pulmonary disease (consultant), available consultation in other appropriate medical and surgical specialties, chest surgery, pathology, mycobacteriology (state laboratory).

(2) Case conferences shall be held regularly involving the primary physician, consultant and health officer to ensure accurate diagnosis, effective treatment regimen and discharge at the earliest date consistent with good management and safety from transmission. Discharge conferences must include a representative of the facility which will be supervising treatment after discharge. [Order 848, § 248-99-070, filed 8/23/73.]

WAC 248-99-080 Home treatment. When the home situation and clinical state are favorable, cooperative patients may be treated on an outpatient basis. Case conference between primary physician, health officer and consultant is required as in hospital practice. [Order 848, § 248-99-080, filed 8/23/73.]

WAC 248-99-090 Case monitoring. From the time of diagnosis every patient shall be monitored by the local health department for the purpose of assuring that treatment is continuous, appropriately reviewed and completed. The case register shall be kept in sufficient detail to allow recording of accomplishment of periodic diagnostic studies, clinical progress and changes in state of disease. Quarterly status reports on each diseased patient will be furnished to the department of social and health services tuberculosis control program. Business and financial records including contracts and accounts shall be maintained by an administrative clerk. [Order

138, § 248-99-090, filed 2/7/77; Order 848, § 248-99-090, filed 8/23/73.]

WAC 248-99-100 Program review. To ensure effective, economical control programs health departments shall maintain adequate operational records and carry out a comprehensive program review annually. Important program criteria are: proportion of patients brought to completion of treatment, proportion of newly discovered cases which are reactivations, proportion of completed epidemiological investigation of newly discovered cases, prompt evaluation of close contacts of new cases, evaluation of other significant contacts within a prescribed period, and proportion of close contacts placed on prophylaxis. Recommended values for these criteria will be published annually by the department of social and health services. [Order 848, § 248-99-100, filed 8/23/73.]

Chapter 248-100 WAC
COMMUNICABLE AND CERTAIN OTHER DISEASES

WAC

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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.
248-100-185	Tuberculosis testing—Duration of certificates. [Regulation .100.185, effective 3/11/60.] Repealed by Order 78, filed 1/9/73.
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.
248-100-245	Venereal diseases—Who may diagnose or treat. [Regulation .100.245, effective 3/11/60.] Repealed by Order 143, filed 2/4/77.

WAC 248-100-001 Definitions--General. The definition of terms and the recommendations included in the latest edition of the booklet, "The Control of Communicable Diseases in Man," published by the American Public Health Association, are hereby accepted as official and applicable to the control of such diseases within this state under the rules and regulations of the state board of health except in such instances in which they may be in conflict with said rules and regulations of the state board of health, which shall take precedence. [Regulation .100.001, effective 3/11/60.]

WAC 248-100-002 Definition of "health officer." "State health officer" means or refers to the state director of health. "Local health officer" means or refers to one of the following:

(1) Health officer of a local health district as provided in chapter 70.46 RCW.

(2) Health officer of a combined city-county health department, as provided in chapter 70.08 RCW.

(3) Health officer of a city, as defined in 70.04 RCW.

(4) Health officer of a county, as defined in chapter 70.06 RCW. [Regulation .100.002, effective 3/11/60.]

WAC 248-100-003 Health officers in cities below the first class. Health officers of cities below the first class (population less than 20,000) are under the jurisdiction of the county or district board of health, and are required to report to the county or district health officer. [Regulation .100.003, effective 3/11/60.]

WAC 248-100-010 General--Laboratory tests--Duty of person attending patient. Whenever any laboratory report or clinical symptoms of a patient indicate suspicion of any disease of a communicable nature, the person attending such patient shall immediately take such action as is necessary in order to prevent the spread of such disease, and shall make a report to the local health officer. Pending official action by the local health officer, the attending physician or other person practicing a healing art or science shall enforce such rules and regulations as are prescribed by the state board of health. [Regulation .100.010, effective 3/11/60.]

WAC 248-100-015 General--Diagnoses and releases. The diagnosis or release of a case, contact or carrier of diphtheria, typhoid, paratyphoid, and such other infections as may be designated by the director of the state department of health shall be determined whenever possible by the examination of appropriate laboratory specimens submitted to the state department of health laboratory, or a laboratory designated by the state director of health to perform such confirmatory or diagnostic examinations. [Regulation .100.015, effective 3/11/60.]

WAC 248-100-020 General--Annual registration of laboratories. Every person, firm or corporation operating or maintaining a laboratory in which body fluids, secretions or excretions are examined for the determination of the presence or absence of an infectious agent in the material examined or in the person or animal from which it was secured, shall register annually with the state department of health giving the name of such laboratory, its location, and the name of the person or persons owning or operating the same. [Regulation .100.020, effective 3/11/60.]

WAC 248-100-025 General--Investigative duty of health officers. It shall be and is hereby made the duty of all local health officers within the state to thoroughly

investigate the possible sources of infection and modes of transmission and submit appropriate epidemiologic reports of such diseases or infections occurring within their jurisdictions as may be required by these rules and regulations. The state department of health shall provide assistance to local health officers in carrying out necessary investigations, whenever such assistance is needed. [Regulation .100.025, effective 3/11/60.]

WAC 248-100-030 General--Epidemiologic report. Such a report shall include the pertinent information concerning the circumstances involved in the illness concerned, including identification of the patient, occupation, and date of onset, chief symptoms, results of laboratory tests used to confirm or support the diagnosis, history of possible exposure, possible source of infection and mode of transmission, immunization status, family roster if indicated, and list of extra household contacts exposed to patient if the disease is communicable from man to man, and such other information which may be of value in contributing to knowledge of the epidemiology and control of the disease concerned.

Such reports may be submitted on epidemiologic record forms available from the state department of health. [Regulation .100.030, effective 3/11/60.]

WAC 248-100-035 Reports of diseases by attending physicians and others--Reports by those in attendance. It shall be the duty of every physician or practitioner, every superintendent or manager of a dispensary, hospital or clinic, or any person in attendance on a case of a reportable disease or a case suspected of being a reportable disease, to report the case immediately to the local health officer, such report to include pertinent data regarding the patient and the circumstances involved as may be deemed necessary to determine the source of infection and mode of transmission. This data is to include name of patient, disease, address, age, sex, and date of onset. In case such patient is hospitalized or is receiving treatment through a dispensary, hospital or clinic, the superintendent or manager of such dispensary, hospital or clinic shall be responsible for reporting if the attending physician fails to do so.

The submitting of laboratory specimens to a health department laboratory shall not be considered as a report of any case. [Regulation .100.035, effective 3/11/60.]

WAC 248-100-040 Reports of diseases by attending physicians and others--Duty of others with knowledge. When no physician is in attendance, it shall be the duty of any individual having knowledge of a person suffering from a disease presumably communicable or suspected of being communicable to report forthwith to the local health officer all the facts relating to the case, together with the name and address of the person who is ill. [Regulation .100.040, effective 3/11/60.]

WAC 248-100-045 Reports of diseases by attending physicians and others--Duty of interrogated persons. It shall be the duty of any person who may be interrogated to answer correctly and to the best of his knowledge all questions put to him which may be necessary to elicit any information needed to verify or complete any report of a case of a known or suspected communicable disease or any disease dangerous to the public health or to enable measures to be taken to prevent the spread of any such disease. [Regulation .100.045, effective 3/11/60.]

WAC 248-100-050 Reports of diseases by attending physicians and others--Health officers and medical deputies. The health officer or his medical deputy may accept, or may, at his discretion, carry out such additional steps as may be deemed by him to be necessary to verify diagnosis reported by a physician. [Regulation .100.050, effective 3/11/60.]

WAC 248-100-055 Reports of diseases by attending physicians and others--Changes in diagnosis. The diagnosis of a reported case may be changed only by the local health officer or his authorized agent. A suspected case may be reported on the basis of a provisional diagnosis, which may be changed by the local health officer or by the physician in attendance after notifying the local health officer. [Regulation .100.055, effective 3/11/60.]

WAC 248-100-060 Reports of diseases by attending physicians and others--Forms for and lists of reportable diseases. It shall be the duty of local health officers to keep all physicians within their jurisdiction supplied with the proper forms upon which to report diseases as required. It is also his responsibility to acquaint the physicians with the list of reportable diseases and to stimulate interest in and encourage good reporting. [Regulation .100.060, effective 3/11/60.]

WAC 248-100-065 Reports of diseases by attending physicians and others--Reports of special diseases. Individual reports to the local health officer of the following diseases shall be transmitted in sealed envelopes on special forms provided by the state department of health: Syphilis, gonorrhea, chancroid, lymphogranuloma venereum, and granuloma inguinale. [Regulation .100.065, effective 3/11/60.]

WAC 248-100-070 Reports of diseases by attending physicians and others--Withholding identity. The identity of persons infected with any of these diseases who faithfully comply with the rules and regulations of the state board of health will not be disclosed except to official agents and physicians charged with enforcement of these regulations. [Regulation .100.070, effective 3/11/60.]

WAC 248-100-075 Reportable diseases--List of. The state board of health does hereby declare the following diseases to be notifiable (reportable) in accordance with the procedures indicated in these rules and regulations:

(1) Amoebic dysentery
(2) Anthrax

(3) Aseptic meningitis
(4) Botulism
(5) Brucellosis
(6) Chancroid
(7) Chicken pox
(8) Cholera
(9) Conjunctivitis, infectious (incl. Ophthalmia neonatorum)
(10) Coxsackie disease
(11) Diarrhea, epidemic (incl. Diarrhea of Newborn)
(12) Diphtheria and Carrier State
(13) Dysentery, bacillary (Shigellosis and Salmonellosis)
(14) Encephalitis, infectious
(15) Food poisoning
(16) 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 248-100-080 Unusual or serious diseases--Sudden or extraordinary outbreaks of. All sudden or extraordinary outbreaks of unusual or serious disease are to be reported immediately to the local health officer by phone. Investigations of all reports of major diseases and outbreaks shall be made by the local health officer and the results reported to the state department of health. Immediate informal reports are desirable, followed by progress reports if indicated, and then a final report. [Regulation .100.080, effective 3/11/60.]

WAC 248-100-085 Diseases requiring confirmation by laboratory examination whenever possible. The diagnosis of the following diseases shall be confirmed by appropriate laboratory examinations whenever possible. This information is to be recorded on the epidemiologic report of the case:

(1) Amoebiasis
(2) Anthrax
(3) Botulism
(4) Brucellosis
(5) Cholera
(6) Diphtheria and Carrier state
(7) Dysentery, bacillary (Shigellosis and Salmonellosis)
(8) Encephalitis, infectious
(9) Food poisoning
(10) Leprosy
(11) Leptospirosis
(12) Malaria
(13) Meningococcal infections
(14) Ophthalmia neonatorum
(15) Plaque
(16) Psittacosis
(17) Rabies
(18) Rocky Mountain spotted fever
(19) Trichinosis
(20) Tuberculosis
(21) Tularemia
(22) Typhoid and paratyphoid fever and carrier state
(23) Venereal diseases

[Regulation .100.085, effective 3/11/60.]

WAC 248-100-090 Diseases in which release specimens shall be submitted. Appropriate "release" specimens shall be submitted to the state department of health laboratory or other designated approved laboratory to determine whether the patient has become noninfectious in the following diseases:

(1) Amoebiasis
(2) Cholera
(3) Diphtheria and carrier state
(4) Dysentery, Bacillary (Shigellosis and Salmonellosis)
(5) Leprosy
(6) Typhoid and paratyphoid fever and carrier state

[Regulation .100.090, effective 3/11/60.]

WAC 248-100-095 Diseases where specimens must be submitted. Specimens, or subcultures of isolates of organisms, recovered in the following diseases shall be submitted to the state department of health laboratory

or other laboratory specially designated to make or confirm identification or type of organism: Typhoid fever, paratyphoid fever, salmonellosis, shigellosis, diphtheria, botulism, and malaria. [Regulation .100.095, effective 3/11/60.]

WAC 248-100-100 Reports of local health officers--Telegraph or telephone reports in certain cases. The following diseases are to be reported by the local health officer to the state department of health immediately by telegraph or telephone (preferably) as soon as suspected or diagnosed: (1) Any sudden or extraordinary outbreak or case of unusual illness suspected of being infectious or transmissible, or of possible public health significance.

(2) Cholera.

(3) Plague (human).

(4) Smallpox.

(5) Large outbreaks of food infection or poisoning.

Such telephonic or telegraphic reports are to be followed by mailing to the state department of health completed individual case report cards and records of investigation. [Regulation .100.100, effective 3/11/60.]

WAC 248-100-105 Reports of local health officers--Diseases reportable by number of cases. The following diseases are to be reported by number of cases only, at the close of each week as specified below:

(1) Chicken pox under 15 years of age
(2) 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 248-100-110 Reports of local health officers--Diseases reportable by individual report cards. All other diseases are to be reported on completed individual report cards, mailed at the close of each week as specified below:

(1) Health officers of cities below the first class (population 20,000) are under the jurisdiction of the county (or district) health officer.

(2) Such city health officers (in cities below first class) shall submit the weekly report and the individual report cards of all diseases reported to them, to the county or district health officer each week on Thursday.

(3) County or district health officers or health officers of cities of the first class will submit reports as indicated in paragraphs WAC 248-100-100, 248-100-105, and 248-100-110 above, directly to the state department of health, as indicated, and each week on Friday.

(4) In case no reports have been received by a health officer during the week, he is to submit a report of "no cases" on the report cards ordinarily used. [Regulation .100.110, effective 3/11/60.]

WAC 248-100-115 Reports of local health officers--Reports of circumstances. Health officers shall submit reports of investigations of the circumstances concerning those diseases for which this requirement is set forth in the regulations governing the individual diseases and for such other diseases as may be requested from time to time by the state director of health, or by a deputy of said director. Such information may be submitted on appropriate record forms to be made available from the state department of health. [Regulation .100.115, effective 3/11/60.]

WAC 248-100-120 Isolation and quarantine procedures--Duty of physicians to advise. It shall be the duty of the physician in attendance on a case considered to be an infectious or communicable disease to give detailed instructions to the members of the household in regard to precautionary measures to be taken to prevent the spread of the disease. Such instructions shall conform to the regulations of the state board of health and the ordinances in effect in the local city or county.

In communities in which such services are available, the local health department should be requested to assist families to establish isolation or quarantine procedures in the home and to instruct the family how such conditions are to be maintained. [Regulation .100.120, effective 3/11/60.]

WAC 248-100-125 Isolation and quarantine procedures--Mandatory precautions. The following precautions shall be observed in carrying out isolation procedures: (1) The patient shall be isolated as much as possible from contact with other members of the household, preferably in a room occupied by the patient alone. The place of isolation should be kept free of flies and other insects.

(2) No persons except those designated to attend the patient may enter the area of isolation.

(3) Persons caring for the patient shall avoid coming in contact with all other persons in the household until every precaution has been taken to prevent the spread of infectious material from the patient's area of isolation. Such precautions must include the following:

(a) The attendants shall wear an outer protective garment which is to be removed before leaving the isolation area.

(b) After removal of this garment and before leaving the isolation area, the hands of the attendant are to be thoroughly washed with soap and water.

(c) When directed by the local health officer, special provision for handling dishes and utensils used in feeding the patient are to be made in order to keep them separate from dishes used by others and to insure that they are properly sanitized following use by the patient. Use of disposable dishes is recommended.

(d) When specified by the local health officer, special provision must be made to handle the linen and clothing of the patient in a separate manner designed to prevent spread of infection from this source.

(e) Additional procedures for upper respiratory diseases: Mouth and nasal discharges should be destroyed,

preferably by burning. Clean cloth or paper handkerchiefs should be used and discarded into paper bags attached to the bed, and then burned.

(f) Additional procedures for enteric diseases: Bowel discharges and urine must be disposed of in such a place and manner that will insure that such excrement will not contaminate any water supplies, that it will not be accessible to flies and that the attendant will not become infected during the handling of it.

(g) No milk bottles shall leave the premises in which a case is isolated until such bottles are thoroughly washed in soap and water and scalded after such washing. Whenever possible, disposable containers should be used.

(h) Use of placard. It now appears to be the consensus of public health authorities that the control of those communicable diseases requiring isolation of the patient without restriction of household contacts is not significantly benefited by the use of warning placards. In addition to the doubtful efficacy of this procedure, its use gives rise to administrative difficulties and tends to act as a deterrent to reporting. Therefore, the requirement of the use of placards is not recommended for general or routine use, but the local or state health officer shall have authority to post placards on premises in the presence of circumstances in which he deems this procedure necessary.

(i) Persons may be released from isolation only by permission of the local or state health officer or his authorized deputy. [Regulation .100.125, effective 3/11/60.]

WAC 248-100-130 Isolation and quarantine procedures--Quarantine of contacts. (1) There appears to be substantial agreement among experienced public health authorities that quarantine of contacts of most diseases spread by personal contact is not an effective method of control. However, in the case of cholera, smallpox, plague, and diphtheria, the quarantine of exposed contacts is still considered to be of sufficient value and importance to require that this procedure be enforced. When contacts of such diseases are quarantined, it is required that the premises occupied by such contacts be placarded.

(2) Placards shall be of yellow cardboard, measuring five by nine inches and are to be worded as follows:

WARNING (60 pt. type)

Because of communicable disease, all persons are forbidden to enter or leave these premises without special permission from the health officer having jurisdiction.

Removal or mutilation of this card, or interfering with or disobeying the orders of the health officer shall constitute violation of the rules and regulations of the state board of health, and shall be punishable by law.

Health officer

Health department

(3) In addition to carrying out all the above isolation procedures, in the quarantine of premises, the health officer or his deputy shall define the area wherein the patient is to be isolated, define the quarantine area and affix the specified placard in a conspicuous place, and determine contacts that are subject to quarantine and issue instructions accordingly.

Note: When a household is placed under quarantine, the appropriate governmental agency must assume responsibility that arrangements are made to insure that the quarantined persons obtain adequate food supplies and other necessities.

(4) No persons, except the health officer and his authorized representatives, physicians, authorized attendants or authorized police shall enter the quarantine area, and no one shall permit any other person to enter any room, apartment, or premises quarantined for a communicable disease, nor shall any person needlessly expose any other person to a communicable disease. Under the health officer's supervision, the clergy may be permitted to enter the quarantine area for administration of last rites.

(5) No person shall interfere with or obstruct the entrance of any quarantined premises or the inspection or examination of any occupant thereof by any health officer, his authorized representative, or a representative of the state board of health in the proper discharge of his duties.

(6) Isolation or quarantine may be terminated only by permission or order of the local health officer or by the state director of health or his authorized deputy. [Regulation .100.130, effective 3/11/60.]

WAC 248-100-135 Isolation and quarantine procedures--Termination procedure. (1) Persons may be released from quarantine only by permission of the local or state health officer or his authorized deputy.

(2) The patient, and members of the household or institution where the patient is confined, shall be examined to determine freedom from infection or capability of transmitting the infection for which isolation was imposed.

(3) The patient must be bathed and dressed in uncontaminated clothing.

(4) The room shall be thoroughly cleaned and aired.

(a) Burn disposable articles.

(b) Where feasible, wash articles with hot water and soap.

(c) Expose to sun and air for twelve hours, articles that cannot be burned, boiled, or washed, such as books. [Regulation .100.135, effective 3/11/60.]

WAC 248-100-140 Milk and dairy workers--Sales forbidden from places where certain diseases exist. No milk or other dairy product to be used for human consumption may be sold from a residence or dairy farm on which there is a person ill with or who is a carrier of diphtheria, scarlet fever or septic sore throat, poliomyelitis, tuberculosis, meningococcal infection, typhoid or paratyphoid fever, salmonellosis, shigellosis, amoebiasis, or any other disease which, in the opinion of the local health officer or the state director, might be transmitted in milk or other dairy products, *Provided:* (1) That such milk or other dairy products are sold only to a pasteurizing plant where it shall be properly pasteurized before being offered for sale or distributed in any form for human consumption.

(2) That such milk or dairy products to be sold or distributed are not brought into the house or residence where such case or carrier exists.

(3) That all persons coming in contact with such milk or dairy products shall eat, sleep, and work wholly outside of such house and shall not come in contact in any way with such house or its inmates or contents.

(4) That all inmates of such house or residence shall not come in contact with such milk or dairy products to be sold or delivered.

(5) That specific permission or authorization to sell or distribute such milk or dairy products be obtained from the local or state health authorities before delivery for sale or distribution is undertaken. [Regulation .100.140, effective 3/11/60.]

WAC 248-100-145 Travel--Forbidden without permission. No individual with a communicable disease in an infectious state nor any contact of a communicable disease case subject to quarantine shall move or be transported from one place to another without the permission of the local health officer, and no such person may be transported outside the area of jurisdiction of the local health officer until the permission of the local health officer into whose territory the case is being taken is obtained. When transportation involves travel through several counties the permission as to travel shall be obtained through the state department of health. [Regulation .100.145, effective 3/11/60.]

WAC 248-100-150 Travel--Common carriers, United States public health service regulations adopted. The regulations made by the United States public health service for the control of common carriers engaged in interstate business are hereby declared to be part of these regulations of the state board of health of Washington and shall apply to intrastate transportation. [Regulation .100.150, effective 3/11/60.]

WAC 248-100-155 Travel--By public conveyance. No person knowingly afflicted with a dangerous communicable disease in an infectious state shall use any public conveyance, and no person or persons knowingly shall assist such afflicted person by the use of any such public conveyance, except under supervision of appropriate local or state health authorities. [Regulation .100.155, effective 3/11/60.]

WAC 248-100-160 Schools and public gatherings--Duties of teachers and principals. It shall be the duty of every teacher in any school, public or private, within the state of Washington to report forthwith to the principal or person in charge of such school all facts relating to the illness and physical condition of any child in such school who appears to be affected with a disease, presumably communicable. It shall be the duty of the principal or person in charge of every such school to report forthwith to the local health officer all facts relating to the illness or physical condition of any child attending such school, who appears to be affected with any disease or infestation, presumably communicable, together with the name, age, and address of such child. Such child shall be at once sent home or isolated. [Regulation .100.160, effective 3/11/60.]

WAC 248-100-163 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 248–100–170 School employees--Communicable diseases. No person in any public or private school, or college or university in this state shall work at such

employment while suffering from any communicable disease. [Order 78, § 248-100-170, filed 1/9/73; Regulation .100.170, effective 3/11/60.]

WAC 248-100-175 Tuberculosis testing--Certification. (1) No contract of any public school employee (teacher, bus driver, janitor, clerk, or other employee) who comes in direct contact with the students in any school shall become operative until for such employee there has been filed with the local 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 248-100-180 Tuberculosis testing--Restricting further charges where x-ray technically unsatisfactory. Roentgenograms of unsatisfactory technical quality shall be returned to the physician or agency by whom they were made to be retaken without additional charge to the employee. [Regulation .100.180, effective 3/11/60.]

WAC 248-100-195 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 248-100-200 Casual substitute teachers and student employees. These regulations shall not apply to casual substitutes, teachers who do not teach more than thirty calendar days in any school year. Nor shall they apply to student employees who have jobs in schools and are covered by a tuberculosis case finding program applicable to the student body. [Order 78, § 248-100-200, filed 1/9/73; Regulation .100.200, effective 3/11/60.]

WAC 248-100-205 Preventive 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 248-100-210 Barbers and cosmeticians--Freedom from disease--Examinations. No person shall act as a barber or cosmetician who is afflicted with a communicable disease in an infectious state. All persons acting as barbers or cosmeticians shall have a physical examination by a doctor of medicine for the purpose of determining the presence of a communicable disease, whenever desired and requested by the state or local health officer. It is recommended that barbers and cosmeticians have chest x-ray examinations made at least once every two years. [Regulation .100.210, effective 3/11/60.]

WAC 248-100-215 Barbers and cosmeticians--Procedure in serving infected persons. No person suffering from an infectious disease of the skin, scalp, or hair or other communicable disease, unless such customer is provided with utensils for his exclusive use, shall be served in a public shop.

The hands of the barber or cosmetician shall be washed with soap and water before serving each customer. [Regulation .100.215, effective 3/11/60.]

WAC 248-100-220 Venereal diseases--Submission of specimens. The director of every medical laboratory which performs serological tests for syphilis shall submit to the division of health laboratory or to a local health department laboratory approved for treponemal antibody testing a sufficient portion of any specimen which has been found reactive (including weakly reactive) to any test for syphilis for the purpose of confirmation of the reaction and for further definitive testing. Specimen identification shall include the patient's name, age, if available, the name and address of the attending physician, the date of collection and the test results. [Order 43, § 248-100-220, filed 10/14/70; Regulation .100.220, effective 3/11/60.]

WAC 248-100-225 Venereal diseases--Advising patients. Whenever a case of syphilis, gonorrhea, or other venereal infection is under the care of a legally qualified and licensed physician, such physician shall, in addition to reporting the case as provided in these rules and regulations, instruct the patient as to the communicability of the disease and that such patient is required to refrain from any act that may transmit the disease to another. [Regulation .100.225, effective 3/11/60.]

WAC 248-100-230 Venereal diseases--Duties of local health officers and afflicted persons. Local health officers shall investigate and examine, or cause to be examined, all persons within their jurisdiction whom they have reason to suspect are infected with syphilis, gonorrhea, or other venereal infection, and such investigation shall include the submission of specimens to an approved laboratory for examination. All persons infected with syphilis, gonorrhea, or other venereal infection shall be required to report for treatment to a doctor of medicine and continue treatment until cured, or to submit to treatment provided at public expense until cured. When, in the judgment of the local health officer, it is necessary to protect the public health, he shall isolate or quarantine persons with such venereal diseases, and under those circumstances he may detain, isolate, or quarantine persons reasonably suspected of having any of the venereal diseases until results of necessary examinations have been obtained and until the diagnosis has been confirmed or ruled out. The place of such detention, isolation or quarantine shall be such quarters as are designated by the local health officer to be safe and appropriate. [Regulation .100.230, effective 3/11/60.]

WAC 248-100-235 Venereal diseases--Nonissue of "freedom from" reports. No laboratory, physician or other person shall issue to any individual a certificate, statement, or report which states or implies that the individual is free from venereal disease and which may be used for the purpose of soliciting sexual contact. [Regulation .100.235, effective 3/11/60.]

WAC 248-100-240 Venereal diseases--Curative advertising. No person or persons, firm, corporation, or association, except boards of health and other agencies approved by the state director of health, shall publish, deliver, or distribute or cause to be published, delivered, or distributed in any manner whatsoever, any advertisement drawing attention to any medicine, article, or procedure to be used as a cure for any venereal disease or complication of such disease. No person shall advertise or publish any advertisement which states or implies that he will treat or cure any venereal disease or complication. [Regulation .100.240, effective 3/11/60.]

WAC 248-100-246 Infectious disease--Submission of specimens. (1) The director of every medical laboratory shall submit for confirmation and further testing bacteriological cultures or subcultures found to be positive for any of the infections listed below to the division of health laboratory or such other laboratory as designated by the assistant secretary, division of health. Specimen identification shall include the patient's name, (age, if available,) the name and address of the attending physician, the date of collection and test results.

(2) When test results indicate possible infection with specific communicable diseases, action will be taken as outlined:

(a) Brucellosis. Suspicious subcultures and reactive serological specimens shall be submitted for confirmation and final identification.

(b) Diphtheria. Subcultures shall be submitted for identification (and toxin study when indicated).

(c) Meningococcal infections. Subcultures shall be submitted for confirmation and final identification.

(d) Salmonella including typhoid infections. Subcultures shall be submitted for confirmation and serotyping.

(e) Shigella infections. Subcultures shall be submitted for confirmation and serotyping.

(f) Tuberculosis. Subcultures shall be submitted for confirmation and identification except in cases already reported and under treatment in a hospital or health department outpatient clinic.

(3) These requirements may be extended to include other diseases that the assistant secretary, division of health, may designate from time to time as deemed necessary. [Order 43, § 248-100-246, filed 10/14/70.]

SPECIFIC DISEASES

WAC 248-100-249 Reference to American Public Health Association manual. For more detailed information concerning the epidemiology, control, clinical manifestations and certain other data, reference may be made to the latest revision of the manual, "The Control of Communicable Diseases in Man," published by the American Public Health Association, or other suitable texts. [Introduction, filed 3/11/60.]

WAC 248-100-250 Amoebiasis and amoebic dysentery.

Regulations:

Epidemiologic report required. (special form)

Laboratory confirmation required.

Restrictions:

Persons who are infected with or are carriers of Endamoeba histolytica are prohibited from handling food for public consumption. Release from these restrictions may be obtained after examination of four consecutive specimens of feces, submitted no sooner than one week following appropriate treatment, show that the person is free of both the cyst and trophozoite forms of the causative organisms, endamoeba histolytica. Where laboratory facilities are available, one of the four stool specimens shall be unformed or liquid and obtained following administration of a saline cathartic, and shall be examined shortly after passage.

See APHA manual for recommendations of additional control measures. [Regulation .100.250, effective 3/11/60.]

WAC 248-100-255 Anthrax.

Regulations:

Epidemiologic report required. Indicate probable source of infection on report card whenever possible.

Laboratory confirmation required.

Isolation until lesions have healed.

Sale of milk, meat, hides and hair from infected animals prohibited.

Notify state department of agriculture.

See APHA manual for recommendations of other control measures. [Regulation .100.255, effective 3/11/60.]

WAC 248-100-260 Botulism.

Regulations:

Report to state department of health immediately by phone or telegraph.

Epidemiologic record required.

Laboratory confirmation if suspect food is available.

Investigation:

It is essential to obtain specimens of the suspected food. Unconsumed portions of the food are preferable. The can or jar from which the food was obtained may be of use, but if unavailable, it is worthwhile to examine other cans or jars of food from the same lot.

If the food was prepared commercially, obtain the brand name and lot number. If the food was home-canned, attempt to obtain information about the preparation of the food and the canning process.

Learn if any of the suspected food was fed to fowl or other animals; if so, observe these for signs of poisoning.

See APHA manual for further information and recommendations. [Regulation .100.260, effective 3/11/60.]

WAC 248-100-265 Brucellosis (undulant fever).

Regulations:

Epidemiologic report required only for cases with date of onset not more than one year past. Indicate possible exposure to raw milk and contact with suspect animals. Give occupation of patient.

Isolation - None.

Recommendations:

Special attention should be given to investigation of acutely ill patients and those in which date of onset is relatively recent. Investigation leading to sources of unpasteurized milk should include determination of the reaction to the Bang's test of the cows involved.

See APHA manual for additional recommendations. [Regulation .100.265, effective 3/11/60.]

WAC 248-100-270 Chancroid.

Regulations:

Report on special form (S.F. No. 4668B).

See WAC 248-100-220 through 248-100-245, inclusive, for special regulations governing the venereal diseases, and WAC 248-100-065 and 248-100-070. [Regulation .100.270, effective 3/11/60.]

WAC 248-100-275 Chicken pox.

Regulations:

Report to state department of social and health services, health services division, cases in persons under 15 years of age by number only. Individual case report and investigation is to be made of all patients 15 years of age or older.

Isolation of case for a minimum of five days from the appearance of the eruption and thereafter until all vesicles have become encrusted. [Order 73, § 248-100-275, filed 4/11/72; Regulation .100.275, effective 3/11/60.]

WAC 248-100-280 Cholera.

Regulations:

Report - Telephonic or telegraphic report required.

Epidemiologic record required.

Laboratory confirmation required.

Placard - Quarantine.

Isolation of patients in screened room until stools are negative for cholera vibrio.

Quarantine - Contacts of known cases for five days from last exposure and until stools are negative for cholera vibrio. [Regulation .100.280, effective 3/11/60.]

WAC 248-100-285 Coccidioidomycosis. (Coccidioidal granuloma, valley fever). Deleted - Not reportable. [Regulation .100.285, effective 3/11/60.]

WAC 248-100-290 Conjunctivitis (see also "Newcastle disease"). (1) Simple infectious (pink eye) -

Regulations:

Isolation - Exclusion of children from school and swimming pools and restriction to home premises during the acute phase of infection.

(2) Epidemic keratoconjunctivitis -

Regulations:

Epidemiologic report required.

Isolation – Exclusion of patient from occupation; institution of precautionary measures in the home until complete recovery.

Recommendations:

(a) Particular cleansing of the hands of all persons treating or otherwise exposed to the disease, including physicians and nurses.

(b) Assignment of personal protective devices, such as respirators and goggles, to an individual for his exclusive use. (Such devices must be thoroughly sterilized before being assigned to another worker.)

(c) Instruction in personal hygienic measures designed to prevent spread of infection to fellow workers and members of the infected patient's family.

(d) Aseptic technique in professional care of patients with eye diseases and injuries.

See APHA manual for additional information and recommendations. [Regulation .100.290, effective 3/11/60.]

WAC 248-100-295 Opthalmia neonatorum (infectious conjunctivitis of the newborn.)

Regulations:

Epidemiologic report required.

Isolation – Strict isolation technique must be carried out until recovery.

Prevention:

(1) Instillation of a one percent solution of silver nitrate into the conjunctival sacs of the eyes of all infants shortly after birth.

(2) Upon request of the medical staff of a hospital, the use of some other effective and suitable preparation in lieu of silver nitrate solution may be authorized by the state director of health, providing the name and concentration of the prophylactic agent is recorded on the birth certificate of the infant.

See APHA manual for additional information and recommendations. [Regulation .100.295, effective 3/11/60.]

WAC 248-100-300 Coxsackie diseases, epidemic (pleurodynia, epidemic myalgia.)

Regulations:

Reportable only. [Regulation .100.300, effective 3/11/60.]

WAC 248-100-305 Dengue fever. Deleted – Not reportable. [Regulation .100.305, effective 3/11/60.]

WAC 248-100-310 Diarrhea, epidemic. (1) Of the newborn (onset up to one month of age)

Regulations:

Epidemiologic report required. (Special form)

Laboratory examinations should be carried out in an attempt to establish an etiologic diagnosis.

Placard at discretion of local or state health officer.

Isolation if in hospital nursery, until recovery.

Quarantine – Infants shall not be admitted to a nursery in which diarrheal cases are being cared for.

Attendants with intestinal disturbances are to be prohibited from working in a nursery. Nurses caring for infants in the suspect or isolation nursery are to be prohibited from entering any other nursery, or coming in contact with formula bottles intended for other nurseries. If adequate facilities and personnel are not available to make it possible to admit all newborn infants to a separate clean nursery, the maternity service of the hospital shall be closed until this is made possible.

Recommendations:

Provision of infant nurseries with adequate space and physical facilities, including:

(a) Properly spaced and protected individual bassinets in units with conveniently located running water hand–washing facilities.

(b) Separate units for (a) general nursery, (b) premature nursery, (c) suspect and/or isolation nursery.

(c) Rigid isolation technique.

(d) Rigid aseptic technique in formula preparation, sterilizing bottles and nipples, etc., terminal autoclaving to be preferred.

(e) Elimination of hazards of common sources of infection by instituting individual care, i.e., elimination of common bath, sink, use of breast cleansing technique designed to avoid any possible contamination of cleansing solutions, use of individual thermometers and cleansing solutions, etc.

(f) Institution of admission procedures for expectant mothers to detect and screen out mothers with symptoms of possible infectious illnesses to be managed in a separate manner.

(g) Careful charting of number and character of stools of infants.

(h) Bacteriologic examination of stools of all infants exhibiting loose bowel movement should be made routinely.

(i) Surveillance follow–up of all discharged infants for two weeks following removal of last case from contaminated nursery.

Criteria for determination of diarrheal illness:

Any infant that passes one or more loose stools in one day should be segregated and kept under close observation. If the infant is not taking its feeding properly or vomits in addition to exhibiting loose stools, it should be placed in the suspect nursery. If the infant passes a distinctly liquid stool, particularly if this was ejected in an abnormally forceful manner and if the abdomen appears to be abnormally distended, such an infant should be removed at once to the suspect or isolation nursery.

(2) Epidemic nausea, vomiting, and diarrhea –

Regulations:

A report of all outbreaks should be made, including an estimate of the number of cases.

Isolation until recovery. [Regulation .100.310, effective 3/11/60.]

WAC 248-100-315 Diphtheria and carrier state.

Regulations:

Epidemiologic investigation and report required.

Laboratory confirmation of diagnostic and release cultures by a laboratory designated by the state director of health required.

Placard – Quarantine placard required.

Isolation of case for a minimum of 14 days from onset and until two successive cultures of the nose and throat taken not less than 24 hours apart are negative for virulent diphtheria bacilli.

Quarantine – All household contacts until release of case, at which time they shall be released in the same manner as the case. However, if the case is removed from the household, or if the contacts move to another address where there are no susceptible children, such contacts may be released in the same manner as a case, provided, that they shall be kept under quarantine for a minimum of five days following last contact with the case.

Modified quarantine of adult wage earners – Adult wage earners of the household of the case may be allowed to continue work *Provided:* (1) That arrangements are made in the home to satisfactorily isolate the patient to prevent contact with the wage earner, and (2) That two successive cultures from the nose and throat, taken not less than 24 hours apart, have been found to be negative for diphtheria bacilli; and *Provided further,* (3) That such wage earner has been under quarantine for a minimum of five days.

Virulence test. – In the case of convalescent and contact carriers, the fact that the clinical disease is or was present in the patient or source of infection is presumptive evidence that the diphtheria bacilli recovered from such carriers are virulent. Experience has shown that such organisms remain virulent in the majority of cases for at least three months (if they persist that long). [Regulation .100.315, effective 3/11/60.]

WAC 248-100-320 Dysentery, bacillary (shigellosis and salmonellosis).

Regulations:

Epidemiologic investigation and report required.

Laboratory confirmation should be made by bacteriologic examination of feces. Submit subculture or duplicate specimen to state laboratory for species identification.

Isolation of patient during the acute phase of the diarrheal illness.

Restrictions:

(1) Persons who have recovered from clinical attacks of bacillary dysentery, or who have been found to be asymptomatic carriers of shigellae or salmonellae (other than typhoid or paratyphoid infections) shall be excluded from occupations involving the handling of food or care of children until two successive specimens of feces, collected not less than 24 hours apart and no sooner than one week following discontinuation of chemotherapy or administration of antibiotics, are found to be free of the causative organism. Such persons are to be kept under surveillance by the department of social and health services until the required negative release specimens have been obtained.

(2) School children in the first grade or above may be allowed to return to school after cessation of diarrhea, provided they are not allowed to take part in the preparation or serving of food at school.

(3) Contact – Any person in the household of a patient suffering from shigellosis or salmonellosis shall be prohibited from handling food or drink for public consumption during the acute diarrheal phase of the illness of the patient and until said food handler contact has demonstrated his freedom of such infection as evidenced by a negative feces culture.

(4) Carrier – Persons who are carriers of shigellosis or salmonellosis without clinical symptoms shall be prohibited from handling food or drink for public consumption and shall be excluded from occupations involving the care of children until two successive specimens of feces, collected not less than seven days apart are found to be free of the causative organism.

Recommendations for follow-up of sporadic cases of salmonellosis or shigellosis:

To reduce the amount of time that may be consumed in carrying out follow-up investigations of single, sporadic cases of salmonellosis or shigellosis, the following policy is recommended:

(a) When a physician's or laboratory report is received, indicating a case of one of these enteric infections, the following information should be obtained:

(i) Is this case associated with other cases?

(ii) Is the patient a food handler or is he (or she) engaged in an occupation involving the intimate care of children (such as nurses in nurseries or baby sitters)?

(iii) If the patient is not in either of the categories mentioned in (ii) above, is there anyone in the household whose occupation does fall into these categories?

(b) The type and extent of follow-up may be gauged by the answers to the above questions as follows:

(i) If the patient is not associated with any other known case of diarrheal illness and does not fall into either of the two categories specified in (a) (ii) above, all that is necessary is to report the case on the ordinary C.D. report card, upon which is made the statement, "Sporadic case – not associated with other known cases and not involved in food handling or intimate care of children outside the home."

(ii) Such persons should be advised of the infectious nature of their illness and instructed in precautions to observe to prevent spread.

(iii) Such persons, of course, are prohibited from food handling or intimate care of children during the diarrheal phase of the illness and until negative release cultures are obtained as indicated below.

(iv) Release cultures will not be necessary, unless the occupation of the patient falls in the categories specified in (a) (ii) above, in which case two successive negative release specimens must be obtained before they may be allowed to resume such occupations.

(v) If a member of the household (not the patient) is engaged in one of the occupations indicated in (a) (ii), such person is to be excluded from such occupation until

examination of a stool specimen indicates freedom from infection.

(c) School children may be allowed to return to school after cessation of diarrhea, but shall be prohibited from taking part in the serving of food at school for a period of not less than three months, unless examination of two successive stool specimens indicate freedom from infection.

(d) Epidemiologic records will not be required for single sporadic cases, but will be required for outbreaks of two or more cases.

(e) To avoid the inhibitory effect of antibiotics, it is essential to delay obtaining release specimens for culture for a week after administration of antibiotic treatment has been discontinued.

(5) In order to protect the public health and to prevent the occurrence of salmonella infection transmitted by turtles, it shall be unlawful to sell, offer for sale, barter, trade, or give away any viable turtle egg(s) or live turtle(s) with a carapace length less than four inches except that this provision shall not apply to live turtles and turtle eggs used for bona fide scientific, educational, or exhibitional purposes, other than use as pets.

The term "turtle(s)" includes all animals commonly known as turtles, tortoises, terrapins, and all other animals of the order testudinata, class reptilia except marine species (families dermochelidae and cheloniidae).

Turtles or turtle eggs found in violation of this section shall be subject to immediate confiscation and destruction as a public health hazard by the health officer or his representative with no indemnification to the owner or bailee of said turtles or turtle eggs. [Order 103, § 248-100-320, filed 8/9/74; § .100.320(5), filed 8/4/67; Regulation .100.320, effective 3/11/60.]

WAC 248-100-325 Encephalitis, primary, viral.

Regulations:

Epidemiologic investigation and report required.

Laboratory confirmation. – submit acute and convalescent phase blood specimens to virus laboratory.

Isolation – none.

Refer to APHA manual for recommendations and further information. [Regulation .100.325, effective 3/11/60.]

WAC 248-100-330 Food poisoning--Staphylococcal, streptococcal, chemical, shellfish, and plant (see also botulism, shigellosis and salmonellosis)

Regulations:

All outbreaks of food poisoning are to be investigated to attempt to determine the source and mode of contamination of the food involved.

Whenever feasible, the suspected foods shall be submitted for laboratory examination and the persons involved in the preparation or service of the food shall also be examined whenever, in the judgment of the local health officer, such persons may have been the source of the causative agent.

Recommendations for follow-up of isolated single cases of suspected food poisoning:

(1) When the health department receives a report of a single isolated case of suspected food poisoning, the person from whom the report originated should be questioned in regard to (a) the existence of other cases, and (b) the symptoms and associated circumstances.

(2) If no other cases are known to exist, the case is to be reported to the state department of health and the information should be held for reference for a few days and then filed in the appropriate local permanent file for the year.

(3) Unless special circumstances are present which appear to be of a serious nature, if no additional cases are associated with the first one reported, no further investigation is indicated and the collection and examination of laboratory specimens is then not warranted. If there is some doubt as to the presence of "special circumstances" which would warrant investigation, the matter should be referred to the supervising sanitarian or the health officer for decision.

Certainly, single isolated cases of illness suggestive of botulism should receive attention, as well as isolated severe illnesses with histories suggestive of chemical poisoning.

(4) Selection of specimens for laboratory examination. It is of utmost importance to obtain samples of suspected food items at the earliest time possible, but the selection of specimens to be examined requires the judgment of a well trained health officer, sanitarian, or bacteriologist. Furthermore, the manner in which specimens are collected and submitted to the laboratory usually determines their value.

The history of the circumstances and comparison of items eaten by those who become ill and those not ill usually will assist in limiting the number of items that need to be examined.

(5) Acceptance of specimens for examination. Ideally, specimens should be obtained by properly trained and experienced public health workers. Precautions must be observed to avoid additional contamination or cross-contamination of specimens during the process of picking them up and placing them in suitable containers. The trained sanitarian or health officer also is in the best position to decide what specimens, or what portion of food items are most likely to be implicated. However, there will be occasions when the first information to reach the health department will be the delivery of specimens for examination picked up and brought in by untrained persons, usually someone concerned with or involved in the outbreak. What to do with such specimens? In the first place, are the items of food submitted reasonably suspect? Do the circumstances suggest them as potential sources of the agent that caused the illness? Are they the type of food that might support bacterial growth, or in which such contamination is apt to be found? Secondly, is it reasonably certain that the food samples were not contaminated after the time of consumption of the suspected food item? Food could be

contaminated by poor sampling technique (cross-contamination) by placing the samples in an already contaminated container, or by obtaining the sample from food items discarded into a garbage can or other disposal container where it may have been readily contaminated by contact with unclean surfaces or by flies.

When food samples are submitted for examination, it is necessary to transmit to the laboratory detailed information as to when, how and where the specimens were obtained. [Regulation .100.330, effective 3/11/60.]

WAC 248-100-335 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 248-100-340 Gonorrhea.

Regulations:

Report on special form (S.F. No. 4668B).

See also WAC 248-100-220 through 248-100-245, inclusive, for special regulations governing control of the venereal diseases, and WAC 248-100-065 and 248-100-070.

For gonorrheal ophthalmia, see "conjunctivitis" - WAC 248-100-290 and "ophthalmia neonatorum" - WAC 248-100-295. [Regulation .100.340, effective 3/11/60.]

WAC 248-100-345 Granuloma inguinale.

Regulations:

Report on special form (S.F. No. 4668B).

See also WAC 248-100-220 through 248-100-245, inclusive, for special regulations governing the control of venereal diseases, and WAC 248-100-065 and 248-100-070. [Regulation .100.345, effective 3/11/60.]

WAC 248-100-350 Hepatitis, infectious (viral).

Regulations:

Isolation in institutional outbreaks.

See APHA manual for recommendations particularly in regard to prophylactic treatment of home or school contacts. [Regulation .100.350, effective 3/11/60.]

WAC 248-100-355 Histoplasmosis. Deleted - not reportable. [Regulation .100.355, effective 3/11/60.]

WAC 248-100-360 Impetigo. (1) Neonatorum (Children under one month of age).

Regulations:

Epidemiologic investigation and report required.

Placard may be used in hospital nurseries at discretion of local or state health officer.

Isolation - Strict isolation of infants in hospital nurseries until lesions have cleared or until infant is discharged.

Quarantine - If such infections continue to occur in nurseries, special procedures must be adopted and newborn infants shall not be admitted to the contaminated nursery.

Recommendations:

Attempt to find and remove source of infection in hospital.

Establish protective facilities and procedures for handling the newborn similar to those recommended under "diarrhea of the newborn" WAC 248-100-310.

Eliminate or reduce frequency of bathing of infants.

Apply a suitable germicidal agent to entire skin surface soon after birth and daily thereafter, to all infants as a prophylactic measure in nurseries where such infections have been recently present.

(2) Impetigo contagiosa (of older children) -

Regulations:

Isolation - Exclusion from school and restriction to home premises of infected children until lesions have healed, or until proper treatment has been instituted and is being satisfactorily continued. [Regulation .100.360, effective 3/11/60.]

WAC 248-100-365 Influenza and epidemic respiratory disease (undifferentiated).

Regulations:

All outbreaks shall be reported by local health officer, with estimates of the number of cases made when indicated, on the basis of sample checks with attending physicians, absenteeism from schools and occupations. Whenever feasible, acute and convalescent blood specimens should be submitted to the virus laboratory from a representative sample of patients. [Regulation .100.365, effective 3/11/60.]

WAC 248-100-370 Intestinal worms. Deleted - not reportable. [Regulation .100.370, effective 3/11/60.]

WAC 248-100-375 Leprosy.

Regulations:

Epidemiologic investigation and report required.

Laboratory confirmation by a laboratory designated by the state director of health required.

Restrictions:

Cases in whom there are bacteriological positive mouth or nasal lesions or open lesions on the surface of the body shall be required to obtain treatment under the direction of a physician deemed competent by the state director of health to treat this disease, and shall continue under treatment and supervision until appropriate examinations reveal that the disease is no longer active or infectious.

Leprosy patients shall be placed under surveillance by the local health officer and shall not move to any other quarters or premises or to any other public health jurisdiction within or without the state without the written consent and approval of the local health officer in this state.

Patients with active leprosy shall be kept segregated from children.

Recommendations:

Familial contacts should be examined by a physician at least once a year for signs of manifestations of this disease. [Regulation .100.375, effective 3/11/60.]

WAC 248-100-380 Leptospirosis.

Regulations:

Epidemiologic investigation and report required.

Laboratory confirmation required.

Isolation – none. [Regulation .100.380, effective 3/11/60.]

WAC 248-100-385 Lymphogranuloma venereum.

Regulations:

Report case on special form (S.F. No. 4668B).

See also WAC 248-100-220 through 248-100-245, inclusive, for special regulations governing the control of venereal diseases, and WAC 248-100-065 and 248-100-070. [Regulation .100.385, effective 3/11/60.]

WAC 248-100-390 Malaria.

Regulations:

Epidemiologic report required. State possible place of exposure.

Laboratory confirmation – Submit blood smears to state laboratory.

Isolation – None required if patient is under treatment.

Patient must be protected from mosquitoes by screening of bedroom or house until blood is rendered free of malarial parasites through treatment. [Regulation .100.390, effective 3/11/60.]

WAC 248-100-395 Measles. 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 248-100-400 Meningococcal infection (meningitis or meningococcemia).

Restrictions:

Case: Isolate until clinical recovery or until patient has been adequately treated with penicillin, or other suitably effective chemotherapeutic or antibiotic agent has been administered over a period of two days.

Family Contacts: Restrict family contacts to premises for seven days, or until adequate acceptable prophylaxis has been administered over a period of at least two days. [Regulation .100.400, effective 3/11/60.]

WAC 248-100-405 Mononucleosis, infectious. Deleted – Not reportable. [Regulation .100.405, effective 3/11/60.]

WAC 248-100-410 Mumps.

Regulations:

Report to state department of health cases in persons under 15 years of age by number only. Individual case report is to be made of all patients 15 years of age or older. [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.]

WAC 248-100-415 Newcastle disease. Deleted – Not reportable. [Regulation .100.415, effective 3/11/60.]

WAC 248-100-420 Pertussis (whooping cough).

Restrictions:

Case: Separation of patient from susceptible children and exclusion from school and public places for a minimum of three weeks from appearance of paroxysmal cough or five weeks from onset, or for one week following adequate administration of an effective antibiotic.

Contacts: Susceptible children who have been exposed to a known case shall be kept under observation, particularly during the second week following exposure. If signs of an upper respiratory infection develop, such exposed children shall be kept in isolation until a definite diagnosis can be established or pertussis ruled out. [Regulation .100.420, effective 3/11/60.]

WAC 248-100-425 Plague (in humans).

Regulations:

Report – Telephonic or telegraphic report required.

Epidemiologic record required.

Laboratory confirmation required.

Placard – Quarantine.

Isolation of patient until convalescence is well established.

Quarantine of contacts of pneumonic cases for seven days from last exposure. Premises may be restricted until rid of rodents. [Regulation .100.425, effective 3/11/60.]

WAC 248-100-430 Pneumonia, primary. Deleted – Not reportable. [Regulation .100.430, effective 3/11/60.]

WAC 248-100-435 Poliomyelitis.

Regulations:

Report cases by type – paralytic or nonparalytic.

Case: Isolation of case for one week from date of onset, or for duration of acute febrile stage, if longer. [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 248-100-440 Psittacosis (ornithosis).

Regulations:

Epidemiologic investigation of human cases required.

Laboratory confirmation whenever feasible. Arrange to submit specimens from suspected birds and humans to virus laboratory.

Isolation of case during acute stage. Those in attendance upon human cases must take precautions to protect themselves against respiratory droplet infection from such patients.

Special control measures:

(1) Definition of term "psittacine bird" – For the purpose of this regulation, the term "psittacine bird" shall include all birds commonly known as parrots, macaws, cockatoos, lovebirds, parakeets, and all other birds of the order psittaciformes.

(2) Coded leg-band identification required. All psittacine birds, except parrots, macaws, and cockatoos, offered for sale or trade within the state of Washington shall be identified by a coded, closed leg band. The code identification on the leg band shall be such as to identify the breeder source and the individual bird.

(3) Records of acquisition and disposition of birds required. All vendors of psittacine birds operating within this state shall keep a record of all birds belonging to the order psittaciformes acquired, including the date of acquisition, identity of original breeder source, and identification of the individual birds acquired including leg band code identification as required in (2) above; also records shall be kept of all birds sold, traded or given away, which record shall include the date of transaction, the leg-band code identification of the birds, and the name and address of the person or firm to whom the birds were transferred.

Records of such transfers shall be held available for a minimum of one year from date of transaction.

(4) Investigation of psittacosis infection. Whenever investigation of a human or other case of psittacosis indicates probable infection from a recently acquired psittacine bird, the vendor or previous owner of such bird or birds shall, on request, surrender to the state or local health officer a selected sample of birds remaining on the vendor's or owner's premises for the purpose of making laboratory examinations. There will be no financial reimbursement or indemnification for birds surrendered for such examinations. The premises upon which the birds involved are located shall be thoroughly sanitized and kept under surveillance by the state or local health officer and no additional birds may be brought onto these premises, except by special permission of the state or local health officer.

(5) Quarantine of birds for protection of public. If, in the opinion of the state or local health officer, it is deemed necessary for the protection of the public, birds on the premises of a vendor or owner, where laboratory-confirmed psittacosis infection has been found, may be placed and held under strict quarantine at the owner's expense, until it appears to the state or local health officer that the danger of further spread of infection has been effectively reduced or eliminated.

(6) Special sales or transfer record required. Dealers or distributors of psittacine birds shall be required to furnish to every person to whom one or more psittacine birds are sold or delivered a special sales or transfer record bearing the firm name of the dealer, the name and address of the person acquiring the birds, the number, species, and leg-band identification of each bird sold. At the bottom of the sales record shall be printed in bold-faced type not less than 1/4" high, the following: "Caution! Purchaser please read the information printed on the reverse side of this transfer record." On the reverse side of the sales record, the following information shall be printed, using type no less than 1/8" in height: "Notice to Purchaser of Birds:

Psittacine and other birds are occasionally infected with a virus which can cause disease of birds and humans known as 'psittacosis' or 'parrot fever'.

Signs of disease in birds:

The bird may show nasal discharge, sneezing, cough, ruffled feathers, drowsiness, shivering, or diarrhea. (These symptoms may be present in other diseases of birds also.)

The illness may cause the death of some birds, while others may recover from the disease. Apparently healthy birds may be carriers of the virus. This virus is excreted in the nasal discharge and droppings of infected birds of their cages.

Signs of the disease in humans:

One or two weeks after exposure to infected birds a small number of humans develop a flu-like or pneumonia-like illness characterized by some or all of the symptoms of chills, fever, headache, muscular aching, cough, and pneumonia. The disease may be mild or severe and is rarely fatal.

The same symptoms can be caused by many other infectious agents and therefore the specific diagnosis of psittacosis can be made only by means of laboratory tests of several specimens of the patient's blood. Owners of psittacine birds should keep the possibility of this disease in mind; if illness of this type develops in persons who have been in contact with psittacine birds, the physician should be advised of such contact so that he may obtain the proper specimens for laboratory examination. If the diagnosis is confirmed by the laboratory tests, the physician will be able to prescribe proper treatment."

(7) Enclosure required when exhibited in public place. Psittacine birds shall not be offered for sale or exhibited in public places, such as taverns, department stores, variety and other multipurpose stores unless placed in an enclosure which will effectively protect the public against direct exposure to the birds or dust particles

which emanate from the pen or cage in which they are kept.

(8) Shipment of psittacine birds into the state of Washington. Any person or firm, wholesaler, retailer, distributor, or private fancier of psittacine birds may receive from points outside this state shipments of psittacine birds: *Provided*, That such birds do not originate from an aviary or premises on which psittacosis infection is suspected or known to be present, or from premises under quarantine for any reason: *And provided further*, That psittacine birds imported into Washington originating from outside the United States shall comply with all federal regulations pertaining to the importation of psittacine birds.

(9) Embargo authorized. The secretary of the department of social and health services or his designee is hereby authorized to place an embargo upon the shipment of live birds into this state from any state or locality in which the presence of psittacosis has been reported to be currently prevalent by a governmental health, agriculture, or animal industry department. Such embargo shall remain in effect until removed by order of the secretary of the department of social and health services or his designee.

(10) Penalties. Failure to comply with any of the provisions of this regulation shall be cause for immediate legal action and the immediate quarantine of the birds involved if within this state, or the immediate imposition of an embargo on further shipments from such a dealer or breeder source if outside the state. The cost of maintenance of quarantined birds shall be borne by the owner thereof. [Order 73, § 248–100–440, filed 4/11/72; Order 21, § 248–100–440, filed 6/27/69; Em. Order 20, § 248–100–440, filed 4/8/69; Regulation .100.440, effective 3/11/60; subsection (8) amended by filing of 6/3/65.]

WAC 248-100-445 "Q" fever. Deleted – Not reportable. [Regulation .100.445, effective 3/11/60.]

WAC 248-100-450 Rabies. (1) In order to protect the public health and prevent the occurrence of rabies in dogs and cats and in wild animals which are used as pets and which may transmit rabies to human beings, it shall be unlawful to:

(a) Import into this state any skunk, fox, or racoon for sale, barter, exchange, 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.]

WAC 248-100-451 Treatment of individuals. The following procedures should be followed where any human being is bitten by any animal:

(1) The wound caused by the bite of an animal suspected of being rabid should be cleansed at once to its greatest depth with soap and water or an appropriate antiseptic.

(2) The decision to administer antirabies treatment to persons bitten by any animal must be made upon the basis of the circumstances of each individual case. If the animal is a dog or cat and is available for observation, ordinarily the vaccine may be withheld pending the outcome of observation and/or examination of the animal to determine whether it is rabid or not. If the biting animal is a wild animal and the circumstances are such that rabies are suspected, treatment should be started immediately unless the results of the examination will be available within twenty–four hours after the bite. [Order 40, § 248–100–451, filed 10/14/70.]

WAC 248-100-452 Management of rabies outbreak. When a dog or cat is found to be rabid, the local health officer shall immediately institute a community–wide rabies control program to include:

(1) The picking up and impounding of all stray and unlicensed dogs and cats;

(2) The issuance of an order that all dogs and cats be vaccinated against rabies; and

(3) That all dogs and cats be confined to their owner's premises except when on leash for a minimum of one month following vaccination, provided vaccination was not administered more than six months previously, in

which case the dog or cat should be revaccinated or restricted. [Order 40, § 248-100-452, filed 10/14/70.]

WAC 248-100-455 Rat-bite fever (including Haverhill fever). Deleted – Not reportable. [Regulation .100.455, effective 3/11/60.]

WAC 248-100-460 Relapsing fever. Deleted – Not reportable. [Regulation .100.460, effective 3/11/60.]

WAC 248-100-465 Rheumatic fever.

Regulations:

All cases of acute rheumatic fever and, in addition, rheumatic heart disease in persons under twenty-one years of age are to be reported.

No restrictions:

See APHA manual for recommendation concerning chemoprophylaxis.

[Regulation .100.465, effective 3/11/60.]

WAC 248-100-470 Ringworm. (1) **Of scalp.**

(a) Exclusion of children under 15 years of age from school until suitable fungicidal treatment has been initiated: *Provided*, That such treatment be continued consistently thereafter until the infection has been eradicated.

(b) Infected children allowed to attend school after suitable fungicidal treatment has been initiated, but before complete eradication of the infection, must continuously wear tight-fitting caps while in school or on the school grounds. Garments for out-of-doors wear, such as caps and coats, must be kept well separated from those of noninfected children.

(c) Infected children living in institutions or boarding schools should be kept segregated as much as possible from uninfected children.

(d) Infected children shall not make use of public barber shops or beauty parlors and shall not be allowed to attend theaters.

(e) Child contacts in the home and in school should be examined with a filtered ultra-violet light to detect other early or latent infections.

(f) Control of infected domestic animals: Animals with ringworm lesions found on the premises of the case, or animals with such lesions that have been in contact with human cases of ringworm, shall be placed in isolation and under treatment until cured.

Recommendations:

(a) Determine species of fungus prevalent by culture if possible.

(b) Teach infected children and their familial and school contacts how the infection is spread and the measures necessary to prevent spread, which will include such matters of personal hygiene as the use of separate individual toilet articles (brush, comb, towels), avoidance of close personal contact with the head of the infected person (use of separate pillows, care in playing) and use of head coverings.

(c) When a case of ringworm of the scalp is discovered in a school, the entire class should be inspected with a filtered ultra-violet light to detect other infections. The ultra-violet screening should be repeated once a month until one month after the last case has been detected. Should the condition exist in two or more classrooms in a school, or be prevalent in more than two percent of a single classroom, the entire student body under fifteen years of age should be screened by filtered ultra-violet light.

(d) Suggestions for medical management:

(i) Clip all of the hair closely, or at least a generous margin about the lesion.

(ii) Apply local treatment once or twice daily.

(iii) Epilate manually or with adhesive tape once or twice a week.

(iv) Wash the head two or three times weekly.

(v) Check head with filtered ultra-violet light once a month. If treatment is unsuccessful after four months, recommend x-ray epilation.

(2) **Of face and body.**

Children with ringworm of the exposed parts of the body shall be excluded from school until fungicidal treatment has been initiated, provided such treatment is continued as necessary. Children with this infection shall be excluded from use of gymnasium facilities and swimming pools, even though under treatment. [Order 81, § 248-100-470, filed 4/9/73; Order 73, § 248-100-470, filed 4/11/72; Regulation 100.470, effective 3/11/60.]

WAC 248-100-475 Rocky Mountain spotted fever.

Regulations:

Epidemiologic report required. State place of possible exposure to ticks.

Laboratory confirmation required. Submit acute and convalescent phase blood specimens to virus laboratory.

Recommendations:

(1) Personal prophylaxis by avoidance of tick-infested areas if possible; if such areas cannot be avoided, ticks must be carefully removed from the person as soon as possible, caution being taken to protect the hands and not to crush the tick while it is being removed.

(2) Persons who must be present in tick-infested areas during the active tick season (roughly March 1 to September 1) should receive active immunization with Rocky Mountain spotted fever vaccine. This vaccine appreciably lessens the chance of developing the disease and lowers the case fatality rate. However, it is of no value after the infection has been acquired, nor as treatment. [Regulation .100.475, effective 3/11/60.]

WAC 248-100-480 Salmonellosis. See WAC 248-100-320 dysentery, Bacillary (Shigellosis and Salmonellosis) [Regulation .100.480, effective 3/11/60.]

WAC 248-100-485 Scabies. Deleted – Not reportable. [Regulation .100.485, effective 3/11/60.]

WAC 248-100-490 Schistosome (cercarial) dermatitis (swimmer's itch). Deleted – Not reportable. [Regulation .100.490, effective 3/11/60.]

WAC 248-100-495 Smallpox.

Regulations:

Report immediately by telephone or telegraph.

Epidemiologic record required.

Placard – "Quarantine" placard required.

Isolation of case from onset until disappearance of scabs and crusts from all smallpox lesions.

Restrictions of Contacts:

(1) Any person exposed to a case of smallpox in the household of the patient, or through work or other close association, shall be immediately placed under temporary quarantine until the immunity status of such person may be determined by immediate vaccination.

Exposure shall include contact with the patient during the preeruptive stage of the disease. If the exact date of onset of case is indefinite, the time should be estimated as five days preceding eruption.

(2) If the exposed person is not a household contact of the case, or if the exposed person is a household contact but the case is removed from the home, the contact may be released if he shows an immune reaction; or if the contact is vaccinated within 24 hours after the first exposure, he may be released after the vaccination reaches its height. (Immune reaction – fourth day, accelerated reaction – seventh day, primary reaction – tenth day.)

(3) Persons exhibiting an immune reaction need not remain in quarantine; *Provided* the other contacts in the home also exhibit immune reactions. However, if the other contacts in the home exhibit accelerated or primary reactions, the person with the immune reaction must either remain in quarantine or move out of the home; he may not be allowed to enter or leave the quarantined home at will.

(4) Persons exhibiting an accelerated or primary reaction must remain in quarantine for eighteen days after last exposure, unless vaccinated within twenty–four hours after the first exposure, in which case they may be released after the vaccinia has reached its height.

(5) Vaccinated persons usually do not develop sufficient immunity to protect them against exposure until after the tenth day following vaccination in case of a primary take, and not sooner than after the seventh day in case of an accelerated reaction. However, evidence of an accelerated or primary reaction must not be interpreted as unequivocal protection against smallpox, because persons may have been exposed to the disease before the vaccination has developed sufficient protective immunity in the individual.

See APHA manual for additional information. [Regulation .100.495, effective 3/11/60.]

WAC 248-100-500 Streptococcal infections—Hemolytic. (1) Respiratory type –

Scarlet fever and streptococcal sore throat.

Regulations:

Isolation of case until clinical recovery. If patient is treated with penicillin or any equally effective antibiotic, isolation may be terminated after 24 hours of treatment, provided an effective therapeutic level is maintained over a period of seven to ten days.

See APHA manual for further information and recommendations concerning prophylactic treatment of family contacts.

(2) Puerperal infection –

Regulations:

Epidemiologic investigation and report required.

Isolation of patient while infectious discharges persist, or until 24 hours of treatment with penicillin, provided an effective therapeutic level is maintained over a period of seven to ten days.

See APHA manual for additional methods of control and institute where applicable.

(3) Erysipelas –

Regulations:

Epidemiologic investigation and report required if hospital or nursery is involved.

Isolation of patient during period of communicability. Isolation may be terminated after 24 hours of penicillin treatment, provided an effective therapeutic level is maintained over a period of seven to ten days.

See APHA manual for additional methods of control and institute where applicable. [Subsection 1, filed 5/31/61; Regulation .100.500, effective 3/11/60.]

WAC 248-100-505 Syphilis.

Regulations:

Report on special form (S.F. No. 4668B). See WAC 248–100–220 through 248–100–245 (inclusive) for special regulations governing the control of venereal disease, and WAC 248–100–065, 248–100–070.

Refer to APHA manual for additional information and recommendations.

Prenatal Blood Test law for the prevention of congenital syphilis: The following law (RCW 70.24.090 and 70.24.100) was enacted and put into effect January 2, 1940 (Session Laws 1939, chapter 165):

RCW 70.24.090 – Every physician attending a pregnant woman in the state of Washington during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of blood of such woman at the time of first examination, and submit such sample to an approved laboratory for a standard serological test for syphilis. If the pregnant woman first presents herself for examination after the fifth month of gestation, the physician or other attendant shall, in addition to the above, advise and urge the patient to secure a medical examination and blood test before the fifth month of any subsequent pregnancies.

RCW 70.24.100 – A standard serological test shall be a laboratory test for syphilis approved by the state director of health and shall be performed either by a laboratory approved by the state director of health for the performance of the particular serological test used or by the state department of health, on request of the physician free of charge.

Laboratory approval – See WAC 248–100–560 and 248–100–565 of these rules and regulations. [Regulation .100.505, effective 3/11/60.]

WAC 248-100-510 Tetanus.

Regulations:

Reportable only. Report should indicate probable source of infection, and whether patient had had previous artificial immunization against tetanus, whenever possible.

See APHA manual for recommendations concerning prevention of this disease. [Regulation .100.510, effective 3/11/60.]

WAC 248-100-515 Tick paralysis.

Regulations:

Reportable only. Report should indicate geographic area in which tick was acquired.

Information:

Occasionally persons (usually children) bitten by ticks of the genus ixodes or the genus dermacentor, develop an ascending flaccid paralysis which may result in death if the tick is not removed. Apparently this paralysis is a toxic effect of the parasite and not an infection. If the tick is found and removed promptly, the patients usually make a dramatic recovery within twenty-four to forty-eight hours.

Occasionally in adults, pain, vertigo, and an erythematous rash have been noted to accompany the paralysis.

Informational bulletins are available from the state department of health in regard to distribution of ticks in this state and recommendations concerning precautions to exercise in avoiding, or the management of, tick bites. [Regulation .100.515, effective 3/11/60.]

WAC 248-100-520 Trachoma.

Regulations:

Laboratory confirmation by examination of conjunctival scrapings or expressed folicular material, whenever possible.

Submit specimen to virus laboratory.

Restrictions:

Children should be excluded from school when active lesions exist, until acceptable treatment has been administered under supervision of a competent physician.

See APHA manual for additional information and recommendations. [Regulation .100.520, effective 3/11/60.]

WAC 248-100-525 Trichinosis.

Regulations:

Epidemiologic investigation and report required.

Laboratory confirmation required. (Complement-fixation tests, eosinophil count, muscle biopsy, examination of suspected meat or meat product involved.)

Report to state department of Agriculture, and if food involved is commercially produced and distributed in interstate commerce, notify Federal food and drug administration officials.

See APHA manual for further information and recommendations.

Reference may also be made to state laws and regulations requiring the cooking of all garbage fed to hogs. [Regulation .100.525, effective 3/11/60.]

WAC 248-100-530 Tuberculosis. (1) Pulmonary -

Regulations:

Reportable on special form (S.F. No. 7302).

Placard to be used when active cases refuse to observe precautions to prevent spread of disease, in which event the local health officer may use a placard.

Quarantine of such known active cases as do not observe the precautions to prevent the spread of the disease. The place of quarantine to be in such quarters as designated appropriate by the local health officer and for such time as necessary until one of the following conditions is fulfilled:

(a) The patient's pulmonary disease is considered to be "apparently arrested" (National Tuberculosis Association classification, 1940), (b) The patient agrees to accept routine sanatorium care, (c) The patient dies, (d) Other arrangements for adequate isolation are made which, in the opinion of the local health officer, protect the public from the spread of his infection.

Concurrent disinfection of sputum and articles soiled therewith. Particular attention shall be paid to prompt disinfection or disposal of the sputum itself, of handkerchiefs, cloths or papers soiled therewith, and the eating utensils used by the patient.

Terminal disinfection. - Thorough cleansing and aeration.

Examination of persons suspected of being tuberculous. - In order to prevent the dissemination of tuberculosis, the state, county, or municipal health officers, or their respective deputies, who are licensed physicians within their respective jurisdictions, are hereby directed and empowered, when in their judgment it is necessary to protect the public health, to make adequate examination of persons reasonably suspected of being tuberculous. It shall be the duty of local and state health officers to investigate thoroughly the sources of infection of tuberculosis within their jurisdictions.

(2) **Other than pulmonary** -

Regulations:

Reportable.

Isolation only in unusual cases discharging tubercle bacilli in external secretions, such as cold abscesses, draining sinus, etc.

See APHA manual for additional information and recommendations. [Regulation .100.530, effective 3/11/60.]

WAC 248-100-532 Control of tuberculosis. These regulations for the control of tuberculosis shall apply only to those counties listed in RCW 70.33.040, now or as hereafter amended and shall not pertain to any counties contained in the Eastern Tuberculosis Hospital District.

(1) General. The local health officer is responsible for control of tuberculosis in his jurisdiction. Each local health department shall maintain a tuberculosis control

program including case finding, treatment, surveillance and prophylaxis.

Case finding includes the epidemiological investigation of newly developed cases, the examination of contacts and suspected cases, and the survey of groups.

Treatment may be carried out in licensed health care facilities or on an out-patient basis. Choice of treatment will depend upon the circumstances of each case.

Surveillance consists of follow up on cases following treatment to prevent and control reactivation. Chemoprophylaxis where indicated is an important element of control.

(2) Hospitalization. Hospital admission is to be in accordance with procedures arranged by the local health officer with the medical director or administrator of a hospital.

Patient discharge, where the patient is in a tuberculosis hospital, shall be the responsibility and decision of the medical director of said facility. Where hospitalization is not in a tuberculosis hospital, patient discharge shall be the responsibility and decision of the attending physician. The medical director or attending physician shall notify the local health officer of each intended discharge in order to assure necessary out-patient arrangements.

(3) Out-patient Services. The local health officer is responsible for assuring necessary out-patient treatment following discharge.

(a) Clinics. Each local health department shall be responsible for diagnostic and treatment services, including public health nursing services. In order to provide support and continuity to the provision of clinic and other services, each local health department will maintain a tuberculosis register. A qualified chest physician and adequate nursing staff shall be maintained at each clinic.

(b) Private Patients. Tuberculosis patients being treated by private physicians must be monitored by each local health department. This includes recording private patients on the tuberculosis register.

(c) Tuberculosis Register. Records of all patients shall include identifying, epidemiological and clinical information, including frequency of examination.

(4) Reporting. Each local health department shall report all newly developed cases, whether public or private patients, to the health services division of the department of social and health services. Newly developed cases include new active cases and reactivations. Hospitals, clinics and physicians treating cases of tuberculosis shall make quarterly patient status reports to the health officer of the patient's jurisdiction. Hospitals, clinics, and health districts shall make such reports to the health services division as said division may require. [Order 138, § 248-100-532, filed 2/7/77; Order 73, § 248-100-532, filed 4/11/72.]

WAC 248-100-535 Tularemia.

Regulations:

Epidemiologic investigation and report required.

Indicate geographic area of source of infection as well as the vector involved.

Laboratory confirmation required.

Report to state department of agriculture and state department of game.

Restrictions:

None

See APHA manual for additional information and recommendations concerning prevention of this disease. [Regulation .100.535, effective 3/11/60.]

WAC 248-100-540 Typhoid fever, paratyphoid fever, and the carrier state of each.

Regulations:

Epidemiologic investigation and report required.

Confirmation of diagnosis and examination of release cultures to be made by a laboratory approved by the state director of health to make such examinations.

Subcultures of organisms isolated by local laboratories are to be submitted to the state laboratory for phage typing. Positive cultures from suspected sources of infection shall also be submitted for such typing.

Restrictions:

(1) Case – The patient shall be isolated in a fly-proof room and the local health officer shall provide instructions for the disposal of fecal discharges and other necessary isolation precautions. The patient shall remain in isolation during the acute clinical phase of the disease, and thereafter shall remain under the supervision of the local health officer until released on the basis of furnishing three sets of negative cultures of feces and urine, each set at least twenty-four hours apart, the first set being submitted not earlier than one week after discontinuation of the administration of any antibiotic, and not earlier than one month from date of onset. If any one of this series of specimens is positive, release may not be granted until three successive sets of specimens, taken at intervals of one month within the first year after onset, have been found to be negative.

(2) Convalescent carrier – Should any of the specimens in the first series of release specimens examined be positive, the patient shall be declared to be a convalescent carrier and shall be subject to the restrictions imposed on chronic carriers as stipulated in (3) following.

(3) Chronic carrier –

(a) If examination of specimens of feces, urine, or other body excretion, secretion, organ or tissue structure reveals the presence of the causative organisms of typhoid or paratyphoid fever in a person at any time after one year from date of onset of illness diagnosed as typhoid or paratyphoid fever, such person shall be declared to be a chronic carrier, and shall be subject to the restrictions described below, and all other regulations governing such carriers.

(b) Any person who is discovered to harbor typhoid or paratyphoid bacilli as demonstrated by recovery of the organism from any body secretion or excretion, or from any organ or tissue structure without other clinical manifestation of the disease typhoid or paratyphoid fever at that time or during the preceding year shall be declared to be a chronic carrier and shall be subject to the

restrictions described below, and all other regulations governing such carriers.

(4) Restrictions of chronic carriers – The following instructions are to be read to each person declared to be a chronic carrier, after which such carrier shall be requested to sign an agreement to the effect that he or she will abide by these instructions.

Instructions to typhoid and paratyphoid carriers
Name _____ Age _____
Address _____ Examination of a specimen of _____ submitted by you on _____ made by the _____ Laboratory shows that you are a carrier of the causative agent of _____ fever. This means that unless you observe the precautions described hereafter, other persons are liable to contract _____ fever from you. Therefore, in order to prevent the infection of others, it is necessary and you are required to carefully and continuously abide by the following instructions:

(a) Not to have any part in the preparation, serving or handling of food which may be consumed by any person other than members of your immediate family; nor to engage in any occupation which includes contact with milk, milk products, milk bottles, or milk utensils; nor to participate in the management of a dairy or other milk–distributing plant, boarding house, restaurant, food store, or any place where food is prepared or served; nor to reside on the premises of any such food–handling establishment or dairy.

(b) To wash your hands thoroughly with soap and water after using the toilet and before handling food in the home.

(c) (Applicable to fecal or urinary carriers only) If the premises on which carrier resides is provided only with an outdoor privy, there shall be on hand at all times an adequate supply of quicklime to be used as instructed. The privy shall be kept at all times in a sanitary condition and kept free of flies. It shall be located at a safe distance from any well or cistern and so situated that drainage from the privy will be away from such water supplies. The well or cistern must be properly constructed to guard against surface drainage.

(d) You are to keep the local health officer informed at all times of your address and occupation, and to notify the health officer at once of any contemplated change in address or occupation.

(e) You are to communicate with the health officer before submitting to any type of treatment intended for the cure of the carrier condition.

(f) You are to report to the health officer immediately any cases of illness suggestive of typhoid or dysentery in your family or among your immediate associates.

I hereby acknowledge receipt and explanation of the above instructions. _____

The above instructions were given to the above named carrier by:

_____ on _____
(title) (date)

Procedure for local health department: The above form should be completed, read, and explained to the carrier, following which the carrier is to sign the agreement in triplicate, witnessed by the person who has given the instructions. One copy of the signed instructions is mailed to the state epidemiologist, one copy is retained by the carrier, and the third copy is retained by the local health department.

(5) Follow–up of carriers – The local health officer or his authorized representative shall visit each chronic carrier at least once during each six–month period (January to July; July to January) to check on the address, occupation, and other activities of the carrier, and to determine if all instructions are being carried out; and a report of such investigation shall be forwarded to the state department of health.

(6) Release of chronic carriers – Such carriers who excrete organisms via the intestinal or urinary tracts may be released following submission of eight successive sets of negative feces and urine specimens, each submitted one month apart. When the focus of infection is located in some other tissue or structure (such as bone), such carrier may be released upon eradication of the focus after drainage from the lesion has ceased and is negative for the causative organism as evidenced by three successive negative cultures obtained during a period of not less than two weeks, providing antibiotic treatment has not been administered during that time. [Regulation .100.540, effective 3/11/60.]

WAC 248-100-545 Typhus fever. Deleted – not reportable. [Regulation .100.545, effective 3/11/60.]

WAC 248-100-550 Vincent's disease. Deleted – not reportable. [Regulation .100.550, effective 3/11/60.]

WAC 248-100-555 Yellow fever. Deleted – not reportable. [Regulation .100.555, effective 3/11/60.]

WAC 248-100-560 Approval of laboratories to perform prenatal serologic tests for syphilis--Laboratory advisory committee. (1) The state director of health shall appoint members to a laboratory advisory committee consisting of representatives from the following:

(a) University of Washington school of medicine, department of pathology (a clinical pathologist, if possible).

(b) Pathologist group.

(c) Recognized medical technologists group.

(d) Laboratory section of the Washington state public health association.

(e) State medical society (a physician who shall represent the clinical practice of medicine).

(f) The local health officers association.

(2) The committee shall organize and select a chairman at its first meeting of each year.

(3) The functions of the committee shall include consideration of programs and policies concerning the relationship of the state department of health to medical and public health laboratories throughout the state. It shall

advise the state director of health as to its recommendations concerning matters considered within its scope. [Regulation .100.560, effective 3/11/60.]

WAC 248-100-565 Approval of laboratories to perform prenatal serologic tests for syphilis--Requirements for approval of laboratories to perform prenatal serologic tests for syphilis. (1) **Personnel**:

(a) The director of the laboratory is to be held directly responsible for the accuracy of the tests performed and the reports issued.

(b) The serologist who actually performs the tests that are to be approved shall meet the following qualifications:

(i) Training: Two years of academic work in an accredited college, which work shall include laboratory courses in chemistry and bacteriology which meet the approval of the state director of health.

(ii) Experience: Two years of full-time, supervised laboratory experience, which shall include a significant amount of work in the performance of serologic tests.

(iii) The above requirements shall apply to those serologists registered for the first time with the Washington state department of health after July 1, 1950.

The training and experience of serologists registered with this department previous to July 1, 1950, who have participated satisfactorily in one or more intrastate serology evaluations shall be considered acceptable.

(c) The serologists who perform the tests must not be overburdened with other duties that interfere seriously with the proper execution of the procedure.

(d) The state director of health shall be notified immediately if the serologist-in-charge of a laboratory leaves or is replaced.

(e) If a different serologist is placed in charge following approval of a laboratory, the approval status will not be changed if the new serologist-in-charge meets the training and experience requirements and has demonstrated satisfactory performance of the tests involved in the last previous serology evaluation in this state.

(f) In case a new serologist-in-charge meets all requirements except for satisfactory participation in the last previous serology evaluation, the approval status of the laboratory shall be changed to "Tentative approval."

(2) **Laboratory quarters and equipment**: The laboratory must be sufficiently large to enable the technicians to perform the tests in an uninterrupted and convenient manner.

Apparatus and reagents shall conform to the latest description of the standard test as recommended by the author or the United States public health service venereal disease research laboratory.

(3) **Definition of "standard test"**. Those tests will be accepted as "standard" which are recommended as such by the laboratory advisory committee and approved by the state director of health.

(4) **Periodical check-testing for accuracy**. Laboratories desiring approval must achieve an acceptable level of performance in the examination of specimens submitted to them for examination during each year in the periodical serology performance evaluations conducted by the state department of health. The criteria for determination of the level of "acceptable performance" shall be based upon the recommendations of the state public health laboratory advisory committee.

(5) **Certificate of approval**:

(a) Upon satisfactory compliance with the requirements set forth above, a certificate of approval will be issued to each laboratory so complying.

(b) A list of such approved laboratories will be issued twice annually, copies of which will be distributed to each county health department, county medical society, county clerk of courts, and to the superintendents of the hospitals in the community where the laboratory is located.

(c) Laboratories will retain approval during the calendar year in which such approval was issued, provided the requirements for approval are maintained. See also (1), (a) and (b), above concerning personnel changes.

(d) If it becomes necessary to withdraw such approval, the certificate of approval is to be returned immediately upon the request of the state director of health, and the agencies cited in (b) above shall be notified of such action.

(6) **Appeal**: Applicant laboratories not receiving approval for any reason, may appeal to the laboratory advisory committee for reconsideration. After considering the facts involved in the appeal, the advisory committee shall submit recommendations as to any further course of action to the state director of health in writing. If there is a disagreement within the committee, a minority as well as a majority report may be submitted.

After consideration of such recommendations, the state director of health shall render a final decision as to what further action shall be taken, if any.

(7) **Adequate and consistent volume of work**: Since it is difficult for technicians to maintain acceptable proficiency and accuracy unless the performance of the serologic tests is carried on at frequent and regular intervals, in order to insure a consistent reliability in the results, it is suggested that laboratories testing less than sixty specimens a month submit sera which has reacted positively to the state laboratory or some other approved laboratory for checking.

It is further recommended that laboratories testing less than sixty specimens per month should purchase antigen in amounts not large than 5 ml. per bottle, and limit the number of bottles purchased in order to avoid the possibility of using antigen which has deteriorated with age. [Regulation .100.565, effective 3/11/60.]

Chapter 248-101 WAC
SCHOOL DISTRICTS--CONTAGIOUS DISEASES

WAC

248-101-010 Purpose.
248-101-020 Definition.
248-101-220 Control of communicable (contagious) diseases.

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 248-101-220 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

248-102-010 Definitions.
248-102-020 Performance of screening tests.
248-102-040 Establishment of diagnosis.
248-102-070 Fees to be charged in support of the program.
248-102-999 Legal authority of the state board of health.

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 248-102-010 Definitions. For the purposes of this chapter:

(1) "Department" means the Department of Social and Health Services of the State of Washington.

(2) "Phenylketonuria" (PKU) means a congenital metabolic disorder characterized by abnormal phenylalanine metabolism usually accompanied by mental retardation if not adequately treated.

(3) "Hypothyroidism" means a congenital disorder of thyroid function associated with low blood levels of thyroid hormone, which may lead to mental retardation if undetected and untreated.

(4) "Positive screening test" is an abnormal laboratory test result which indicates that a disorder may be present in the person tested and that further diagnostic evaluation should be performed. [Order 136, § 248-102-010, filed 12/2/76; Order 5, § 248-102-010, filed 10/16/68.]

WAC 248-102-020 Performance of screening tests. (1) Administrators of all hospitals and maternity care facilities in which children are born or newborns receive care in the State of Washington shall forward to the Health Services Division of the Department appropriate specimens and related necessary data for laboratory screening tests for phenylketonuria and hypothyroidism; the form and manner for collection of such specimens shall be prescribed by the Health Services Division of the Department. The specimens are to be collected from each newborn infant prior to discharge from the hospital or maternity facility, or by 10 days of age if undischarged. The specimen(s) shall be forwarded not later than the close of the next working day, to the Health Services Division Laboratory.

(2) The parent, parents or guardian of a newborn infant shall be informed by hospital personnel that a blood specimen is to be taken from the infant in compliance with State law prior to obtaining the specimen. In the event that a parent, the parents or guardian refuse to allow such testing because of religious tenets or practices (as provided by RCW 70.83.020), hospital staff shall obtain a signed statement from the parent, parents or guardian refusing to allow the test on such grounds. Such signed statement or a copy shall be sent to the Health Services Division of the Department in lieu of the specimen for the newborn. [Order 136, § 248-102-020, filed 12/2/76; Order 5, § 248-102-020, filed 10/16/68.]

WAC 248-102-040 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 248-102-070 Fees to be charged in support of the program. The Department is authorized to make a reasonable charge to the parents of the newborn child, to be collected through the hospitals, and each hospital is authorized to make a reasonable charge to the parent covering its expenses for services rendered in carrying out the program. [Order 144, § 248-102-070, filed 3/22/77; Order 136, § 248-102-030 (codified WAC 248-102-070), filed 12/2/76.]

WAC 248-102-999 Legal authority of the state board of health. Chapter 70.83 RCW. [Order 5, § 248-102-999, filed 10/16/68.]

Chapter 248-104 WAC
PERSONNEL PRACTICES

WAC
248-104-110 General.

WAC 248-104-110 General. Personnel practices in the Washington state department of health shall be based on merit principles governing the appointment, promotion, transfer, layoff, recruitment, retention, classification, pay, removal, discipline, and welfare of employees as established in RCW 50.12.030 and as required by the federal government as a prerequisite for fiscal grants-in-aid. [Regulation .104.110, effective 3/11/60.]

Chapter 248-112 WAC
DISPOSITION OF HUMAN REMAINS

WAC
248-112-010 Definitions.
248-112-020 Approval required for tissue preservation.
248-112-030 Approval required for tissue preservation——Provisions for approval.
248-112-040 Approval required for tissue preservation——Exemptions from approval.
248-112-050 Records.
248-112-060 Labels.

WAC 248-112-010 Definitions. (1) As used in these regulations "person" includes any public or nonprofit therapeutic agency such as a nonprofit blood bank, artery bank, eye bank, or other therapeutic service approved by the state director of health.

(2) "Department" means the state of Washington department of health. [Regulation .112.010, filed 2/18/66.]

WAC 248-112-020 Approval required for tissue preservation. No person shall collect, process, store, or distribute human tissues obtained in accordance with RCW 68.08.250 through 68.08.290 unless such person shall have received approval from the department. [Regulation .112.020, filed 2/18/66.]

WAC 248-112-030 Approval required for tissue preservation——Provisions for approval. (1) Application for approval shall be made to the department and shall include the following items:

(a) Complete and detailed description of the methods, equipment, and technics used in relation to each tissue which is to be processed.

(b) The name and address of the person owning the place, establishment, or institution, in which the processing is to be carried on.

(c) The name and address of the director who shall be a duly licensed physician and surgeon or dentist in the state of Washington, according to the tissue field utilized.

(d) Kinds of tissues to be processed.

(e) Such additional information as the department may require in order to determine compliance with these regulations.

(2) The operation of the tissue bank shall be under the direct supervision of a physician and surgeon or dentist duly licensed in this state according to the tissue field utilized.

(3) The department shall be notified within thirty days following approval as to the date of commencement of operation.

(4) Application will be approved only when establishment and the methods used are such that the tissues processed will not be contaminated, dangerous, or harmful.

(a) Representative samples shall be provided for the department of each lot of tissues, if requested by the department, for the purpose of checking sterility, quality, or other factor.

(b) Any duly authorized representative of the department shall have free access to the establishment and the records thereof at all reasonable hours for the purpose of ascertaining compliance with these regulations.

(5) Approval may be granted only for the processing of tissues for which there is scientific evidence of therapeutic value and for which methods of preservation have been developed.

(6) Renewal of approval.

(a) Each license shall expire on December 31 of the year in which it was issued. Renewal of applications shall be filed by October 31.

(b) Each person on applying for renewal shall review his activities in the field for the preceding year if requested to do so by the department. [Regulation .112.030, filed 2/18/66.]

WAC 248-112-040 Approval required for tissue preservation——Exemptions from approval. This group does not apply to autogenous tissue grafting, or to homografts where tissues are obtained from living donors, or

to other biologic products which are defined as follows: whole blood and blood derivatives, serum, vaccine, live vaccine, killed vaccine, tissue vaccine, autogenous vaccine, live virus, killed virus, live bacterial culture, killed bacterial culture, bacterin, hormone, tissue extract, gland extract, gland preparation, insulin and similar products made from human and animal tissues or micro-organisms and offered for sale or distribution for the prevention or treatment of disease. [Regulation .112.040, filed 2/18/66.]

WAC 248-112-050 Records. (1) The director or supervisor of approved tissue processing programs shall keep records of all tissues processed.

(2) Records may be designated by number (instead of by name of donor) to conform with individual specimens or lots of tissue.

(3) Records shall contain the following data:

(a) Name and address of institution from which material was obtained, also name of physician responsible for procurement.

(b) Date and time to nearest quarter hour of death of donor.

(c) Cause of death, age of donor, and when available, pathologic results including autopsy report.

(d) Date and hour of obtaining tissue. If more than four hours post mortem, state whether refrigeration was used and, if so, give length of time and temperature.

(e) Date and method of processing tissue, if applicable.

(f) Date final storage begins.

(g) Date and place of use.

(h) Results of tests for contamination and other examination.

(i) Pertinent laboratory data, such as serologic tests for syphilis, from donor. Prospective donors with histories of hepatitis shall not be accepted.

(j) Information relating to consent or authorization.

(4) Unless otherwise required by other provisions of law, all records and information shall be retained for not less than two years. [Regulation .112.050, filed 2/18/66.]

WAC 248-112-060 Labels. (1) A method which will positively identify each specimen during the period from procurement to the beginning of final storage shall be placed in effect by each person.

(2) The final label shall show:

(a) The name of the product, and method used in processing.

(b) A number which will identify the processing information related to the specimen.

(c) A date prior to which use must be made of the product, or prior to which use of the product is recommended, whichever is applicable.

(d) Name and address of the processor.

(e) If temperature is a factor in preservation, the temperature range within which deterioration is avoided shall be specified.

(f) Other data descriptive of the product may also be included in the label.

(g) Directions for reconstitution of the product, and preparation for its use may be included in the label or in an accompanying circular.

(h) Altered or supplementary labels shall not be used. [Regulation .112.060, filed 2/18/66.]

Chapter 248-118 WAC
FINANCIAL RESPONSIBILITY OF TUBERCULOSIS PATIENTS

WAC

248-118-010 Definitions.
248-118-020 Statement of financial resources.
248-118-021 Statement of financial resources——Cooperation in obtaining information.
248-118-022 Statement of financial resources——Emergencies.
248-118-030 Financial ability——Determination.
248-118-040 Financial ability——Forms.
248-118-050 Financial ability——Review of financial ability.
248-118-060 Financial ability——Standards generally.
248-118-061 Financial ability——Inability to pay.
248-118-070 Financial ability——Specific minimum standards.
248-118-080 Payment by patient.
248-118-090 Liability of estate.
248-118-100 Statement of costs.
248-118-110 Payment by county.

WAC 248-118-010 Definitions. (1) "Tuberculosis facility" shall mean any hospital, sanatorium or other facility maintained by a county for the in-patient care of persons suffering from infection or suspected infection with *Mycobacterium tuberculosis.*

(2) "Local health department" shall mean the health department which provides public health services for tuberculosis control to persons within the jurisdictional area.

(3) "Local health officer" shall mean the legally qualified physician who has been appointed as the health officer for the city, town, county or district health department or his appointed tuberculosis control officer.

(4) "Department" shall mean the Washington state department of health.

(5) "Medical director" shall mean the director of the tuberculosis facility.

(6) "Responsible person" shall mean those responsible for the support of a patient in the following order:

(a) The spouse of the patient.

(b) The parents of a minor patient.

(c) The children of the patient where they have assumed the responsibility for the support of the patient.

(d) The guardian or legal representative of the patient.

(7) "Cost of care" of a hospitalized tuberculosis patient is all reasonable cost of services as computed by procedures and methods for determining reasonable cost necessary under provisions of the Health Insurance for the Aged Act of 1965 as amended.

(8) "Current income" shall be that monthly cash which the patient or his family earns during the time of hospitalization through wages, profits from business, dividends, interest, sick pay and benefits derived from health and accident insurance collectible as a result of illness and confinement in the tuberculosis facility.

Funds derived from the liquidation of capital assets or withdrawal from savings may be used to supplement current income to the extent that such assets and savings exceed the exempt amount as specified in these regulations.

(9) "Admission" shall mean the entry of a patient into a tuberculosis facility and the completion of all necessary admission records to include financial data. [Order 31, § 248-118-010, filed 8/18/69.]

WAC 248-118-020 Statement of financial resources. Prior to admission as a patient to a tuberculosis facility, every patient, or the person responsible under the laws of the state of Washington for his support, shall provide the local health officer of the county of his residence a statement of his financial resources, holdings and obligations upon forms provided by the department. Said forms shall be in duplicate, one copy to be furnished to the tuberculosis facility, and one copy to be furnished to the local health officer: *Provided*, That no individual need provide any health official or tuberculosis facility a statement of his financial resources, holdings or obligations if he agrees to pay, and subsequently does pay that portion of the cost of hospitalization remaining after deducting all costs legitimately due from medical or hospital or health insurance, medicare, or other similar legitimate applicable prepaid health care or insurance type resources: *Provided further*, That such individual is free to leave said tuberculosis facility at any time at his own discretion, with or without a medical discharge, but in no such instance will the hospital or sanatorium, nor physician nor nurse, be liable for any damages accruing from his ill health due to tuberculosis or complications thereof: *Provided further*, That an individual whose sputum, gastric contents or other bodily discharges are demonstrated to contain pathogenic *Mycobacterium* organisms, and who because of this is quarantined to protect others from the disease, shall not be liable for the cost of such hospitalization beyond that received from medical or health or hospital insurance, medicare or similar legitimate, applicable prepaid health care or insurance resources. [Order 31, § 248-118-020, filed 8/18/69.]

WAC 248-118-021 Statement of financial resources——Cooperation in obtaining information. Local health officers may have the assistance of the director of the tuberculosis facility, when necessary, in obtaining a statement of the patient's financial resources, holdings and obligations. [Order 31, § 248-118-021, filed 8/18/69.]

WAC 248-118-022 Statement of financial resources——Emergencies. If a patient must be admitted to the tuberculosis facility at night or on a holiday or weekend or as an emergency the statement shall be obtained as soon as practicable following admission. [Order 31, § 248-118-022, filed 8/18/69.]

WAC 248-118-030 Financial ability——Determination. Upon the filing of a financial statement as provided for under WAC 248-118-020 through 248-118-022, it shall be the duty of the local health officer to determine the financial ability of such patient, or the person responsible therefor, to contribute in whole or in part to the cost of care in such facility. [Order 31, § 248-118-030, filed 8/18/69.]

WAC 248-118-040 Financial ability——Forms. In determining the financial responsibility of a patient, or the responsible person, it shall be the duty of the local health officer to complete the forms provided by the department. Said forms shall be made in triplicate, one copy to be furnished to the tuberculosis facility, one copy to be furnished to the department, and one to be retained by the local health officer. [Order 31, § 248-118-040, filed 8/18/69.]

WAC 248-118-050 Financial ability——Review of financial ability. The determination of financial ability to pay shall be reviewed at the patient's request or in the event that information of a substantial change in the patient's or responsible person's ability to pay should come to the attention of the health officer. [Order 31, § 248-118-050, filed 8/18/69.]

WAC 248-118-060 Financial ability——Standards generally. The patient or responsible person shall be charged that portion of the cost of care which he can pay from any and all sources of current income and capital available to him which is deemed to be in excess of his requirements to maintain the family standard of living at a level equal to that which existed prior to the patient's entry into the tuberculosis facility. In all cases, health insurance benefits accruing to the patient as a result of his hospitalization for tuberculosis shall be considered to be income in excess of that needed to maintain the family standard of living. [Order 31, § 248-118-060, filed 8/18/69.]

WAC 248-118-061 Financial ability——Inability to pay. If a patient or the responsible person is, in whole or in part, provided support by the Washington State Department of Public Assistance, he shall be considered unable to pay any part of the cost of care. [Order 31, § 248-118-061, filed 8/18/69.]

WAC 248-118-070 Financial ability——Specific minimum standards. A patient, or the person responsible therefor, shall not be required to contribute to the cost of his hospital care to the extent that such contribution would require any of the following steps:

(1) Lowering of normal living expenditures from their level prior to hospitalization.

(2) Endangering the title to a home, furnishings, or automobile.

(3) Employment of any dependent not employed prior to the beginning of the patient's hospitalization.

(4) Depletion of hospitalization insurance benefits available to dependents.

(5) Depletion of real property holdings; or depletion of cash savings or securities below the value at which such assets would yield, at five percent per annum, a prescribed percentage of the current total annual living expense. The total annual living expense shall be figured at twelve times the monthly total family needs as determined on the forms provided by the department. The percentage shall be prescribed as follows: One hundred percent if either the patient or the responsible person is sixty years of age or older; sixty percent if the patient or responsible person is at least fifty but not more than fifty–nine years; thirty percent if he is at least forty but not more than forty–nine years; and ten percent if he is less than forty years of age.

(6) Reducing the patient's assets below the amount that would be allowed as an award in lieu of homestead pursuant to RCW 11.52.010.

(7) Shortening of hospital stay to less than that necessary for adequate treatment. [Order 31, § 248–118–070, filed 8/18/69.]

WAC 248–118–080 Payment by patient. The patient, or the responsible person shall, upon a determination by the local health officer that he is capable of contributing to the cost of his hospitalization, pay to the sanatorium the amount determined by the local health officer who shall be informed of the payment on a monthly basis. [Order 31, § 248–118–080, filed 8/18/69.]

WAC 248–118–090 Liability of estate. The unpaid portion of any patient's share of charges for hospitalization shall be a liability of the estate which, while there is a surviving spouse, shall be considered as capital assets of the responsible person and subject to depletion according to WAC 248–118–070(5). [Order 31, § 248–118–090, filed 8/18/69.]

WAC 248–118–100 Statement of costs. A statement of the cost of care shall be prepared by the director of the tuberculosis facility monthly and at the time of discharge. Each statement shall show the amount charged to the patient, or responsible person, to a responsible insurance carrier or fiscal intermediary and to the county in which the patient resided prior to his hospitalization. [Order 31, § 248–118–100, filed 8/18/69.]

WAC 248–118–110 Payment by county. The local health officer shall be responsible for payment of tuberculosis hospital expenses from county funds monthly in amounts sufficient to pay that portion of the cost of care which has not been paid by the patient or responsible person, his medical insurance carrier or fiscal intermediary. Payments received from the patient, responsible person or insurance carrier after costs have been paid from county funds shall be credited to the county's account. [Order 31, § 248–118–110, filed 8/18/69.]

Chapter 248–124 WAC
VITAL STATISTICS——CERTIFICATES

WAC
248–124–010 Adoption of U.S. standard certificates——Modifications.
248–124–990 Form——Certificate of live birth.
248–124–99001 Form——Certificate of death.
248–124–99002 Form——Certificate of marriage.
248–124–99003 Form——Certificate of absolute divorce or annulment.
248–124–99004 Form——Certificate of fetal death.

WAC 248–124–010 Adoption of U.S. standard certificates——Modifications. Pursuant to the authority in it vested by the laws of the state of Washington, particularly RCW 70.58.200, the state board of health does hereby adopt and approve for use in the state of Washington effective January 1, 1968 the 1968 revisions of the United States Standard Certificate of Live Birth, Fetal Death, Death (combined physician–coroner form), Marriage, and Absolute Divorce or Annulment as promulgated by the United States Department of Health, Education, and Welfare – Public Health Service as annexed hereto including the following modifications:

Certificate of Live Birth – item 10c delete "midwife"

Certificate of Fetal Death – item 12c delete "midwife"

Certificate of Death – (combine physician–coroner form) – item 22a delete "medical examiner or"

Certificate of Marriage – delete item 15c "State", add new item "Officiant – Address"; item 17a delete "Local Official making return to State Health Department", substitute "County Auditor making return to State"; item 17b delete "Local Official", substitute "County Auditor"

Certificate of Absolute Divorce or Annulment – item 14c delete "other", substitute "both"; delete items 14g "Court Official – signature", 14h "Title of Court Official", 14i "Court – Name", substitute one item "Signature of Clerk of Superior Court"

Provided that when a decree of separate maintenance is granted the Certificate of Absolute Divorce or Annulment form as herein above provided shall be used with the following modification:

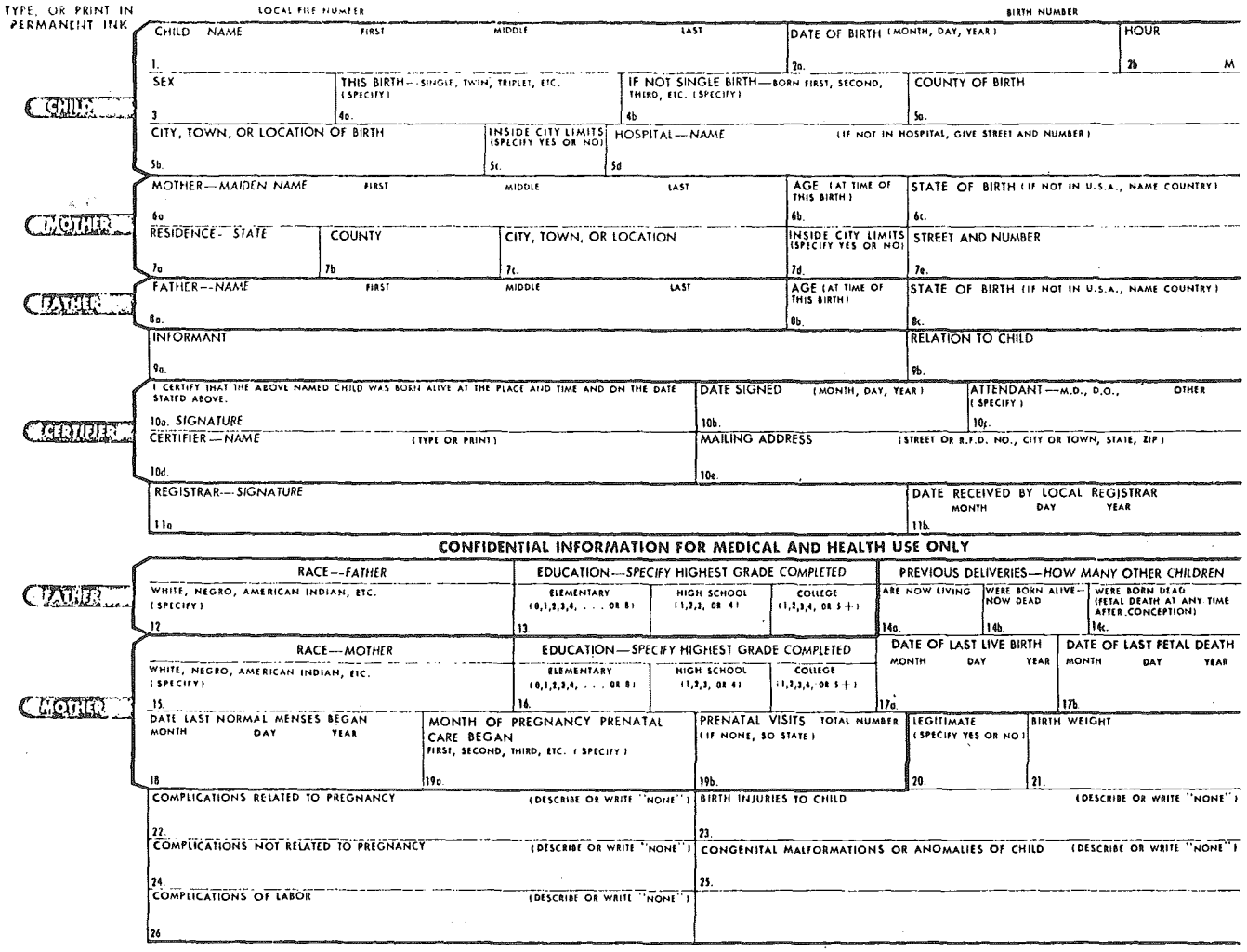
Title – "Certificate of Separate Maintenance"
Item 14a –"I certify that the following decree was granted on:"
Item 14b –insert "separate maintenance"

[Order, § 248–124–010, filed 9/1/67.]

WAC 248-124-990 Form--Certificate of live birth.

WASHINGTON STATE DEPARTMENT OF HEALTH – BUREAU OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH



[Order, Form (codified as WAC 248-124-990), filed 9/1/67.]

WAC 248-124-99001 Form--Certificate of death.

WASHINGTON STATE DEPARTMENT OF HEALTH –
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST)
2. SEX
3. DATE OF DEATH (MONTH, DAY, YEAR)
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))
5a. AGE—LAST BIRTHDAY (YEARS)
5b. UNDER 1 YEAR (MOS., DAYS)
5c. UNDER 1 DAY (HOURS, MIN.)
6. DATE OF BIRTH (MONTH, DAY, YEAR)
7a. COUNTY OF DEATH
7b. CITY, TOWN, OR LOCATION OF DEATH
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
9. CITIZEN OF WHAT COUNTRY
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

12. SOCIAL SECURITY NUMBER
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
13b. KIND OF BUSINESS OR INDUSTRY
14a. RESIDENCE—STATE
14b. COUNTY
14c. CITY, TOWN, OR LOCATION
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)
14e. STREET AND NUMBER

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST)
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)

17a. INFORMANT—NAME
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE
(a)
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
19a. AUTOPSY (YES OR NO)
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR)
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR) AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) M.
23a. CERTIFIER—NAME (TYPE OR PRINT)
23b. SIGNATURE, DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR)
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)
24b. CEMETERY OR CREMATORY—NAME
24c. LOCATION (CITY OR TOWN, STATE)
24d. DATE (MONTH, DAY, YEAR)
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY, TOWN, STATE, ZIP)
25b. FUNERAL DIRECTOR—SIGNATURE
26a. REGISTRAR—SIGNATURE
26b. DATE RECEIVED BY LOCAL REGISTRAR

[Order, Form (codified as WAC 248-124-99001), filed 9/1/67.]

WAC 248-124-99002 Form--Certificate of marriage.

WASHINGTON STATE DEPARTMENT OF HEALTH –
BUREAU OF VITAL STATISTICS

CERTIFICATE OF MARRIAGE

LICENSE NO. COUNTY DATE STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK

TO BE COMPLETED BY THE PARTY OFFICIATING AT THE MARRIAGE

GROOM

GROOM—NAME (1) FIRST MIDDLE LAST

RESIDENCE—STATE (2a) | COUNTY (2b) | CITY, TOWN, OR LOCATION (2c) | INSIDE CITY LIMITS (SPECIFY YES OR NO) (2d)

STREET AND NUMBER (2e) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) (3) | DATE OF BIRTH (MONTH, DAY, YEAR) (4)

FATHER—NAME (5a) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) (5b) | MOTHER—MAIDEN NAME (6a) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) (6b)

BRIDE

BRIDE—NAME (7a) FIRST MIDDLE LAST | MAIDEN NAME (IF DIFFERENT) (7b)

RESIDENCE—STATE (8a) | COUNTY (8b) | CITY, TOWN, OR LOCATION (8c) | INSIDE CITY LIMITS (SPECIFY YES OR NO) (8d)

STREET AND NUMBER (8e) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) (9) | DATE OF BIRTH (MONTH, DAY, YEAR) (10)

FATHER—NAME (11a) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) (11b) | MOTHER—MAIDEN NAME (12a) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) (12b)

APPLICANT

APPLICANT—SIGNATURE (13a) | DATE SIGNED (MONTH, DAY, YEAR) (13b)

APPLICANT—SIGNATURE (14a) | DATE SIGNED (MONTH, DAY, YEAR) (14b)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (MONTH, DAY, YEAR) (15a) | PLACE OF MARRIAGE—COUNTY (15b) | OFFICIANT—RELIGIOUS OR CIVIL (SPECIFY) (15c) | DATE SIGNED (MONTH, DAY, YEAR) (15d)

OFFICIANT—SIGNATURE (15e) | OFFICIANT—ADDRESS (15f)

WITNESS—SIGNATURE (16a) | WITNESS—SIGNATURE (16b)

COUNTY AUDITOR MAKING RETURN TO STATE — SIGNATURE (17a) | DATE RECEIVED BY COUNTY AUDITOR (MONTH, DAY, YEAR) (17b)

CONFIDENTIAL INFORMATION

GROOM

RACE—GROOM	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED		EDUCATION—SPECIFY HIGHEST GRADE COMPLETED		
		LAST MARRIAGE ENDED BY—DEATH, DIVORCE, OR ANNULMENT (SPECIFY)	DATE MONTH YEAR	ELEMENTARY	HIGH SCHOOL	COLLEGE
WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) (18)	FIRST, SECOND, ETC. (SPECIFY) (19)	(20a)	(20b)	(0,1,2,3,4, . . . OR 8) (21)	(1,2,3, OR 4)	(1,2,3,4, OR 5+)

BRIDE

RACE—BRIDE	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED		EDUCATION—SPECIFY HIGHEST GRADE COMPLETED		
		LAST MARRIAGE ENDED BY—DEATH, DIVORCE, OR ANNULMENT (SPECIFY)	DATE MONTH YEAR	ELEMENTARY	HIGH SCHOOL	COLLEGE
WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) (22)	FIRST, SECOND, ETC. (SPECIFY) (23)	(24a)	(24b)	(0,1,2,3,4, . . . OR 8) (25)	(1,2,3, OR 4)	(1,2,3,4, OR 5+)

[Order, Form (codified as WAC 248-124-99002), filed 9/1/67.]

WAC 248-124-99003 Form--Certificate of absolute divorce or annulment.

WASHINGTON STATE DEPARTMENT OF HEALTH –
BUREAU OF VITAL STATISTICS

CERTIFICATE OF
ABSOLUTE DIVORCE OR ANNULMENT

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER

STATE FILE NUMBER

TO BE COMPLETED BY ATTORNEY FOR PLAINTIFF

HUSBAND

1. HUSBAND—NAME (FIRST, MIDDLE, LAST)

2a. RESIDENCE—STATE | 2b. COUNTY | 2c. CITY, TOWN, OR LOCATION | 2d. INSIDE CITY LIMITS (SPECIFY YES OR NO)

2e. STREET AND NUMBER | 3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | 4. DATE OF BIRTH (MONTH, DAY, YEAR)

WIFE

5a. WIFE—NAME (FIRST, MIDDLE, LAST) | 5b. MAIDEN NAME

6a. RESIDENCE—STATE | 6b. COUNTY | 6c. CITY, TOWN, OR LOCATION | 6d. INSIDE CITY LIMITS (SPECIFY YES OR NO)

6e. STREET AND NUMBER | 7. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | 8. DATE OF BIRTH (MONTH, DAY, YEAR)

9a. PLACE OF THIS MARRIAGE—COUNTY | 9b. STATE (IF NOT IN U.S.A., NAME COUNTRY) | 9c. DATE OF THIS MARRIAGE (MONTH, DAY, YEAR) | 10. APPROXIMATE DATE COUPLE SEPARATED (MONTH, YEAR)

11a. LIVING CHILDREN—TOTAL NUMBER | 11b. UNDER 18 YEARS OF AGE | 12. PLAINTIFF (HUSBAND, WIFE, OTHER (SPECIFY))

13a. ATTORNEY FOR PLAINTIFF—NAME | 13b. ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

TO BE COMPLETED BY CLERK

DECREE

14a. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: (MONTH, DAY, YEAR) | 14b. TYPE OF DECREE—ABSOLUTE DIVORCE OR ANNULMENT (SPECIFY)

14c. DECREE GRANTED TO HUSBAND, WIFE, BOTH (SPECIFY) | 14d. LEGAL GROUNDS FOR DECREE (SPECIFY) | 14e. COUNTY OF DECREE

14f. DATE OF RECORDING (MONTH, DAY, YEAR) | 14g. SIGNATURE OF CLERK OF SUPERIOR COURT

CONFIDENTIAL INFORMATION

HUSBAND

15. RACE—HUSBAND (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) | 16. NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC. (SPECIFY)) | 17. IF PREVIOUSLY MARRIED HOW MANY ENDED BY (DEATH; DIVORCE OR ANNULMENT) (SPECIFY IF NONE) | 18. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (ELEMENTARY (0, 1, 2, 3, 4, . . . OR 8); HIGH SCHOOL (1, 2, 3, OR 4); COLLEGE (1, 2, 3, 4, OR 5+))

WIFE

19. RACE—WIFE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) | 20. NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC. (SPECIFY)) | 21. IF PREVIOUSLY MARRIED HOW MANY ENDED BY (DEATH; DIVORCE OR ANNULMENT) (SPECIFY IF NONE) | 22. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (ELEMENTARY (0, 1, 2, 3, 4, . . . OR 8); HIGH SCHOOL (1, 2, 3, OR 4); COLLEGE (1, 2, 3, 4, OR 5+))

[Order, Form (codified as WAC 248-124-99003), filed 9/1/67.]

WAC 248-124-99004 Form—Certificate of fetal death.

WASHINGTON STATE DEPARTMENT OF HEALTH –
BUREAU OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER

STATE FILE NUMBER

FETUS

1. FETUS—NAME (FIRST, MIDDLE, LAST)
2a. DATE OF DELIVERY (MONTH, DAY, YEAR)
2b. HOUR (M.)
3. SEX
4a. THIS DELIVERY—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)
4b. IF NOT SINGLE DELIVERY BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)
5a. COUNTY OF DELIVERY
5b. CITY, TOWN, OR LOCATION OF DELIVERY
5c. INSIDE CITY LIMITS (SPECIFY YES OR NO)
5d. HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)

MOTHER

6a. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)
6b. AGE (AT TIME OF THIS DELIVERY)
6c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
7a. RESIDENCE—STATE
7b. COUNTY
7c. CITY, TOWN, OR LOCATION
7d. INSIDE CITY LIMITS (SPECIFY YES OR NO)
7e. STREET AND NUMBER

FATHER

8a. FATHER—NAME (FIRST, MIDDLE, LAST)
8b. AGE (AT TIME OF THIS DELIVERY)
8c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

CAUSE

9. PART I. FETAL DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

FETAL OR MATERNAL CONDITION DIRECTLY CAUSING FETAL DEATH
(a) IMMEDIATE CAUSE

FETAL AND/OR MATERNAL CONDITIONS, IF ANY, GIVING RISE TO THE IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:

SPECIFY FETAL OR MATERNAL

PART II. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER: CONDITIONS CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

10. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (SPECIFY)
11a. AUTOPSY (SPECIFY YES OR NO)
11b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

CERTIFIER

I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD
12a. SIGNATURE
12b. DATE SIGNED (MONTH, DAY, YEAR)
12c. ATTENDANT—M.D., D.O., OTHER (SPECIFY)
12d. CERTIFIER—MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
13. AUTHORIZED OFFICIAL (IF DELIVERY NOT ATTENDED BY PHYSICIAN)
13. SIGNATURE

BURIAL

14a. BURIAL, CREMATION, OR REMOVAL (SPECIFY)
14b. CEMETERY OR CREMATORY—NAME
14c. LOCATION (CITY OR TOWN, STATE)
14d. DATE (MONTH, DAY, YEAR)
15a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
15b. FUNERAL DIRECTOR—SIGNATURE
16a. REGISTRAR—SIGNATURE
16b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

FATHER

17. RACE—FATHER (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))
18. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (ELEMENTARY (0,1,2,3,4, . . . OR 8); HIGH SCHOOL (1,2,3, OR 4); COLLEGE (1,2,3,4, OR 5+))

MOTHER

19a. PREVIOUS DELIVERIES—HOW MANY OTHER CHILDREN ARE NOW LIVING
19b. WERE BORN ALIVE—NOW DEAD
19c. WERE BORN DEAD (FETAL DEATH AT ANY TIME AFTER CONCEPTION)
20. RACE—MOTHER (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))
21. EDUCATION—SPECIFY HIGHEST GRADE COMPLETED (ELEMENTARY (0,1,2,3,4, . . . OR 8); HIGH SCHOOL (1,2,3, OR 4); COLLEGE (1,2,3,4, OR 5+))
22a. DATE OF LAST LIVE BIRTH (MONTH, DAY, YEAR)
22b. DATE OF LAST FETAL DEATH (MONTH, DAY, YEAR)
23. DATE LAST NORMAL MENSES BEGAN (MONTH, DAY, YEAR)
24a. MONTH OF PREGNANCY PRENATAL CARE BEGAN (1ST, 2D, ETC. (SPECIFY))
24b. PRENATAL VISITS TOTAL NUMBER IF NONE, SO STATE
25. LEGITIMATE (SPECIFY YES OR NO)
26. BIRTH WEIGHT
27. COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")
28. BIRTH INJURIES TO FETUS (DESCRIBE OR WRITE "NONE")
29. COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")
30. CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS (DESCRIBE OR WRITE "NONE")
31. COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE")

[Order, Form (codified as WAC 248-124-99004), filed 9/1/67.]

Chapter 248-128 WAC
FAMILY PLANNING PROGRAMS

WAC

248-128-001 Policy statement.

WAC 248-128-001 Policy statement. Family planning encompasses more than programs of family limitation. Family planning programs should, as far as possible, include programs to enrich the quality of family living and encompass programs of family life education, family counseling, health, and other programs for preparation for responsible adulthood and parenthood.

(1) Family planning and responsible parenthood are essential and integral parts of a comprehensive health program. As such, they are essential and integral parts of the long range comprehensive health program of the Washington state department of health.

(2) Local health departments shall be encouraged to and assisted in taking a leading role in developing local family planning programs. The areas in which this encouragement and assistance may be offered are:

(a) Study of need.

(b) Development of community resources.

(c) Coordination with existing or planned related programs.

(d) Development and implementation of policies and procedures.

(e) Funding of program.

(f) Recruitment and training of professional personnel.

(g) Development and implementation of a system of evaluation.

(3) Family planning should be available to all people. However, efficient use of available resources of personnel and funds for maximum benefit requires that priority be given to those most in need of such services. For this reason, primary emphasis will be on service to women who have the following:

(a) Conditions which increase the risk of an abnormal outcome of pregnancy. This may include obstetrical, medical, social, or genetic conditions.

(b) Conditions in the mother which would be adversely affected by pregnancy.

(c) Conditions leading to a poor family situation for child rearing. These conditions may include the absence of one parent from the household (unmarried, separated, divorced, or widowed), an emotionally ill or mentally retarded parent, a physically handicapped parent, or the presence of some other condition adversely affecting the family.

(d) Conditions leading to a reduced level of fertility in a family desiring children.

(4) Case finding is an essential part of a family planning program where there is emphasis on a "high risk" population. However, it is equally necessary that no form or suggestion of coercion be applied or implied to the patient.

(5) In order to allow patients to participate appropriately and without restraint in family planning, it is necessary that a complete variety of methods, applicable to both promotion of fertility and contraception, be made available.

(6) Family planning is best achieved where there is a thorough understanding of the needs and methods, and a proper orientation to the use of the service. It will be the responsibility of appropriate local health department personnel to initiate discussions to this end with patients in whom the need is indicated. Local health department personnel will require training to best achieve the desired results. Since family life must involve both husband and wife, every effort should be made to involve husbands in discussions of family planning.

(7) Local health department personnel will not be required to participate in a family planning program when it conflicts with their religious or moral precepts. Their responsibility to the patient and to the program will be discharged by their referring of the patient to other personnel who are trained and willing to fill the need.

(8) Arrangements for payment for family planning services and devices or supplies will be such that no patient will be denied these benefits because of inability to pay for them.

(9) The decision as to the appropriate method for an individual patient is that of the patient and the physician. This decision, the prescription of devices or supplies where indicated, and the emplacing of devices where indicated shall be accomplished only by a physician licensed to practice medicine in the state of Washington.

(10) Advisory committees broadly representative of the interests and attitudes of the community should be involved in the development of community family planning programs. [Filed 8/4/67.]

Chapter 248-132 WAC
WATER SAFETY TEACHING STATIONS

WAC

248-132-010 Definitions.
248-132-020 Scope of chapter——Size and depth.
248-132-030 Approval for construction.
248-132-040 Drinking fountain.
248-132-050 Plans and specifications——Approval——Notice to local health officer.
248-132-060 Toilet facilities.
248-132-070 Location.
248-132-080 Enclosure and cover.
248-132-090 Rinsing shower.
248-132-100 Foot rinse.
248-132-110 Number of bathers permitted.
248-132-120 Water quality.
248-132-130 Chlorine content.
248-132-140 Water recirculation.
248-132-150 Operation and sanitary control.
248-132-160 Bath house.
248-132-170 First aid.
248-132-180 Emergency telephone list.
248-132-190 Telephone required.
248-132-200 Health menace prohibited.

WAC 248-132-010 Definitions. The term "water safety teaching station" shall mean an artificial pool of water having a depth of twenty-four to thirty-six inches, owned or operated by a public school, a municipality or one of its political subdivisions, together with the appurtenances in connection therewith, which is used to teach water safety and which may be portable. [Order 34, § 248-132-010, filed 6/26/70.]

WAC 248-132-020 Scope of chapter——Size and depth. Water safety teaching stations not more than thirty-six inches in depth and having a surface area not greater than eight hundred square feet shall comply with the requirements of this chapter. Water safety teaching stations deeper than thirty-six inches or larger than eight hundred square feet shall comply with the requirements for public pools. [Order 34, § 248-132-020, filed 6/26/70.]

WAC 248-132-030 Approval for construction. The design, construction, and equipment of a water safety teaching station must be approved by the division of health of the department of social and health services, and shall meet the requirements of WAC 248-98-050(1); (2); (11), (c), (d), (g), (h), (i), (j2), (k), (l), (13 as applied to semi-public pools), (17), and (24). [Order 34, § 248-132-030, filed 6/26/70.]

WAC 248-132-040 Drinking fountain. A drinking fountain shall be provided in the vicinity of the pool. [Order 34, § 248-132-040, filed 6/26/70.]

WAC 248-132-050 Plans and specifications——Approval——Notice to local health officer. Plans and specifications for sites and appurtenances for water safety teaching stations shall be submitted to and receive the approval of the assistant secretary, division of health. Subsequently, the local health officer shall be notified thirty days prior to moving the pool to a new location so that a site inspection can be made by the local health officer: *Provided,* That one day's notice is sufficient when the pool is moved to a site previously and currently approved by the local health department. [Order 34, § 248-132-050, filed 6/26/70.]

WAC 248-132-060 Toilet facilities. Toilet facilities shall be provided and be readily accessible to the bathers. A minimum of one toilet for each sex shall be provided. [Order 34, § 248-132-060, filed 6/26/70.]

WAC 248-132-070 Location. Water safety teaching stations shall be so located that an impervious or washable and nonslip surface is immediately adjacent to and circumscribes the pool. [Order 34, § 248-132-070, filed 6/26/70.]

WAC 248-132-080 Enclosure and cover. Unless housed in a building or other protective structure, the water safety teaching station shall be enclosed by a suitable fence or barrier to restrict entrance of unauthorized persons, and shall be covered when not in use. [Order 34, § 248-132-080, filed 6/26/70.]

WAC 248-132-090 Rinsing shower. From September through May, a rinsing shower with hot and cold water shall be provided and required for all bathers. [Order 34, § 248-132-090, filed 6/26/70.]

WAC 248-132-100 Foot rinse. A foot rinse or spray shall be used at the entrance to the pool at outdoor locations. [Order 34, § 248-132-100, filed 6/26/70.]

WAC 248-132-110 Number of bathers permitted. The maximum number of bathers permitted within the pool enclosure of water safety teaching stations at any time shall not exceed one bather for each twenty square feet of water surface area. [Order 34, § 248-132-110, filed 6/26/70.]

WAC 248-132-120 Water quality. The water in water safety teaching stations at all times while in use shall meet the requirements pertaining to water quality as outlined in WAC 248-98-030; except, that the turbidity shall not exceed 0.5 JTU (Jackson Turbidity Unit). [Order 34, § 248-132-120, filed 6/26/70.]

WAC 248-132-130 Chlorine content. A free chlorine residual of not less than 1.0 parts per million shall be maintained throughout the pool during periods of use. [Order 34, § 248-132-130, filed 6/26/70.]

WAC 248-132-140 Water recirculation. Water safety teaching stations shall be so operated that the entire volume of the pool shall be recirculated in not more than four hours. Recirculation facilities shall comply with WAC 248-98-050(10)(b) for either public or semi-public pools. [Order 34, § 248-132-140, filed 6/26/70.]

WAC 248-132-150 Operation and sanitary control. In the operation of water safety teaching stations, the requirement pertaining to operation and sanitary control of swimming pools as outlined in WAC 248-98-060(1), (2), (3), (5), (6), (7), (8), (10) and (12) shall apply. [Order 34, § 248-132-150, filed 6/26/70.]

WAC 248-132-160 Bath house. Bath house floors and appurtenances as well as walkways shall be scrubbed and kept visibly clean at all times. They shall be disinfected with chlorine solution or other germicides at least daily. [Order 34, § 248-132-160, filed 6/26/70.]

WAC 248-132-170 First aid. Water safety teaching stations shall be equipped with a standard twenty-four-unit first aid kit, which shall be kept filled and readily accessible for emergency use; and two or more blankets reserved for emergency use. [Order 34, § 248-132-170, filed 6/26/70.]

WAC 248-132-180 Emergency telephone list. A telephone number list to include the nearest available doctor, ambulance service, hospital, and police or fire department rescue unit shall be prominently displayed immediately adjacent to the telephone. [Order 34, § 248-132-180, filed 6/26/70.]

WAC 248-132-190 Telephone required. A noncoin operated telephone shall be readily accessible at all pool locations. [Order 34, § 248-132-190, filed 6/26/70.]

WAC 248-132-200 Health menace prohibited. No water safety teaching station shall be maintained or operated when such pool is determined by the local health officer, subject to the review of the assistant secretary, division of health, to constitute a menace to health. [Order 34, § 248-132-200, filed 6/26/70.]

Chapter 248-140 WAC
ABORTION REGULATIONS

WAC

248-140-010 Purpose.
248-140-140 Definitions.
248-140-150 Hospital facilities approved for terminating pregnancy.
248-140-160 Certificate of approval required.
248-140-170 Application for certificate of approval.
248-140-180 Issuance, duration and assignment of certificate of approval.
248-140-190 Form of application for certificate of approval and inspection.
248-140-200 Procedure upon denial of application for certificate.
248-140-210 Nonhospital facilities approved for induction of termination of pregnancy during the second trimester.
248-140-220 Reporting of pregnancy terminations.
248-140-230 Disclosure of information.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-140-020 Definitions. [Order 53, § 248-140-020, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-030 Applicability of these rules and regulations. [Order 53, § 248-140-030, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-040 Certificate of approval required. [Order 53, § 248-140-040, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-050 Application for certificate of approval. [Order 53, § 248-140-050, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-060 Issuance, duration and assignment of certificate of approval. [Order 53, § 248-140-060, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-070 Form of application for certificate of approval and inspection. [Order 53, § 248-140-070, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-080 Procedure upon denial of application for certificate. [Order 53, § 248-140-080, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-090 Hospital facilities approved for terminating pregnancy. [Order 53, § 248-140-090, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-100 Nonhospital facilities approved for terminating pregnancy. [Order 57, § 248-140-100, filed 6/8/71; Order 53, § 248-140-100, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-110 Disclosure of information. [Order 53, § 248-140-110, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-120 Reporting of pregnancy terminations. [Order 53, § 248-140-120, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

248-140-130 Review of regulations. [Order 53, § 248-140-130, filed 2/8/71.] Repealed by Order 87, filed 6/12/73.

WAC 248-140-010 Purpose. It is the purpose of the Washington state board of health to establish guidelines to assure the safe and adequate care of patients undergoing termination of pregnancy, by means of rules and regulations setting standards for medical facilities at which pregnancies are terminated, in accordance with chapter 3, Laws of 1970 ex. sess. [Order 53, § 248-140-010, filed 2/8/71.]

WAC 248-140-140 Definitions. Unless the context clearly indicates otherwise, the following terms, whenever used in this chapter, shall be deemed to have the following meanings:

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

(2) "Department" means the Washington state department of social and health services, which shall serve as agent of the board.

(3) "Secretary" means the secretary of the department of social and health services or his designee or authorized representative.

(4) "Certificate of Approval" means a certificate issued in behalf of the board by the department to a nonhospital facility approved for the performance of induction procedures for the termination of pregnancy during the second trimester.

(5) "Clean" when used in reference to a room or area means space and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition.

(6) "Facility" means any nonhospital institution, place, building or agency or portion thereof in which an induction procedure is performed for termination of pregnancy during the second trimester.

(7) "Physician" means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.

(8) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.

(9) "Observation unit" means a room or rooms for the segregation and close or continuous observation and care of patients immediately following an abortion procedure.

(10) "Soiled" when used in reference to a room or area, means space and equipment for collection and/or cleaning of used or contaminated supplies and equipment and/or collection and/or disposal of wastes.

(11) "Induction" means the procedure used by the licensed physician to initiate premature labor leading to delayed termination of pregnancy during the second trimester.

(12) "Second trimester" means the second three-month period of pregnancy. [Order 87, § 248-140-140, filed 6/12/73.]

WAC 248-140-150 Hospital facilities approved for terminating pregnancy. For the purpose of preserving and protecting maternal health, all abortions performed during the second trimester of pregnancy shall be performed only in hospitals licensed pursuant to chapter 70.41 RCW: *Provided*, That a termination of pregnancy during the second trimester may be induced in a facility other than a licensed hospital so long as final termination takes place in a licensed hospital: *Provided further*, That abortions during the second trimester may be performed outside licensed hospitals when the physician has determined that termination of the pregnancy was immediately necessary to meet a medical emergency. [Order 87, § 248-140-150, filed 6/12/73.]

WAC 248-140-160 Certificate of approval required. No person shall establish, maintain, or operate a facility in which any means are employed or actions taken for the purpose of induction of termination of the pregnancy of a woman in the second trimester without a certificate of approval from the department: *Provided*, That this provision shall not apply to licensed hospitals. [Order 87, § 248-140-160, filed 6/12/73.]

WAC 248-140-170 Application for certificate of approval. An application for a certificate of approval may be made to the department by facilities upon forms provided by the department and shall contain such information as the department reasonably requires and which may include affirmative evidence of ability to comply with these standards, rules and regulations. An application for renewal of license shall be made to the department upon forms provided by it and submitted thirty days prior to the date of expiration of the certificate of approval. [Order 87, § 248-140-170, filed 6/12/73.]

WAC 248-140-180 Issuance, duration and assignment of certificate of approval. (1) Upon receipt of an application for a certificate of approval, the department shall issue a certificate of approval if the applicant and the facility meet the requirements, standards, rules and regulations established herein. Each certificate of approval shall be issued for the premises and persons named in the application and no certificate of approval shall be transferable or assignable.

(2) If there be failure to comply with the standards, rules and regulations, the secretary may, when, in his judgment, the well-being and safety of patients would not be jeopardized, issue to an applicant for an initial or renewed certificate of approval, a provisional certificate of approval which will permit the operation of the facility for a specific, determined period of time. A provisional certificate of approval may be issued only when, after thorough investigation, it has been determined that time can be allowed for the facility to correct existing deficiencies without placing in jeopardy the safety or health of women who receive services for the induction of termination of pregnancy in second trimester. In no case shall provisional approval exceed six months without review and sanction by the secretary. [Order 87, § 248-140-180, filed 6/12/73.]

WAC 248-140-190 Form of application for certificate of approval and inspection. The secretary shall prescribe the form upon which applications for approval shall be made, shall prior to the approval, within a reasonable time after application, evaluate the findings of inspections and issue a certificate of approval if the findings demonstrate conformity to the law and to these rules and regulations. A certificate of approval shall be valid immediately and for twelve months following the first day of the month following issuance, unless revoked for cause, and may be renewable. The secretary shall have access at any reasonable time, to the premises for which approval has been requested or has been issued, for purposes of ascertaining conformance to the law or to these rules and regulations. [Order 87, § 248-140-190, filed 6/12/73.]

WAC 248-140-200 Procedure upon denial of application for certificate. Applicants denied approval or persons whose certificates have been revoked shall have recourse to review of the decision of the secretary in conformance with the Administrative Procedure Act. [Order 87, § 248-140-200, filed 6/12/73.]

WAC 248-140-210 Nonhospital facilities approved for induction of termination of pregnancy during the second trimester. Any facility not an integral organizational part of a licensed hospital and not located within its premises, must meet the following requirements to be approved for the induction of termination of pregnancy during the second trimester.

(1) Has an agreement with a licensed hospital for transfer of patients at the time of the final stage of the termination of pregnancy during the second trimester or because of medical emergencies, such as hemorrhage, shock, perforation of the uterine wall, or infection. This hospital shall be located within a total transport time of ten minutes from the facility.

(2) Has an induction room which meets the following requirements:

(a) A usable floor area with minimum dimensions of at least eight feet and a minimum area of eighty square feet, provided the room arrangement allows for required equipment being readily accessible during the procedure and allows for free movement of personnel performing the procedure.

(b) The room must be well-lighted.

(c) Have the following equipment, supplies and storage space.

(i) Suction outlet or suction machine.

(ii) Oxygen outlet or oxygen tank.

(iii) Intravenous stand.

(iv) A resuscitator.

(d) Storage place for sterile surgical supplies, equipment, and emergency drugs needed during the procedure.

(e) Equipment for collection of soiled linens and waste.

(f) An examination or surgical table or their equivalent.

(3) The facility must have storage space for sterile surgical supplies, drugs, linens, anesthesia, solutions, instruments, utensils and equipment.

(4) Has a utility room or clean-up area which includes a work counter, a double-compartment sink, storage cabinet and space for linen hampers and waste containers. Soiled areas shall be separated from clean areas by a physical barrier.

(5) Has an autoclave of sufficient size to accommodate medical supplies and equipment to be sterilized. If the practice of sterilizing unwrapped trays of instruments and other equipment is followed, the autoclave must be located to provide direct access to the induction room from the autoclave. The autoclave may be in either a clean or soiled room wherein the arrangement and workflow is such that separation of contaminated items from sterile items is maintained. Standard procedures for sterilization of various types of supplies, equipment, utensils and solutions shall be established and carried out. These procedures shall be written and readily available to all personnel responsible for sterilization procedures. The facility shall adopt a recognized method of checking the sterilizer's performance. If sterile supplies are obtained from another source, this source and method of transport must meet the approval of the department.

(6) The facility shall have an area designated as an observation unit where the patient may be observed until the physician determines that she may be released to await the final stage of termination, or be transferred to a licensed hospital for the final stage of termination.

(7) Other requirements in the performance of the induction procedure:

(a) The procedure shall be performed by a licensed physician.

(b) No termination of pregnancy in the third trimester may be induced in an approved facility defined in these rules and regulations.

(c) Administration of anesthesia to the patient shall be by a licensed physician or a certified nurse anesthetist.

(d) Flammable anesthesia shall not be used during the procedure.

(e) A termination of pregnancy in the second trimester may be induced in a certified medical facility other than a licensed hospital only if the final termination takes place in a licensed hospital.

(8) The secretary may modify or exempt an applicant from one or more of the requirements of this section where, in his judgment the well-being and safety of the patients would not be jeopardized thereby: *Provided*, That such action is taken only after thorough inspection and evaluation of all relevant circumstances and conditions. [Order 87, § 248-140-210, filed 6/12/73.]

WAC 248-140-220 Reporting of pregnancy terminations. In order for the board and the department to evaluate the effect of the board's rules and regulations in assuring safe and adequate care and treatment of patients, each hospital and facility where lawful induced abortions are performed during either the first, second, or third trimester of pregnancy in accordance with chapter 9.02 RCW and these rules and regulations shall, on forms prescribed and supplied by the secretary, report to the department during the following month the number and dates of induced abortions performed during the previous month, giving for each abortion the age of the patient, geographic location of patient's residence, patient's previous pregnancy history, the duration of the pregnancy, the method of abortion, any complications such as perforations, infections, and incomplete evacuations, the name of the physician(s) performing or participating in the abortion and such other relevant information as may be required by the secretary. All physicians performing abortions in nonapproved facilities, when the physician has determined that termination of the pregnancy was immediately necessary to meet a medical emergency, shall also report in the same manner, and shall additionally provide a clear and detailed statement of the facts upon which he based his judgment of medical emergency. [Statutory Authority: RCW 43-.20.050. 80-14-063 (Order 202), § 248-140-220, filed 10/1/80; Order 87, § 248-140-220, filed 6/12/73.]

WAC 248-140-230 Disclosure of information. To assure accuracy and completeness in reporting, as required to fulfill the purposes for which abortion statistics are collected, information received by the board or the department through filed reports, inspections or as otherwise authorized, shall not be disclosed publicly in such a manner as to identify any individual without their consent, except by subpoena, nor in such a manner as to identify any facility except in a proceeding involving issues of certificates of approval. [Statutory Authority: RCW 43.20.050. 80-14-063 (Order 202), § 248-140-230, filed 10/1/80.]

Chapter 248-144 WAC
TRANSIENT ACCOMMODATIONS

WAC
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WAC 248-144-010 Purpose. These regulations are adopted pursuant to chapter 239, Laws of 1971, 1st ex. sess., now codified as RCW 70.62.200, *et seq.* They are intended to provide uniform, statewide standards for assuring adequate light, heat, ventilation, cleanliness, sanitation and maintenance in transient accommodations so as to protect and promote the health and welfare of patrons of such facilities and the general public. [Order 71, § 248-144-010, filed 4/11/72.]

WAC 248-144-020 Definitions. (1) "Act" shall mean chapter 239, Laws of 1971, 1st ex. sess.

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

(3) "Dormitory" shall mean a room containing beds, cots or other sleeping places and occupied by unrelated or separate groups and/or individuals. Every 100 sq. ft. of usable floor space in a dormitory shall constitute a lodging unit.

(4) "Guest" shall mean any person occupying a room for sleeping or lodging purposes.

(5) "Health officer" shall mean the legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(6) "Lodging unit kitchen" shall mean any kitchen in a lodging unit which is made available for guests to use in preparing their own food.

(7) "Lodging unit" shall mean one or more self-contained rooms for transient occupancy including those for sleeping, sitting or cooking purposes, and designated by a number, letter or other means of identification.

(8) "New construction" shall mean any new transient accommodation, addition or major structural alteration of a transient accommodation constructed after the effective date of these rules and regulations.

(9) "Person" shall mean any individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof owning and/or managing or operating a transient accommodation.

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

(11) "Transient accommodation" shall mean any facility such as a hotel, motel, condominium, resort, rooming house or other place offering three or more lodging units to travelers and transient guests for periods of less than one month.

(12) "Travel trailer" or "mobile home" shall mean a vehicular portable unit located at a transient accommodation and offered by a person for occupancy as a lodging unit.

(13) "Uniform plumbing code" shall mean the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials, 1970 Edition.

(14) "Usable floor space" shall mean all floor space in a dormitory not occupied by closets, built-ins, toilet rooms, bath rooms, or shower rooms. [Order 71, § 248-144-020, filed 4/11/72.]

WAC 248-144-030 Licensing and inspection of transient accommodations. (1) As provided under the act any person operating a transient accommodation shall secure, each year, an annual operating license as issued by the department. All licenses issued under the act shall expire on the first day of January next succeeding the date of issue. Each license shall be issued only for the premises and person named in the application. All applications for renewal of licenses shall be made not later than 30 days prior to the date of expiration of the license.

(2) Where, in the opinion of the secretary, certain conditions of a transient accommodation in violation of these rules and regulations do not cause an undue hazard to guests, the secretary may authorize the person operating the transient accommodation a period not to exceed one year from the time in which the violations are noted in which to correct the violations, providing the person operating the transient accommodation submits a written and duly signed plan to correct these deficiencies within the prescribed time.

(3) As prescribed by the act the department shall inspect, at any reasonable time, any transient accommodation and make investigations as are reasonably necessary to determine compliance with these rules and regulations. No lodging unit shall be entered for inspection if said lodging unit is occupied by any guest of the transient accommodation at the time of inspection.

(4) The department may deny, revoke or suspend the license of any person operating a transient accommodation which fails to comply with the provisions of the transient accommodations law, chapter 70.62 RCW, and of these rules and regulations. [Order 112, § 248-144-030, filed 3/14/75; Order 71, § 248-144-030, filed 4/11/72.]

WAC 248-144-035 Compliance with fire protection requirements. All transient accommodations shall comply with the fire protection requirements promulgated and enforced by the state fire marshal. Where the state fire marshal determines that a transient accommodation has failed to comply with these fire protection requirements, the department may deny, revoke, or suspend the license of the person operating the transient accommodation. [Order 112, § 248-144-035, filed 3/14/75.]

WAC 248-144-040 Responsibility of management. The person to whom a license to operate a transient accommodation is issued shall comply with the requirements herein and shall provide adequate supervision to maintain the transient accommodation, its facilities and equipment in good repair and in a clean, safe and sanitary condition. [Order 71, § 248-144-040, filed 4/11/72.]

WAC 248-144-050 Building construction and maintenance. (1) All buildings, other facilities and the premises of a transient accommodation shall be so maintained as to protect the health, safety and well being of guests or patrons having access to or use thereof.

(2) All floor, wall and ceiling surfaces shall be kept clean and in good repair.

(3) All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets within lodging units, corridors, stairways or other areas occupied or used by guests shall be kept clean and maintained in good repair. [Order 71, § 248-144-050, filed 4/11/72.]

WAC 248-144-060 Dormitory space. (1) Every room used as a dormitory shall have a clear average height between floor and ceiling of not less than 7'6". A minimum of fifty square feet of usable floor area and 375 cubic feet of air volume shall be provided for each occupant.

(2) Floor area where the ceiling height is less than 5 feet shall not be considered usable floor area.

(3) A minimum space of three feet shall be maintained between beds of dormitories except where a solid partition is placed between two beds and extends from the bed frame to a height of 30 inches above the top of the mattress for the full bed length.

(4) No dormitory shall contain more than two tiers of beds. When two tiers are used there shall be at least:

(a) Three feet of clear vertical space between tiers of beds and between the top tier and the ceiling.

(b) Four feet of horizontal space between beds.

(c) One foot of clear space between the floor of the dormitory and the underside of the first tier of beds. [Order 71, § 248-144-060, filed 4/11/72.]

WAC 248-144-070 Water supply. The water supply of a transient accommodation used for human consumption and other domestic purposes shall comply with

WAC 248–54, Rules and Regulations of the State Board of Health Regarding Public Water Supplies. [Order 71, § 248–144–070, filed 4/11/72.]

WAC 248–144–080 Toilet and bath facilities. (1) At least one toilet and lavatory, separate for each sex, shall be provided on each floor in conveniently located rooms for every 15 guests or fraction of this number not provided with toilet facilities in their lodging units.

(2) Pit or chemical type toilet facilities shall not be used in lieu of a water flush type system except where specifically approved by the secretary and where this practice is not in conflict with local regulations or ordinances.

(3) At least one shower or tub, separate for each sex, shall be provided on each floor in conveniently located rooms, for every 15 guests or fraction of this number not provided with bathing facilities in their lodging units.

(4) Both hot and cold water shall be provided at all lavatories, bath tubs and showers except where specifically approved by the secretary. Hot water shall be at least 120°F. Tempering devices or valves shall be provided to prevent the hazard of burns.

(5) Partitions of water closet compartments shall terminate at least 12 inches from the floor.

(6) All floor surfaces, wall surfaces, water closets, lavatories, tubs, showers and other fixtures of toilet, bath and shower facilities shall be kept clean and in good repair. All floor surfaces of public or central toilet, bath and shower facilities shall be impervious to moisture. [Order 71, § 248–144–080, filed 4/11/72.]

WAC 248–144–090 Ventilation. (1) All lodging units shall have natural and/or mechanical ventilation capable of preventing objectionable odors and excessive condensation.

(a) Natural ventilation shall be provided in lodging units by windows and/or vents opening directly to a street, public alley, court or yard. The openable window area and/or the cross–sectional area of vents or ducts to provide natural ventilation shall be equivalent to not less than 1/20 of the combined floor area of the one or more rooms of a lodging unit; provided, however, there shall be a minimum of six square feet total openable window and/or vent area. Where adequate natural ventilation is not attained by openable windows and/or vents, louvered openings may be required in the doors between a lodging unit and the corridor but only as approved by the state fire marshal.

(b) A mechanical ventilation system provided in lieu of natural ventilation shall be capable of supplying two air changes per hour in all lodging units and corridors.

(2) All bathrooms, toilet rooms, laundry rooms, and janitor closets containing wet mops and brushes shall be provided with natural or mechanical ventilation capable of preventing objectionable odors and excessive condensation.

(a) Natural ventilation shall be provided in bathrooms, toilet rooms, laundry rooms and janitor closets by windows, skylights or ceiling vents opening directly to a street, public alley, court or yard and having an openable area of not less than 1/10 the floor area; except that toilet and bathrooms within lodging units and janitor closets may be ventilated by ceiling vents having a cross–sectional area of not less than one square foot.

(b) A mechanical ventilation system in lieu of natural ventilation in bathrooms, toilet rooms, laundry rooms, and janitor closets shall be capable of five air changes per hour and shall be connected to the outside. [Order 71, § 248–144–090, filed 4/11/72.]

WAC 248–144–100 Heating. (1) Every lodging unit used during periods requiring artificial heat shall be provided with a safe and adequate source of heat capable of maintaining room temperature of not less than 72°F. during the time of occupancy.

(2) Toilet, bath and other rooms used or occupied by guests shall be maintained at temperatures suitable for the intended purpose. [Order 71, § 248–144–100, filed 4/11/72.]

WAC 248–144–110 Lighting. (1) To promote cleanliness and safety natural and/or artificial light shall be available for providing minimum light intensities, measured in foot candles at three feet from the floor surface, as specified for the following areas:

(a) Toilet rooms ———Average 10 foot candles
(b) Food preparation area in lodging unit kitchens———Average 20 foot candles
(c) Laundry room work areas – 50 foot candles
(d) Corridors, entryway, stairways, elevators and walkways—— 5 foot candles
(e) Swimming pool water surface and enclosure———————— 15 foot candles

(2) Each lodging unit shall contain at least one lighting fixture suitable for reading which provides a minimum of 20 foot candles on the reading task.

(3) All parking lots and exterior passage ways shall be well lighted. [Order 71, § 248–144–110, filed 4/11/72.]

WAC 248–144–120 Food and beverage service. (1) All food catered to guests shall be prepared and served in conformance with WAC 248–84, State Board of Health Rules and Regulations for Food Service Sanitation; WAC 248–86, Rules and Regulations of the State Board of Health Governing Requirements for Food and Beverage Service Workers Permits; and WAC 248–87, Rules and Regulations of the State Board of Health Governing Food Workers.

(2) All multi–use drinking glasses and cups, after being used by a guest, shall be washed, sanitized and stored in conformance with WAC 248–84, State Board of Health Rules and Regulations for Food Service Sanitation.

(3) If single service eating or drinking utensils are supplied in lodging units, they shall be stored and handled in a sanitary manner and shall be used only once.

(4) All reusable ice buckets provided for use by guests shall be of impervious, cleanable construction, washed

with hot water and detergent after being used by a guest and stored so as to be protected from contamination. Single use or uncleanable ice buckets shall not be reused.

(5) Ice provided for guests shall be produced, stored and dispensed in a sanitary manner. [Order 74, § 248-144-120, filed 7/11/72; Order 71, § 248-144-120, filed 4/11/72.]

WAC 248-144-130 Lodging unit kitchens. (1) Where lodging units contain kitchens they shall be provided with the following facilities:

(a) A sink suitable for dishwashing with cold water and hot water at not less than 140°F.

(b) An electric or gas refrigerator capable of maintaining a temperature of 45°F. or lower.

(c) A stove with cooking space equivalent to a two burner gas or electric hot plate.

(d) Impervious, cleanable counter space.

(e) Table and chairs.

(f) A washable waste food container.

(2) All eating and cooking utensils supplied in lodging unit kitchens for use by guests shall be free of cracks and of smooth, cleanable construction.

(3) To assure that eating and cooking utensils supplied in lodging unit kitchens are clean for each occupancy, the person operating a transient accommodation shall examine and, if necessary, wash and sanitize them between occupancies. [Order 71, § 248-144-130, filed 4/11/72.]

WAC 248-144-140 Insect and rodent control. Appropriate measures shall be taken to control insects and rodents in transient accommodations. [Order 71, § 248-144-140, filed 4/11/72.]

WAC 248-144-150 Plumbing. (1) All sinks, water closets, showers, floor drains, and other liquid waste receptacles shall be trapped and vented. All liquid drain lines shall be maintained in good repair.

(2) All drinking fountains shall comply with specification number Z4.2-1942 of the American National Standards Institute.

(3) All hot water heating systems shall be equipped with a pressure relief device as approved by the Uniform Plumbing Code.

(4) The plumbing installed in new construction shall comply with the Uniform Plumbing Code; however, local plumbing code requirements shall prevail, when these requirements are equal to or of a higher standard than the Uniform Plumbing Code. [Order 71, § 248-144-150, filed 4/11/72.]

WAC 248-144-160 Solid waste. (1) At least one washable refuse container shall be provided in each lodging unit.

(2) All solid waste material shall be collected daily from rooms and areas used by guests and stored in washable, covered containers until removed to a disposal facility. Removal of solid wastes to a disposal facility shall be at intervals sufficient to control odors and prevent unhealthful conditions. [Order 71, § 248-144-160, filed 4/11/72.]

WAC 248-144-170 Sewage disposal. (1) All liquid waste shall be discharged to a municipal sewage disposal system. When connection to a municipal sewage disposal system is not feasible an approved individual disposal system shall be provided.

(2) The individual disposal system shall be so maintained as to not create a nuisance or health hazard.

(3) Every new installation, alteration, repair, or replacement of a major component of an individual disposal system shall be in compliance with the requirements of the local health officer. [Order 71, § 248-144-170, filed 4/11/72.]

WAC 248-144-180 Travel trailers and mobile homes. (1) All travel trailers and mobile homes used as lodging units shall comply with WAC 296-48, Rules and Regulations of the Department of Labor and Industries for Mobile Homes, Commercial Coaches and Recreational Vehicles.

(2) All travel trailers and mobile homes used as lodging units shall be connected to water, sewer and electrical utilities and spaced on the parking area in accordance with chapter 248-76 WAC, State Board of Health Rules and Regulations for Mobile Homes and Mobile Home Parks. [Order 71, § 248-144-180, filed 4/11/72.]

WAC 248-144-190 Swimming pools. All swimming pools, bathing beaches and wading pools of transient accommodations shall comply with chapter 248-98 WAC, Rules and Regulations of the Director of Health Governing the Sanitation of Swimming Pools, Bathing Beaches and Wading Pools. [Order 71, § 248-144-190, filed 4/11/72.]

WAC 248-144-200 Pets. The person operating a transient accommodation may establish and enforce rules designed to prohibit or control pets within a transient accommodation. No guest shall allow his pet to run at large or commit a nuisance. [Order 71, § 248-144-200, filed 4/11/72.]

WAC 248-144-210 Bedding and linen. (1) All bedding, including mattresses, mattress covers, mattress pads, quilts, blankets, pillows, sheets, pillow slips or spreads for guest use shall be kept clean and not used after becoming stained or worn so as to be unfit for further use.

(2) Where bed linens are provided for guests, each bed, bunk, cot and other sleeping place shall be supplied with suitable pillow slip [slips], and top and under sheets. After being used by a guest, pillow slips, sheets, wash cloths and towels shall be laundered before being used by another guest.

(3) Wash cloths, hand towels, bath towels, pillow slips and sheets supplied by the transient accommodation and used by the same guest for more than one day shall be

changed at least twice a week or more often, if needed. [Order 71, § 248–144–210, filed 4/11/72.]

WAC 248–144–220 Laundry. (1) All clean bed sheets, pillow slips, towels and other linens for use by guests shall be handled and stored in a sanitary manner.

(2) Laundry facilities operated by a transient accommodation shall comply with the following:

(a) All floor and wall surfaces subject to splash and spray shall be of impervious, cleanable construction.

(b) All pillow slips, sheets, wash cloths and towels shall be washed at a temperature of not less than 145°F. or other means of cleaning and sanitizing that may be approved by the secretary.

(c) All soiled laundry shall be handled and stored so as to prevent contamination of clean laundry.

(d) All containers for transporting or storing of soiled and clean laundry shall be of impervious, cleanable construction or otherwise protected so as to be maintained in a sanitary condition. [Order 71, § 248–144–220, filed 4/11/72.]

WAC 248–144–230 Housekeeping equipment and procedures. (1) All employees performing duties of cleaning and servicing lodging units and other rooms used by guests shall exercise good personal hygiene and apply cleaning products and methods which provide the maximum attainable health and safety protection.

(2) Janitors' closets, supply carts, mops, pails, brushes and other cleaning equipment shall be kept clean and repaired or replaced as needed to maintain all facilities in a sanitary and safe condition.

(3) All containers of chemical cleaning agents used shall bear the instructions and precautions for usage as prescribed by the manufacturer. [Order 71, § 248–144–230, filed 4/11/72.]

WAC 248–144–240 Chemical and physical hazards. (1) All chemical agents such as cleaners, solvents, disinfectants and insecticides shall be kept isolated from guests and stored so as to prevent contamination of clothing, toweling and bedding materials. All applications of chemicals such as cleaners, disinfectants and pesticides shall be in accordance with the manufacturer's recommendations for preventing a hazard to guests and employees.

(2) Adequate and safe handrailing shall be provided for all stairways, porches and balconies.

(3) Every gas–fired or oil–fired space heater and water heater shall be vented to the outside air. [Order 71, § 248–144–240, filed 4/11/72.]

WAC 248–144–250 Separability. If any provision of these regulations or their application to any person is held invalid, the remainder of the regulations or the application of the provision to other persons or circumstances is not affected. [Order 71, § 248–144–250, filed 4/11/72.]

Chapter 248–148 WAC
SCHOOL DISTRICTS——AUDITORY AND VISUAL STANDARDS

WAC
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WAC 248–148–010 Purpose. The following regulations are adopted pursuant to chapter 32, Laws of 1971, wherein is contained the legislative mandate that each board of school directors in the state shall provide for and require screening of the auditory and visual acuity of children attending schools in their districts to ascertain if any of such children "have defects sufficient to retard them in their studies." It is the purpose of such screening procedures to identify those children who are likely to have visual or auditory defects. In addition to the requirements of these regulations, the need for appropriate educational services as provided in chapter 28A.13 RCW must be recognized and arranged for those children whose visual or auditory handicaps warrant special facilities or educational methods. [Order 63, § 248–144–010 (codified as WAC 248–148–010), filed 11/1/71.]

AUDITORY ACUITY STANDARDS

WAC 248–148–020 Criteria for selection of children for screening. Children are to be selected for auditory screening according to the following minimal criteria:

(1) All children in kindergarten through the first three elementary grades shall be screened at least once annually.

(2) No longer than three years may elapse between screenings for children in grades four through twelve.

(3) All new students in a district, regardless of grade level, shall be screened as soon as possible after admission.

(4) All children referred to the district by parents or guardians, or by teachers, nurses or other school personnel as having a possible loss in auditory acuity shall be screened as soon as possible.

(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.]

WAC 248-148-030 Equipment for screening. Instruments should be utilized for auditory screening which provide calibrated pure tone stimuli at each of the following frequencies: 1,000, 2,000 and 4,000 Hz. An attenuator providing hearing levels of 20 and 25 decibels (dB) in reference to the ISO 1964 or the ANSI 1969 standards, as measured at the earphones, shall be utilized for each of the frequencies provided. Nothing in these regulations shall prevent additional screening at a frequency of 500 Hz. [Order 63, § 248-144-030 (codified as WAC 248-148-030), filed 11/1/71.]

WAC 248-148-040 Screening method. Screening shall be done on an individual basis, rather than by any group method. [Order 63, § 248-144-040 (codified as WAC 248-148-040), filed 11/1/71.]

WAC 248-148-050 Screening frequencies. Each child shall be screened at least at 1,000, 2,000, and 4,000 Hz. The 500 Hz stimulus, if used, should be used in an unusually quiet environment in which it can be heard at the appropriate screening level by a subject with hearing sensitivity which is known to be normal. [Order 63, § 248-144-050 (codified as WAC 248-148-050), filed 11/1/71.]

WAC 248-148-060 Screening levels. Each of the tonal stimuli shall be presented at a hearing level of 25 dB, based on the ISO 1964 or ANSI 1969 standards. If an unusually quiet environment is utilized, the screening level shall be at 20 dB. [Order 63, § 248-144-060 (codified as WAC 248-148-060), filed 11/1/71.]

WAC 248-148-070 Screening environment. Auditory screening shall be conducted in an environment which is normally free of extraneous noise, and school personnel shall cooperate to maintain this quiet environment on days that screening takes place. [Order 63, § 248-144-070 (codified as WAC 248-148-070), filed 11/1/71.]

WAC 248-148-080 Calibration. Inasmuch as the validity of the auditory screening program depends significantly on the calibration accuracy of the equipment being utilized, each district shall insure that the calibration of the frequencies and intensity utilized for screening are checked at the earphones at least every twelve months, and that equipment not in calibration be adjusted for accuracy before being utilized in screening programs. Calibration checks and audiometer calibration services shall be performed by qualified persons using equipment designed for audiometer calibration. Equipment found to be out of calibration shall be corrected immediately. [Order 63, § 248-144-080 (codified as WAC 248-148-080), filed 11/1/71.]

WAC 248-148-090 Screening failure. If a child fails to respond to one or more screening frequencies in either ear he shall be rescreened within two weeks of the original screening procedure. If he fails to respond at one or more frequencies in either ear at the second screening, he shall be considered in need of attention as specified in RCW 28A.31.040, as amended. In all such cases a record of the screening results shall be prepared on forms provided by the Superintendent of Public Instruction and sent to the child's parent or guardian, and to the appropriate school official. The form shall recommend that the child be evaluated by a physician and shall request the physician's report back to the school indicating the action being taken, recommendations regarding significance of auditory handicap in regard to the learning process, and the need for special educational facilities. Records shall also be sent to the appropriate officials of the Department of Social and Health Services and the Superintendent of Public Instruction, as requested by such officials. [Order 63, § 248-144-090 (codified as WAC 248-148-090), filed 11/1/71.]

WAC 248-148-100 Qualification of personnel. (1) Supervisor of Auditory Screening: Each school district shall designate one individual of the district's staff who will be responsible for the administration of the auditory screening program in conformity with these regulations. His training and experience shall be appropriate to perform the following tasks:

(a) To develop an administrative plan for conducting auditory screening in the district in cooperation with the appropriate school personnel in order to insure that the program can be carried out efficiently with a minimum of disruption in normal classroom activity. This shall include determination of specific quiet environments for screening, and arrangement of appropriate scheduling for the utilization of these environments.

(b) To obtain the necessary instrumentation for carrying out the screening program, and insuring that the equipment is in proper working order and calibration.

(c) To secure appropriate personnel to carry out the screening program, if such assistance is necessary, and to assure that such personnel are sufficiently trained to do so accurately.

(d) To insure that records are made and delivered as prescribed by these regulations, and to make recommendations appropriate to the needs of each child who fails screening tests.

(e) To disseminate information to other school personnel explaining the purposes of the program, and to acquaint them with criteria of a child's behavior which might denote the need for referral for auditory screening.

(2) Supportive personnel utilized in the screening program: If it is necessary to provide additional personnel to carry out the screening program, the supervisor shall be given the responsibility to secure such personnel who will perform the auditory screening tests under the general supervision of the auditory screening supervisor. Such individuals shall be trained by the supervisor to:

(a) Understand the purposes and regulations involved in the auditory screening programs.

(b) Utilize the screening equipment in an appropriate manner so that maximum accuracy is insured.

(c) Extract cooperation, understanding, and accurate responses from the child during the screening.

(d) Make appropriate records of screening data. [Order 63, § 248-144-100 (codified as WAC 248-148-100), filed 11/1/71.]

VISUAL ACUITY STANDARDS

WAC 248-148-110 Frequency of screening. (1) Visual acuity screening shall be administered to each child at least in kindergarten, first, third, fifth, seventh, and tenth grades: *Provided*, That annual screening is recommended where manpower resources are adequate.

(2) All new students in a district, regardless of grade level, shall be screened as soon as possible after admission.

(3) All children referred to the district by parents or guardians, or by teachers, nurses or other school personnel as having a possible loss in visual acuity shall be screened as soon as possible. [Order 63, § 248-144-110 (codified as WAC 248-148-110), filed 11/1/71.]

WAC 248-148-120 Screening procedures. (1) The basic procedure shall be the screening for distance central visual acuity with a Snellen test chart. The chart shall be properly illuminated at 10-30 footcandles and shall be glare free.

(2) Children shall be screened with either the Snellen E chart or the standard Snellen distance acuity chart, as deemed most appropriate to the child's age and abilities. Observation of the school child shall not be overlooked as a screening method.

(3) Children with glasses shall be screened with their glasses on.

(4) Other screening procedures equivalent to the Snellen test may be used if approved by the State Board of Health. [Order 63, § 248-144-120 (codified as WAC 248-148-120), filed 11/1/71.]

WAC 248-148-130 Students with screening failure. The reports of children shall be referred to their parents or guardians for professional care upon two successive failures of screening based on the following criteria:

(1) Kindergarten through third grade: Those who, with the Snellen test or its approved equivalent, have visual acuity of 20/40 or less in either eye. The designation of 20/40 or less indicates the inability to identify the majority of letters or symbols on the thirty foot line of the test chart at a distance of twenty feet.

(2) Fourth grade and above: Those who, with the Snellen test or its approved equivalent, have visual acuity of 20/30 or less in either eye. Designation of 20/30 or less indicates the inability to identify the majority of letters or symbols on the twenty foot line of the test chart at a distance of twenty feet.

Nothing in these regulations shall be deemed to prevent referral of children to the parents or guardians for professional care when the child is observed by school personnel to demonstrate other signs or symptoms which may be related to eye problems to the extent that such signs or symptoms negatively influence the child in his studies. [Order 63, § 248-144-130 (codified as WAC 248-148-130), filed 11/1/71.]

WAC 248-148-140 Screening failure——Referral procedures. (1) If a child fails the screening according to the criteria established by these regulations, he shall be rescreened within two weeks of the original screening.

(2) When a child has failed the screening procedures twice in a row, the person or persons completing the screening shall prepare a record of such failure on forms provided by the Superintendent of Public Instruction. Copies of such records shall be sent to the parents or guardian of the child in question and shall indicate the results of the test and the need and importance of the child receiving professional care and shall request a report back to the school of the action being taken, recommendations regarding significance of the visual handicap in regard to the learning process, and the need for special educational facilities.

(3) The originals of such records and recommendations shall be delivered to the appropriate school official who shall preserve such documents and forward to the Superintendent of Public Instruction and the Secretary of the Department of Social and Health Services such visual data as may be requested by such officials. [Order 63, § 248-144-140 (codified as WAC 248-148-140), filed 11/1/71.]

WAC 248-148-150 Qualifications of personnel. (1) Screening shall be performed by persons competent to administer such screening procedures as a function of their professional training and background and/or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers shall have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically designated by the school administration. He may be a school nurse or public health nurse, a special educator, teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

(4) Screening will not be performed by opthamologists, optometrists, or opticians or any individuals where a conflict of interest might occur. [Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

Chapter 248-150 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, physicial 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 248-152 WAC
PROHIBITION OF SMOKING TOBACCO IN CERTAIN PLACES

WAC

248-152-010 Statement of purpose.
248-152-020 Definitions.
248-152-030 Prohibition in certain public places.
248-152-040 No smoking signs.
248-152-050 Enforcement.
248-152-060 Severability.

WAC 248-152-010 Statement of purpose. Because there is increasing evidence that tobacco smoke creates a danger to the health of persons who are present in closely confined places, and in order to protect the public health, safety, and welfare, the declared purpose of this regulation is to prohibit the smoking of tobacco in certain places which are used by and open to the general public. [Order 109, § 248-152-010, filed 3/14/75.]

WAC 248-152-020 Definitions. (1) "Smoke" or "smoking" as used in this chapter shall mean and include the smoking or carrying of any kind of lighted pipe, cigar, or cigarette.

(2) The adjective "public" as used in this chapter shall mean any place used by and open to the general public, regardless of whether such place is owned by private persons, the state of Washington, or counties and municipalities of the state of Washington. [Order 109, § 248-152-020, filed 3/14/75.]

WAC 248-152-030 Prohibition in certain public places. Smoking shall be prohibited in the following places within the state of Washington: *Provided*, That such places are open to and used by the general public:

(1) Elevators.

(2) All public means of mass transportation which are not engaged in interstate or international commerce including, but not limited to, buses and ferries: *Provided*, That smoking may be allowed in the buses, ferries, and other public means of transportation in designated smoking areas which shall be of such size and location as will insure the provision of a substantially smoke-free atmosphere in the public place.

(3) Indoor facilities serving as libraries, museums, concert halls, or theaters, including indoor facilities for exhibiting motion pictures, stage drama, musical recitals, dance, lectures, or other similar performances: *Provided*, That smoking by performers as part of a theatrical production shall be allowed: *Provided, further*, That smoking may be allowed in concert halls and theaters in areas commonly referred to as lobbies if physically separated from the spectator area: *Provided, further*, That smoking may be allowed in libraries in designated smoking areas which shall be of such size and location as will insure the provision of a substantially smoke-free atmosphere in the library.

(4) Indoor sport arenas: *Provided*, That smoking may be allowed in areas commonly referred to as lobbies if physically separated from the spectator area.

(5) Hallways and waiting rooms of every health care facility, including, but not limited to, hospitals, nursing homes, clinics and health departments: *Provided*, That smoking may be allowed in health care facilities in one or more separate waiting rooms.

(6) Office reception areas and waiting rooms of any building owned or leased by the state of Washington or by any county or municipality of the state of Washington: *Provided*, That this prohibition shall not apply to rooms used for office space or working quarters by the Washington state legislature.

(7) Public areas of retail stores and financial institutions including, but not limited to, retail food establishments, department stores, and banks.

(8) Classrooms and lecture halls of schools, colleges, and universities.

(9) Rooms in which meetings open to the public are held: *Provided*, That this prohibition shall not apply to rooms used for office space or working quarters by the federal government or the Washington state legislature. [Order 109, § 248-152-030, filed 3/14/75.]

WAC 248-152-040 No smoking signs. Signs prohibiting smoking shall be conspicuously posted in every room, building, or other place where smoking is prohibited by this chapter, by the owner, operator, manager or other person having control of such room, building, or place. [Order 109, § 248-152-040, filed 3/14/75.]

WAC 248-152-050 Enforcement. Due to the limitations inherent in the means provided by state law for enforcing any health regulation of the state board of health, the enforcement and effectiveness of this regulation must also depend on the willingness of the general public to abide by its provisions and to request others to do so.

(1) Complaints of violations of this chapter shall be made to the owner, operator, manager or other person having control over any room, building or other place where smoking is prohibited by this chapter. This person shall then notify the violator of the applicability of this regulation.

(2) Complaints of violations of this chapter shall also be made by the complainant to the state board of health, P.O. Box 1788, Mail Stop 1-2, Olympia, Washington 98504. [Order 109, § 248-152-050, filed 3/14/75.]

WAC 248-152-060 Severability. If any provision of this chapter or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this chapter which can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable. [Order 109, § 248-152-060, filed 3/14/75.]

Chapter 248-554 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.]

Chapter 248-990 WAC
APPENDIX——GUIDELINES

WAC

248-990-990 Appendix——County, city or town in a health district——Preamble.

WAC 248-990-990 Appendix——County, city or town in a health district——Preamble.

APPENDIX

Guidelines[1]

for

County, City or Town in a Health District

in

Estimating Its Equitable Share of the Expense

of

Maintaining and Operating the Health District

Preamble

What health services should local government provide? Health needs and health services vary from community to community. While some are still trying to solve elementary health problems,[2] others, having met these basic needs, are concerned also with newer health problems, as well as with promptness and enhancement of the quality of services, making sure that these are well integrated and available to all citizens.

The types[3] of basic health services which every county, city and town should provide are as follows:

A. Basic Health Services of Local Health Departments

1. Disease Prevention and Control

Tuberculosis
Venereal Disease
All other Communicable Diseases
Immunizations
Epidemiologic Services
Hearing Conservation
Vision Conservation
Health Services to Handicapped Persons
Alcoholism, at least an Information and Referral Service

2. Environmental Control

The health aspects of:

Food
Water
Air
Waste Disposal
Housing (shelter)
Safety (in other areas than those covered by the Department of Labor & Industries)
Nuisances
Vector Control

3. Vital Records

(Is already a mandatory function of each county and city of the First Class)

4. Family Planning

5. Laboratory services necessary to perform the functions in items 1 and 2 above.

6. Health Information and Educational Services

7. Community Health Planning

8. Administration

Business Management
Records
Budgeting
Purchasing
Conferences
Programming
Evaluating
Legal Services

B. Total Cost of Providing the Basic Health Services.

1. Salaries (Ratio of staff to 100,000 population)

One Health Officer
Nine Clerical Personnel
Fifteen Public Health Nurses
Seven Senior Sanitarians
Two Laboratory Technicians
One Health Educator
One Social Worker

2. Maintenance and Operation Cost

Usually about twenty-five to thirty-three percent of the total budget

3. Capital Outlay

Routine: Usually one to eight percent

C. Financing

Expenditures	
1. Basic Health Services	"X" dollars
2. Additional Services (District-wide)	"Y" dollars
	Total "X+Y" dollars

Any city might, in addition, request and fund a specific service, not needed or desired by the other cities or by the district as a whole. It would, in such instances, pay an additional sum equal to the actual cost of such services.

D. Potential Sources of Funds

1. Property millage levies
   a. Statutory public health levy multiplied by 2.2
   b. Statutory tuberculosis control fund or levy
2. City contribution[4]
3. County contribution[4]
4. Fees for permits and licenses
5. Charges for services
6. Contracts with schools and other agencies
7. State and Federal funds
8. Sales of publications
9. Gifts
10. Miscellaneous (sale of property, witness fees, jury duty of personnel, etc.)

E. Determination of equitable share for each municipality (county or city) of its fiscal support of *basic* health services:

1. In any case, for the next two years at least, there should be no reduction in the amount currently being paid to its health district by a county or city.

2. Formula to be used:

$$C = \frac{1/2B(A_C)}{A_T} + \frac{1/2B(P_C)}{P_T}$$

Where:

C = Contribution of city or county needed to balance the budget ("X + Y" dollars)

B = Dollars needed to balance the "X + Y" portion of the health district annual budget[5]

A_C = The assessed valuation of the component governmental unit, i.e., the city, town or unincorporated area of the county

A_T = The total assessed valuation of the governmental jurisdictions encompassed by the health district

P_C = Population of the component governmental unit, i.e., the city, town or unincorporated area of the county

P_T = Total population of the governmental jurisdictions encompassed by the health district

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[1]Pertains also to a county, city or town which ha withdrawn from a health district to operate its own health department or decides to contract with another municipality for such health services.

[2]Washington State Board of Health Rules & Regulations which pertain to local health departments include: (1) Control of certain diseases (.100); (2) Sanitation (gen. .50; places of work .62; schools .64; taverns, resorts .68; camp and parks .72; mobile homes .76; facilities for camping vehicles .77; hotels .80; food service .84; food & beverage worker's permits .86; swimming pools, bathing beaches .98).

[3]The extent of health services provided, will from area to area and has to be a local determination. Each local health department should prepare its own list of basic health services it provides (or would provide) each municipality contributing equitably to its financial support.

[4]Based on the formula in Item E. Determination of Equitable Share of Official Local Fiscal Support.

[5]Is the balance to be raised by contributions of al the cities and counties in the health district? This is the total budget less the amount raised from the revenue sources listed under D (above) as items 1, 4, 5, 6, 7, 8, 9 and 10

[Order 104, Appendix——Guidelines (codified as WAC 248-990-990), filed 9/25/74; Appendix, filed 8/4/67.]