

Title 248 WAC

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

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248-24-001, 248-24-010, 248-24-020, 248-24-030, 248-24-040, 248-24-050, 248-24-060, 248-24-070, 248-24-080, 248-24-090, 248-24-100, 248-24-110, 248-24-120, 248-24-130, 248-24-140, 248-24-150, 248-24-160, 248-24-170, 248-24-999. [Regulation No.

.24.001 through .24.999, effective 3/11/60.] Repealed by Order 36, filed 10/14/70.

248-24-002 General information. [Order 13, § 248-24-002, filed 1/2/69; Regulation No. .24.002, effective 3/11/60.] Repealed by Order 36, filed 10/14/70.

Chapter 248-28

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Chapter 248-34

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Chapter 248-35

CHILDREN'S AGENCIES

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 Repealed by Order 39, filed 10/14/70.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

REPORTING HABITUAL USE OF NARCOTICS

248-44-001 Definition. [Regulation No. .44.001, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.
 248-44-010 Procedure on discovery of habitual users. [Regulation No. .44.010, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.
 248-44-020 Contents of reports. [Regulation No. .44.020, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.
 248-44-030 Protection from disclosure. [Regulation No. .44.030, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.
 248-44-040 Duty to give information. [Regulation No. .44.040, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.
 248-44-050 Notifying state board of health. [Regulation No. .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 Repealed by Order 130, filed 8/5/76.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 No. .44.999, effective 3/11/60.] Repealed by Order 130, filed 8/5/76.

Chapter 248-60

LABOR CAMPS

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 No. .60.010 through .60.170, effective 3/11/60.] Repealed by Order 32, filed 11/3/69. See chapter 248-61 WAC.

Chapter 248-60A

LABOR CAMPS

248-60A-010 Definitions. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-010.
 248-60A-020 Administration. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-020.
 248-60A-030 Water supply. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-030.
 248-60A-040 Sewage and liquid waste disposal—Existing and new construction. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-040.
 248-60A-050 Plumbing. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-050.
 248-60A-060 Refuse disposal. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-060.
 248-60A-070 Rodent and insect control. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-070.
 248-60A-080 Location and maintenance. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-080.
 248-60A-090 Construction and maintenance of dwelling units. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-090.
 248-60A-100 Heating. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-100.
 248-60A-110 Lighting. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-110.
 248-60A-120 Toilet, handwashing, bathing and laundry facilities. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-120.
 248-60A-130 Foodhandling facilities. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-130.
 248-60A-140 Beds and bedding. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-140.
 248-60A-150 Fire and safety provisions. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-150.
 248-60A-160 Supervision and responsibility. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-160.
 248-60A-170 Communicable disease. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84.

Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-170.

Chapter 248-61

STANDARDS FOR EXISTING AGRICULTURAL LABOR CAMPS

- 248-61-001 Purpose. [Order 32, § 248-61-001, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-001.
- 248-61-010 Definitions. [Order 32, § 248-61-010, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-010.
- 248-61-015 Plan of implementation. [Order 32, § 248-61-015, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050.
- 248-61-020 Administration. [Order 32, § 248-61-020, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-020.
- 248-61-030 Water supply. [Order 32, § 248-61-030, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-030.
- 248-61-040 Sewage and liquid waste disposal. [Order 32, § 248-61-040, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-040.
- 248-61-050 Plumbing. [Order 32, § 248-61-050, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-050.
- 248-61-060 Refuse disposal. [Order 32, § 248-61-060, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-060.
- 248-61-070 Rodent and insect control. [Order 32, § 248-61-070, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-070.
- 248-61-080 Location and maintenance. [Order 32, § 248-61-080, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-080.
- 248-61-090 Construction and maintenance of dwelling units. [Order 32, § 248-61-090, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-090.
- 248-61-100 Heating. [Order 32, § 248-61-100, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-100.
- 248-61-110 Lighting. [Order 32, § 248-61-110, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-110.
- 248-61-120 Toilet, handwashing, bathing and laundry facilities. [Order 32, § 248-61-120, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-120.
- 248-61-130 Foodhandling facilities. [Order 32, § 248-61-130, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-130.
- 248-61-140 Beds and bedding. [Order 32, § 248-61-140, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-140.
- 248-61-150 Fire and safety provisions. [Order 32, § 248-61-150, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-150.

- 248-61-160 Supervision and responsibility. [Order 32, § 248-61-160, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-160.
- 248-61-170 Communicable disease. [Order 32, § 248-61-170, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-170.
- 248-61-180 Exemptions. [Order 32, § 248-61-180, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-180.

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 Expectoring (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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .76.040, .76.120, effective 3/11/60.] y 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 No. .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 No. .90.001, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-010 Permit required. [Regulation No. .90.010, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-020 Physician's order required. [Regulation No. .90.020, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-030 Plant facilities. [Regulation No. .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 No. .90.040, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-050 Water supply. [Regulation No. .90.050, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-060 Ingredients. [Regulation No. .90.060, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-070 Supervision requirements. [Regulation No. .90.070, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-080 Plant employees. [Regulation No. .90.080, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-090 Bottling and terminal sterilization. [Regulation No. .90.090, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-100 Cooling and refrigeration. [Regulation No. .90.100, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-110 Bacteriological standards. [Regulation No. .90.110, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-120 Labeling. [Regulation No. .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 No. .90.130, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-140 Use of nipple as caps prohibited. [Regulation No. .90.140, effective 3/11/60.] Repealed by Order, filed 6/3/65.
- 248-90-201 Definitions. [Regulation No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .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 No. .108.001, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-010 Definitions. [Regulation No. .108.010, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-020 Laundering. [Regulation No. .108.020, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-030 Washed rags purchased from commercial laundries. [Regulation No. .108.030, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-040 Out-of-state shippers. [Regulation No. .108.040, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-050 Labeling—Required. [Regulation No. .108.050, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.

- 248-108-060 Labeling—Sample label. [Regulation No. .108.060, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-070 Labeling—Self provided. [Regulation No. .108.070, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-080 Labeling—Where placed. [Regulation No. .108.080, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-090 Registration—Required. [Regulation No. .108.090, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-100 Registration—Applications for. [Regulation No. .108.100, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-110 Registration—Fee—Notice. [Regulation No. .108.110, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-120 Plant sanitation. [Regulation No. .108.120 through .108.140, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-130 Inspection. [Regulation No. .108.150, effective 1/11/61.] Repealed by Order 152, filed 12/5/77.
- 248-108-140 Penalties. [Regulation No. .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 No. .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 248-152

PROHIBITION OF SMOKING TOBACCO IN CERTAIN PLACES

- 248-152-010 Statement of purpose. [Order 109, § 248-152-010, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.
- 248-152-020 Definitions. [Order 109, § 248-152-020, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.
- 248-152-030 Prohibition in certain public places. [Order 109, § 248-152-030, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.
- 248-152-035 No smoking areas in restaurants. [Statutory Authority: RCW 43.20.050. 81-15-027 (Order 213), § 248-152-035, filed 7/10/81.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.
- 248-152-040 No smoking signs. [Order 109, § 248-152-040, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.
- 248-152-050 Enforcement. [Order 109, § 248-152-050, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.
- 248-152-060 Severability. [Order 109, § 248-152-060, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.

Chapter 248-06 WAC

GUIDELINES FOR IMPLEMENTATION OF THE STATE ENVIRONMENTAL POLICY ACT

WAC

- 248-06-001 Purpose.
 248-06-010 Authority.
 248-06-020 Adoption by reference.
 248-06-040 Definitions.
 248-06-174 Timing and procedures for specified major actions.
 248-06-180 Exemptions for emergency actions.
 248-06-203 Determination of lead agency and responsible official.
 248-06-305 Recommended timing for threshold determination.
 248-06-340 Threshold determination process.
 248-06-385 Hearings.
 248-06-410 Scoping.
 248-06-460 Issuance of draft EIS.
 248-06-470 Policies and procedures for conditioning or denying permits or other approvals.
 248-06-480 Public hearings.
 248-06-510 Responsibilities of the department as a consulted agency.
 248-06-815 SEPA committee.
 248-06-831 SEPA public information.
 248-06-835 Severability.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248-06-003 Limited scope of these agency guidelines. [Order 1148, § 248-06-003, filed 8/26/76.] Repealed by 85-

- 01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-005 Incorporation of requirements of SEPA guidelines. [Order 1148, § 248-06-005, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-055 Timing. [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.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-100 Information which may be required of a private applicant. [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.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-175 Exemptions and nonexemptions applicable to DSHS. [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.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-176 Timing and procedures for new department programs. [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.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-350 Affirmative threshold determination. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-350, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-380 Intra-agency review of threshold determinations. [Order 1148, § 248-06-380, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-420 Preparation of EIS by persons outside the lead agency. [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.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-455 Draft EIS consultation. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-455, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-520 Responsibilities of the department as an agency with environmental expertise. [Order 1148, § 248-06-520, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-550 Deadline for final EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-550, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-600 Issuance of the final EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-600, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-700 No action for seven days after publication 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.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-805 Agency guidelines consistent with SEPA guidelines. [Order 1148, § 248-06-805, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-810 Future amendments to SEPA guidelines. [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.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-820 Designation of responsible official. [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.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 248-06-825 Responsibilities of the department as a consulted agency. [Order 1148, § 248-06-825, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.
- 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.
- 248-06-833 Substantive effect of SEPA. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-833, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

WAC 248-06-001 Purpose. This chapter implements the state-wide rules in chapter 197-11 WAC as they apply to the department of social and health services.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-001, filed 12/6/84; Order 1148, § 248-06-001, filed 8/26/76.]

WAC 248-06-010 Authority. These rules are promulgated under RCW 43.21C.120 (the State Environmental Policy Act) and chapter 197-11 WAC (SEPA rules).

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-010, filed 12/6/84.]

WAC 248-06-020 Adoption by reference. The department of social and health services adopts the following sections or subsections of chapter 197-11 WAC by reference:

WAC

- 197-11-010 Authority.
- 197-11-020 Purpose.
- 197-11-030 Policy.
- 197-11-040 Definitions.
- 197-11-050 Lead agency.
- 197-11-055 Timing of the SEPA process.
- 197-11-060 Content of environmental review.
- 197-11-070 Limitations on actions during SEPA process.
- 197-11-080 Incomplete or unavailable information.
- 197-11-090 Supporting documents.
- 197-11-100 Information required of applicants.
- 197-11-300 Purpose of this part.
- 197-11-305 Categorical exemptions.
- 197-11-310 Threshold determination required.
- 197-11-315 Environmental checklist.
- 197-11-330 Threshold determination process.
- 197-11-335 Additional information.
- 197-11-340 Determination of nonsignificance (DNS).
- 197-11-350 Mitigated DNS.

- 197-11-360 Determination of significance (DS)/initiation of scoping.
- 197-11-390 Effect of threshold determination.
- 197-11-400 Purpose of EIS.
- 197-11-402 General requirements.
- 197-11-405 EIS types.
- 197-11-406 EIS timing.
- 197-11-408 Scoping.
- 197-11-410 Expanded scoping. (Optional)
- 197-11-420 EIS preparation.
- 197-11-425 Style and size.
- 197-11-430 Format.
- 197-11-435 Cover letter or memo.
- 197-11-440 EIS contents.
- 197-11-442 Contents of EIS on nonproject proposals.
- 197-11-443 EIS contents when prior nonproject EIS.
- 197-11-444 Elements of the environment.
- 197-11-448 Relationship of EIS to other considerations.
- 197-11-450 Cost-benefit analysis.
- 197-11-455 Issuance of DEIS.
- 197-11-460 Issuance of FEIS.
- 197-11-500 Purpose of this part.
- 197-11-502 Inviting comment.
- 197-11-504 Availability and cost of environmental documents.
- 197-11-508 SEPA register.
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- 197-11-980 Determination of significance and scoping notice (DS).
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- 197-11-990 Notice of action.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-020, filed 12/6/84.]

WAC 248-06-040 Definitions. In addition to the definitions contained in WAC 197-11-700 through 197-11-799, the following terms shall have the listed meanings:

(1) Acting agency means an agency with jurisdiction which has received an application for a license, or which is proposing an action.

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

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

(4) Environmental report shall mean a document prepared by the applicant, when required by the department, for use in the preparation of a draft EIS.

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

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

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

(8) 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.

(9) SEPA guidelines shall mean chapter 197-11 WAC.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-040, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-040, filed 7/11/78; Order 1148, § 248-06-040, filed 8/26/76.]

WAC 248-06-174 Timing and procedures for specified major actions. (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, and 70.121.030.

(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 byproducts, have concentrations of naturally occurring radioactive materials in excess of exempt concentrations as specified in WAC 402-19-190.

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

(i) A final EIS or determination 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 197-11-508) a copy of any determination of nonsignificance, 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 197-11-455, and of the final EIS to those agencies identified in WAC 197-11-460. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the determination of nonsignificance or final EIS.

(c) 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 an environmental report regarding the environmental impact of proposed activities for independent evaluation by the department, prior to issuance of a draft EIS by the responsible official. The environmental report shall be submitted within ninety days following determination of significance. 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 and issue either a determination of nonsignificance as per WAC 197-11-340 or a determination of significance as per WAC 197-11-360.

(iv) When the responsible official has issued a determination of nonsignificance, the official shall send the determination and environmental checklist to the applicant and to all agencies with jurisdiction for review and comment as per WAC 197-11-340.

(v) When the responsible official makes a determination of significance, the preparation of an environmental report shall be completed in a manner consistent with the requirements for a draft EIS 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 environmental report. The department may also contract with an outside consultant for the preparation of a draft or final EIS. The department or the department's contracted consultant will independently evaluate the environmental report and be responsible for the reliability of any information used in the draft or final EIS. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be issued as described in WAC 197-11-460(6).

(vi) The responsible official shall request review of the draft EIS from the agencies listed in WAC 197-11-455 and from such other agencies as he determines.

(vii) 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 197-11-508) and also to those agencies listed in WAC 197-11-455.

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

(ix) 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 197-11-508). The responsible official shall also mail copies of the final EIS to those agencies specified in WAC 197-11-460 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 as per WAC 248-54-065 and RCW 70.116.050.

(a) Scope of major action. Water system plans are plans developed and submitted to the department for review and approval pursuant to WAC 248-54-065 and RCW 70.116.050.

(b) 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) Follow steps outlined in WAC 248-06-174 (1)(c)(ii) through (iv).

(iii) When the responsible official makes a determination of significance, the preparation of a draft and final EIS shall be in compliance with WAC 197-11-400 through 197-11-620 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 sixty days of the end of the comment period for the draft EIS.

(iv) See WAC 248-06-174 (1)(c)(vi) and (vii).

(v) 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.

(vi) See WAC 248-06-174 (1)(c)(ix).

(vii) Every water system plan submitted by a private applicant to the department for review and approval shall be accompanied by either a determination of nonsignificance or a final EIS.

(c) 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 determination 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 248-54-085 and 248-54-095 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 and larger than eight inches in diameter located in new rights of way and major extensions to existing water distribution systems involving use of pipes greater than eight inches in diameter, which are designed to increase the existing service area by more than one square mile.

(b) 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) Follow steps outlined in WAC 248-06-174 (1)(c)(ii) through (iv).

(iii) See WAC 248-06-174 (2)(b)(iii).

(iv) See WAC 248-06-174 (1)(c)(vi) and (vii).

(v) See WAC 248-06-174 (2)(b)(v).

(vi) See WAC 248-06-174 (1)(c)(ix).

(vii) 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 248-54-085 and 248-54-095, these reports, plans and specifications shall be accompanied by a determination of nonsignificance or a final EIS.

(c) 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 248-54-085 and 248-54-095, these reports, plans and specifications shall be accompanied by a determination 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 additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less: *Provided further*, That certificate of need applications for "substantial acquisitions" are not subject to SEPA requirements.

(b) 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 determination 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 determination of nonsignificance.

(5) Approval of sewerage general plans and/or water general plans described in RCW 36.94.010.

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

(b) 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 determination of nonsignificance or a final EIS.

(6) Plans and specifications for new sewage treatment works or for major extensions to existing sewage treatment works pursuant to WAC 248-92-010.

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.

(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 additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less.

(b) 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 determination of significance, the preparation of the draft and final EIS shall be in compliance with WAC 197-11-400 through 197-11-620, and shall be the responsibility of the responsible official. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be completed within sixty days of the end of the comment period for the draft EIS.

(iv) See WAC 248-06-174 (1)(c)(vi).

(v) The responsible official shall mail to the department of ecology headquarters office in Olympia for listing in the "SEPA register" a copy of any determination of nonsignificance, 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 197-11-455, and of the final EIS to those agencies identified in WAC 197-11-460. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the determination 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 248-22-005, or construction of an alcoholism treatment center pursuant to WAC 248-26-020.

(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 248-22-005, or construction of an alcoholism treatment center pursuant to WAC 248-26-020 shall be subject to SEPA requirements: *Provided*, That such construction shall not be subject to SEPA requirements when it consists of additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less.

(b) 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. 85-01-003 (Order 2173), § 248-06-174, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-174, filed 7/11/78.]

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 and responsible official. (1) The department shall be the lead agency for the following actions:

(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. The responsible official would be the section head, radiation control section, office of environmental health programs, division of health. Lead agency determination for other mineral processing proposals should be made in accordance with WAC 197-11-924 through 197-11-948;

(b) Approval of comprehensive plans for public water supply systems when such plans are developed by private applicants and unless indicated otherwise by WAC 197-11-932, 197-11-934 and 197-11-936, and approval of new public water supply systems or major extensions of existing public water supply systems when such systems are being proposed by a private applicant unless indicated otherwise by WAC 197-11-932, 197-11-934, and

197-11-936. The responsible official would be the section head, water supply and waste section, office of environmental health programs, division of health;

(c) Construction of any building, facility, or other installation for the purpose of housing department personnel or for fulfilling other statutorily directed or authorized functions. The responsible official would be the chief, capital programs, comptroller division;

(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 (4)(c) and 197-11-922 through 197-11-948.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-203, filed 12/6/84; 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. (WAC 197-11-310.)

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-305, filed 12/6/84; 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 Threshold determination process. In making a threshold determination, the responsible official shall follow the process outlined in WAC 197-11-330 through 197-11-390.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-340, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-340, filed 7/11/78.]

WAC 248-06-385 Hearings. Any person has the right to appeal the department's final threshold determination that an EIS is or is not necessary and/or the sufficiency of the final EIS. The hearings are governed by the Administrative Procedure Act, the rules in this chapter, and by chapters 10-08 and 388-08 WAC. In case of conflict between this section and chapter 388-08 WAC, the provisions in this chapter take precedence over the rules in chapter 388-08 WAC.

(1) The request for a hearing must be in writing and filed with the DSHS Office of Hearings, P.O. Box 2465, Olympia, Washington 98504 within thirty days of the department's official notice of issuance of a final threshold determination or final EIS.

(2) The initial decision should be made within sixty days of the department's receipt of the request for a hearing. When a party files a petition for administrative review, the review decision should be made within sixty days of the department's receipt of the petition. The decision-rendering time is extended by as many days as the hearing is continued on motion by any party to the hearing.

(3)(a) If the hearing decision is that an EIS should be filed, the administrative law judge or review judge shall remand the matter to DSHS to file an EIS.

(b) If the hearing decision is that the final EIS is not sufficient, the administrative law judge or review judge shall remand the matter to DSHS to correct the insufficiency.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-385, filed 12/6/84.]

WAC 248-06-410 Scoping. When the department receives a scoping notice from a lead agency, the department shall submit any comments to the lead agency within twenty-one days from the date of issuance of the determination of significance. When the department is lead agency the steps in WAC 197-11-408 and 197-11-410 shall be followed.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-410, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-410, filed 7/11/78.]

WAC 248-06-460 Issuance of draft EIS. When the department is lead agency, it shall issue the draft EIS in accordance with WAC 197-11-455.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-460, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-460, filed 7/11/78.]

WAC 248-06-470 Policies and procedures for conditioning or denying permits or other approvals. (1) The policies and goals in this section are supplementary to existing authorities of the department.

(2) It is the policy of the department to avoid or mitigate adverse environmental impacts which may result from the department's decisions.

(3) The department shall use all practical means, consistent with other essential considerations of state policy, to improve and coordinate plans, functions, programs, and resources to the end that the state and its citizens may:

(a) Fulfill the responsibilities of each generation as trustee of the environment for succeeding generations;

(b) Assure for all people of Washington safe, healthful, productive, and aesthetically and culturally pleasing surroundings;

(c) Attain the widest range of beneficial uses of the environment without degradation, risk to health or safety, or other undesirable and unintended consequences;

(d) Preserve important historic, cultural, and natural aspects of our national heritage;

(e) Maintain, wherever possible, an environment which supports diversity and variety of individual choice;

(f) Achieve a balance between population and resource use which will permit high standards of living and a wide sharing of life's amenities; and

(g) Enhance the quality of renewable resources and approach the maximum attainable recycling of depletable resources.

(4) The department recognizes that each person has a fundamental and inalienable right to a healthful environment and that each person has a responsibility to contribute to the preservation and enhancement of the environment.

(5) The department shall ensure that presently unquantified environmental amenities and values will be given appropriate consideration in decision-making along with economic and technical considerations.

(6)(a) When the environmental document for a proposal shows it will cause significant adverse impacts, the responsible official shall consider whether:

(i) The environmental document identified mitigation measures that are reasonable and capable of being accomplished;

(ii) Other local, state, or federal requirements and enforcement would mitigate the significant adverse environmental impacts; and

(iii) Reasonable mitigation measures are sufficient to mitigate the significant adverse impacts.

(b) The responsible official may:

(i) Condition the approval for a proposal if mitigation measures are reasonable and capable of being accomplished and the proposal is inconsistent with the policies in this section; or

(ii) Deny the permit or approval for a proposal if reasonable mitigation measures are insufficient to mitigate significant adverse environmental impacts and the proposal is inconsistent with the policies in this section.

(c) The procedures in WAC 197-11-660 must also be followed when conditioning or denying permits or other approvals.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-470, filed 12/6/84.]

WAC 248-06-480 Public hearings. (1) A public hearing on the environmental impact of a proposal shall be held as specified in WAC 197-11-535.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-480, filed 12/6/84; 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 the SEPA process. The department shall then provide consultation in accordance with the requirements of WAC 197-11-502, 197-11-545 and 197-11-570.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-510, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-510, filed 7/11/78; Order 1148, § 248-06-510, 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 water supply and waste section, office of environmental health programs, division of health;

(b) One representative from the facility licensing and certification section, office of health facilities and services, division of health;

(c) One representative from capital programs controller division; and

(d) One representative from the radiation control section, office of environmental health programs, division of health.

(3) A representative from the office of the attorney general will provide legal support to the committee.

(4) 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.

(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. 85-01-003 (Order 2173), § 248-06-815, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-815, filed 7/11/78.]

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 197-11-455 and 197-11-460.)

(b) All determinations of nonsignificance (see WAC 197-11-340).

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-831, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-831, filed 7/11/78.]

WAC 248-06-835 Severability. If any provision of this chapter or its application to any person or circumstances is held invalid, the remainder of this chapter, or the application of the provision to other persons or circumstances, shall not be affected.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-835, filed 12/6/84.]

Chapter 248-08 WAC PRACTICE AND PROCEDURE

WAC

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CHAPTER**

- 248-08-595 Exemptions, waivers, and variances. [Statutory Au-
thority: 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.] Repealed by 84-16-031 (Order 272), filed
7/25/84. Statutory Authority: RCW 34.04.020 and
43.20.050. Later promulgation, see WAC 248-08-
596.

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.]

[Title 248 WAC--p 16]

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.]

(1986 Ed.)

WAC 248-08-220 Subpoenas where provided by law--Geographical scope. Such attendance of witnesses and such production of evidence may be required from any place in the state of Washington, at any designated place of hearing.

[Regulation 08.220, effective 3/11/60.]

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

[Regulation 08.230, effective 3/11/60.]

WAC 248-08-240 Depositions and interrogatories in contested cases--Scope. Unless otherwise ordered, the deponent may be examined regarding any matter not privileged, which is relevant to the subject matter involved in the proceeding.

[Regulation 08.240, effective 3/11/60.]

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

[Regulation 08.250, effective 3/11/60.]

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

notice, and in any manner and when so taken may be used as other depositions.

[Regulation 08.260, effective 3/11/60.]

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

[Regulation 08.270, effective 3/11/60.]

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

[Regulation 08.280, effective 3/11/60.]

WAC 248-08-290 Depositions and interrogatories in contested cases--Recordation. The officer before whom the deposition is to be taken shall put the witness

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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,

(1986 Ed.)

depositions upon interrogatories shall be governed by the previous deposition rule.

[Regulation 08.360, effective 3/11/60.]

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

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

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

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

(4) **Agency organization.** The board's or department's organization, administration, officers, personnel, official publications, and practitioners before its bar.

[Regulation 08.370, effective 3/11/60.]

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

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

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

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

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

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

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

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

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

[Regulation 08.380, effective 3/11/60.]

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

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

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

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

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

(5) **Acceptance of benefit.** That a person for whom an act is done or to whom a transfer is made has, does or

will accept same where it is clearly in his own self-interest so to do;

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

[Regulation 08.390, effective 3/11/60.]

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

(1) **Upon whom binding.** Such a stipulation or admission is binding upon the parties by whom it is made, their privies and upon all other parties to the proceeding who do not expressly and unequivocally deny the existence or nonexistence of the material fact so admitted or stipulated, upon the making thereof, if made on the record at a prehearing 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.]

(1986 Ed.)

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

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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,

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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.

(1986 Ed.)

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 248-08-596 Variances, waivers, and exemptions. The following procedure for considering requests for exemptions, waivers, or variances applies to all those rules and regulations of the Washington state board of health wherein the board of health has reserved the power to grant exemptions, waivers, and variances:

(1) The director of the health services division of the department of social and health services shall recommend, pursuant to the standards contained in the regulation from which the exemption, waiver, or variance is requested, that the request be granted or denied.

(2) Written summaries of all exemptions, waivers, or variances proposed to be granted by the director shall be sent to all members of the board of health and may include written forms upon which the members may indicate approval or disapproval of the request.

(3) Upon receipt by the director of written approval by eight members of the board of health, and provided no member disapproves, the approval shall take effect and the director shall notify the requesting party of the approval in writing.

(4) If any member of the board of health shall disapprove the request within thirty days of notification by the director, the request shall be discussed by the board at its next regular meeting.

(5) If a request is recommended for denial by the director, the request and recommendation shall be reviewed by the board at its next regular meeting.

Consideration by the board of requests for exemptions, waivers, and variances shall not be considered contested cases as that term is defined in chapter 34.04 RCW. Statements and written material regarding the request may be presented to the board at or before its meeting wherein the application will be considered. Allowing cross-examination of witnesses in such matters shall be within the discretion of the board.

[Statutory Authority: RCW 43.20.050, 85-15-063 (Order 289), § 248-08-596, filed 7/18/85; 84-16-031 (Order 272), § 248-08-596, filed 7/25/84. Formerly WAC 248-08-595.]

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

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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

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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 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.]

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Chapter 248-10 WAC NONDISCRIMINATION

WAC

248-10-010 Nondiscrimination.

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

[Order 18, § 248-10-010, filed 2/11/69.]

Chapter 248-14 WAC NURSING HOMES

WAC

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ENVIRONMENT AND OPERATIONS

- 248-14-510 Sanitation and infection control.
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248-14-550 Resident rooms and areas.
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248-14-050 Advertising. [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), § 248-14-050, filed 11/15/79; Regulation 14.050, effective 3/11/60.] Repealed by 84-15-007 (Order 2120), filed 7/6/84. Statutory Authority: RCW 18.51.070.
- 248-14-055 Compliance with equivalent federal rules and regulations. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-055, 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.
- 248-14-115 Communication. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-115, filed 5/28/80.] Repealed by 82-18-065 (Order 1872), filed 9/1/82. Statutory Authority: RCW 74.42.620.
- 248-14-190 Plant operation—Maintenance. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-190, 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), § 248-14-210, 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), § 248-14-220, 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.
- 248-14-401 Assessments. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-401, filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-401, filed 1/23/79.] Repealed by 82-18-065 (Order 1872), filed 9/1/82. Statutory Authority: RCW 74.42.620.
- 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, immediately, qualified, reasonable, reputable, satisfactory, sufficient, or suitable, used in these nursing home regulations to qualify a requirement shall be as determined by the department with the advice and guidance of the nursing home advisory council and the state board of health.

(2) "Activity director" – An employee responsible for the development, implementation, and maintenance of a program for residents intended to provide activities to meet the residents' needs and interests.

(3) "Alterations" – Physical, mechanical, or electrical changes made to existing facilities except for painting or repair.

(4) "Ambulatory person" – A person, who, unaided by another person, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs.

(5) "Attending physician" – The doctor responsible for a particular person's total medical care.

(6) "Authorized practitioner" – A certified registered nurse under chapter 18.88 RCW when authorized by the board of nursing, an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic examiners, or a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners.

(7) "Bathing facility" – A bathtub or shower.

(8) "Berm" – A bank of earth piled against a wall.

(9) "Citation" – The finding written by a surveyor on an official state and/or federal statement of deficiencies form following a full survey, post survey, or complaint investigation.

(10) "Contact with animals" – Close proximity to animals to allow for close observation, interaction, handling, or petting achieved by either animals being brought into the nursing home on a regular basis or animals being allowed to live on the nursing home premises.

(11) "Department" – The state department of social and health services.

(12) "Dialysis" – The process of separating crystalloids and colloids in solution by means of the crystalloids and colloids unequal diffusion through a natural or artificial, semipermeable membrane.

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

(c) "Maintenance dialysis" – 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.

(d) "Peritoneal dialysis" – 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 semipermeable 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" – Carrying out dialysis on oneself, assuming primary responsibility for the dialysis procedure whether or not one has assistance.

(f) "Self-dialysis training" – A program of patient education where a patient is taught how to perform self-dialysis safely and effectively and to care for dialysis equipment and supplies.

(13) "Dialysis room" – A room where a patient undergoes dialysis.

(14) "Dietetic service supervisor" – A person who:

(a) Is a dietitian; or

(b) Has completed or is enrolled with a set date of completion in a dietetic technician or dietetic assistant training program, correspondence or classroom, approved by the American Dietetic Association; or

(c) Has completed or is enrolled with a set date of completion in a state-approved training program providing ninety or more hours of classroom instruction in food service supervision, and has experience in a health care institution.

(15) "Dietitian" – A person who is eligible for registration by the commission on dietetic registration of the American Dietetic Association based on the 1982 criteria for registration. A person not meeting this definition but employed in that capacity by a nursing home or homes on or before the effective date of this regulation will be deemed to meet the requirement of WAC 248-14-230(5). This grandfather clause is only effective so long as the:

(a) Person continues employment with the same nursing home or homes; and

(b) Nursing home has no serious deficiencies in dietary services.

(16) "Drug":

(a) Substances recognized as drugs in the official *United States Pharmacopoeia*, *Official Homeopathic Pharmacopoeia of the United States*, or any supplement to any of the listed publications.

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man.

(c) "Drug administration" – The direct application of a drug by injection, inhalation, ingestion, or any other means to the body of a resident.

(d) "Drug dispensing" – An act entailing the interpretation of an order for a drug or biological and, pursuant to the order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological to a residential care unit.

(e) "Legend drug" – A drug bearing the legend, "caution, federal law prohibits dispensing without a prescription."

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

(18) "Facilities" – A room or area and/or equipment to serve one or more specific functions.

(19) "Grade" – The level of ground adjacent to the building floor level 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.

(20) "Immediate supervision" – On-site supervision of one or more persons.

(21) "Kidney center" – A health care facility 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 receiving 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 where 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 providing the full gamut of services for diagnosis and treatment of persons with chronic renal disease. The in-hospital services may be provided by means of an association or affiliation with an in-hospital dialysis program.

(22) "Lavatory" – A handwashing sink.

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

(a) "Licensed practical nurse" – 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" – 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.

(24) "New construction" shall include any of the following, when the preliminary plans have not been reviewed and accepted at the time of adoption of these regulations:

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

(b) Additions to buildings used as a nursing home;

(c) Conversions of existing buildings including previously licensed nursing homes; and

(d) Alterations.

(25) "Nursing care" – Services designed to maintain or promote achievement of optimal independent function and health status planned, supervised, and evaluated by

a registered nurse in the context of an overall individual plan of care.

(26) "Nursing home" – Any home, place, or institution operating or maintaining facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more residents not related by blood or marriage to the operator, who, by reason of illness or infirmity, are unable to properly 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 facilities precluded by RCW 18.51.010 and 18.51.170.

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

(28) "Outpatient service" – Any service provided to a nonresident of the nursing home.

(29) "Patient" – A person receiving preventive, diagnostic, therapeutic, habilitative, rehabilitative, maintenance, or palliative health-related services under professional direction.

(a) "Inpatient" – A resident receiving services with board and room in a nursing home on a continuous twenty-four-hour-a-day basis.

(b) "Outpatient" – A nonresident of the nursing home receiving services at a nursing home not providing him or her these services with room and board on a continuous twenty-four-hour-a-day basis.

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

(d) "Residents requiring intermediate nursing care" – Residents whose physiological and psychological functioning is stable, but require individually planned treatment and services under the daily direction of a registered nurse or a licensed nurse with registered nurse consultation as provided by exemption and the supervision of a licensed physician. The program is directed toward maintenance of maximum independence and return to the community whenever possible. The program includes an established treatment regimen involving more than supervision, assistance with personal care, and protection.

(e) "Residents requiring care for mental retardation or related conditions" – Residents found eligible by the

division of developmental disabilities and requiring health care services in accord with subsection (29)(c) or (d) of this section, and are in need of a comprehensive habilitative and/or developmental program incorporated into a twenty-four hour overall program plan.

(30) "Peninsular (or island) bathtub" – A bathtub having sufficient clearances around both sides and one end to accommodate residents, equipment, and attendants.

(31) "Pharmacist" – A person duly licensed by the Washington state board of pharmacy under the provisions of chapter 18.64 RCW.

(32) "Pharmacy" – A place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW.

(33) "Physician's assistant" – A person acting as an extender for a designated physician and under a plan of utilization approved by the board of medical examiners or the board of osteopathic medicine and surgery and is registered under the provisions of the law regulating the practice of physician's assistant in the state of Washington, chapters 18.57A or 18.71A RCW.

(34) "Practitioner" – A physician under chapter 18.71 RCW; an osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW; a dentist under chapter 18.32 RCW; a podiatrist under chapter 18.22 RCW; a certified registered nurse under chapter 18.88 RCW as authorized by the board of nursing; an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic examiners; a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners; or a pharmacist under chapter 18.64 RCW.

(35) "Resident" – Means an inpatient.

(36) "Residential care unit" – A separate, physical, and functional unit including resident rooms, toilets, bathing facilities, and basic service facilities as identified in WAC 248-14-120 (2)(a).

(37) "Respiratory isolation" – A procedure for the prevention of transmission of pathogenic organisms by means of droplets and droplet nuclei coughed, sneezed, or breathed into the environment.

(38) "Respite care" – Services provided to an inpatient admitted to a nursing home for a period not to exceed fourteen consecutive days, for the purposes of providing temporary relief for families or others providing care for disabled persons.

(39) "Responsible party" – A legally responsible person to whom the rights of a client have legally devolved.

(40) "Supervision" – The process of overseeing performance while having the responsibility and authority to guide or direct and critically evaluate.

(41) "Toilet fixture" – A bowl-shaped plumbing fixture fitted with a seat and a device for flushing the bowl with water.

(42) "Toilet room" – A room containing at least one toilet fixture.

(43) "Unit-dose" – The ordered amount of a drug in a dosage form ready for administration to a particular person.

(44) "Unit-dose drug distribution system" - A system of drug dispensing and control characterized by the dispensing of the majority of drugs in unit doses and for most drugs, not more than a forty-eight hour supply of doses is available at the residential care unit at any time.

(45) "Usable floor space" - Excludes areas taken up by passage door swings, closets, wardrobes, portable lockers, and toilet rooms.

[Statutory Authority: RCW 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-001, filed 8/15/85. Statutory Authority: RCW 74.42.620. 83-01-016 (Order 1921), § 248-14-001, filed 12/6/82; 82-18-065 (Order 1872), § 248-14-001, filed 9/1/82. Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-001, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-001, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-001, 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), § 248-14-010, 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), § 248-14-020, 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), § 248-14-030, 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), § 248-14-040, filed 11/15/79; Regulation 14.040, 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 affect 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), § 248-14-060, 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 and license fees. No license issued pursuant to this chapter shall exceed thirty-six months in duration. License fees shall be paid as required in chapter 440-44 WAC.

[Statutory Authority: RCW 18.51.070. 82-17-008 (Order 1857), § 248-14-065, filed 8/6/82; 82-06-005 (Order 1768), § 248-14-065, filed 2/18/82; 80-06-086 (Order 1509), § 248-14-065, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-065, 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), § 248-14-070, 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), § 248-14-080, 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), § 248-14-090, filed 11/15/79; Regulation 14.090, effective 3/11/60.]

NEW CONSTRUCTION

WAC 248-14-100 Approval of plans. (1) **Narrative program.** The sponsor for each new construction or alteration project shall provide a narrative which describes:

(a) Functional space requirements,

(b) Staffing patterns,

(c) Departmental relationships,

(d) Traffic patterns,

(e) A description of each function to be performed,

(f) Types of equipment required,

(g) Description of necessary services which are available elsewhere in the community.

(2) **Preliminary plans.**

(a) Plans and specifications for new construction shall be prepared by or under the direction of a Washington licensed architect or engineer, and be submitted in duplicate.

(b) If the proposed project may not be extensive enough to require professional architectural or engineering services, the project sponsor shall submit a written description to the department for a determination of the applicability of WAC 248-14-100 (2)(a).

(c) Plans shall be drawn to scale and shall include:

(i) Plot plan showing streets, entrance ways, sewage disposal system, and the arrangement of buildings on the site; and

(ii) Floor plans showing existing and proposed arrangements within the building, including the fixed and major movable equipment;

(iii) Each room, space, and corridor shall be identified by function and numbered.

(d) Plans shall show design statements for the water supply, sewage and garbage disposal systems.

(e) Preliminary specifications shall include a general description of construction and materials, including interior finishes.

(3) Final construction documents.

(a) Construction or alterations shall not be commenced until duplicate sets of final plans drawn to scale and complete specifications, have been submitted, in duplicate, to the department and approved.

(b) These plans and specifications shall show complete details to be furnished contractors for construction of buildings, including:

(i) Plot plan;

(ii) Plans of each floor of the building, including fixed equipment. If major changes have occurred since the preliminary drawing, supplemental drawings showing major movable equipment shall be provided;

(iii) Elevations, sections, and construction details;

(iv) Schedule of floor, wall, and ceiling finishes, door and window sizes and types;

(v) Plumbing, heating, ventilating and electrical systems including fire protection system and devices.

(4) Preinstallation submissions shall include:

(a) Shop drawings for fire protection systems.

(b) If carpets are to be installed, the following information must be provided:

(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) A three-inch by five-inch sample of each carpet type, labeled to identify the manufacturer and specific company trade name and number;

(iii) A copy of a testing laboratory report of the floor radiant panel test to include flame spread and smoke density;

(iv) Information showing that proposed carpeting meets the specifications as listed in WAC 248-14-130 (11)(e).

(c) Provision for noise, dust and draft control, fire protection, safety and comfort of the resident(s) if construction work takes place in or near occupied areas.

(5) All construction shall take place in accordance with the approved final plans and specifications. Changes must be reviewed and receive approval by the department prior to incorporation into the construction project.

(a) If construction has not begun within one year from the date of approval, the plans must be resubmitted for review in accordance with current requirements.

(b) If construction is not completed within two years from the date of approval, the plans shall be resubmitted for approval of the remaining construction consistent with current requirements.

(c) If an extension beyond two years is required such petition shall be submitted and justified to the department thirty days prior to the end of the two year period.

[Statutory Authority: RCW 18.51.070, 81-14-066 (Order 1675), § 248-14-100, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-100, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211, 79-12-018 (Order 1455), § 248-14-100, filed 11/15/79; § .14.100(6), filed 8/4/67; Regulation 14.100, effective 3/11/60.]

WAC 248-14-110 IMR exceptions to physical plant requirements. (1) The following regulations may not apply in intermediate care facilities certified exclusively for the care of the mentally retarded (IMR) or those with related conditions:

(a) WAC 248-14-120 (3)(h), Room arrangements.

(b) WAC 248-14-120 (4)(a), (b), and (f), Resident room equipment.

(c) WAC 248-14-120 (5)(a), Toilet rooms directly accessible from each resident room and from each bathing facility.

(d) WAC 248-14-120 (5)(b), Bedpan flushing equipment.

(e) WAC 248-14-120 (8)(a), Clean utility room.

(f) WAC 248-14-120(11), Equipment storage.

(g) WAC 248-14-130 (6)(a) and (b), Corridors, except that a six-foot corridor width is acceptable and handrails along both sides of the corridor may be omitted.

(h) WAC 248-14-130 (7)(a), Doors, except that three-foot wide resident room doors are acceptable.

(i) WAC 248-14-130 (13)(b), Drinking fountain.

(j) WAC 248-14-155 (2)(a), (b) and (c), Call system.

(k) WAC 248-14-160 (4)(b), Electrical receptacle.

(l) WAC 248-14-180(4), Spouts.

(m) WAC 248-14-180(5), Wrist blades.

(2) The following need not be provided in every building in an IMR facility with multiple living units of twenty beds or less, but must be available on the grounds.

(a) WAC 248-14-114 (2)(a), (b), (c), and (e), Lobby.

(b) WAC 248-14-114(3), Interview space.

(c) WAC 248-14-114(4), Offices.

(d) WAC 248-14-114(5), Inservice education facilities.

(e) WAC 248-14-114(6), Staff facilities.

(f) WAC 248-14-120(7), Nurses' station, except that a desk with a file drawer for record storage and a telephone are required.

(g) WAC 248-14-120 (8)(b)(i), (ii), (iii), (iv), (v), and (vi), Soiled utility room, except that a soiled workroom for washing soiled toys and equipment shall be provided. It shall include a work counter, storage cabinets and a twelve-inch minimum depth double compartment sink. This soiled work area may be combined with the laundry facilities, if they are provided.

(h) WAC 248-14-120(11), Wheelchairs and other ambulation equipment storage.

(i) WAC 248-14-128 (1)(a) and (b), Laundry facilities. Laundry services shall be provided in accordance with the narrative program.

(j) WAC 248-14-155(1), Telephones, except that a telephone shall be provided in accordance with the program.

[Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-110, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-110, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-110, filed 11/15/79; Regulation 14.110, effective 3/11/60.]

WAC 248-14-114 Administration and public areas.

(1) **Entrances and exits.** The main entrances and exits shall be sheltered from the weather and accessible to the handicapped.

(2) **Lobby.** There shall be a lobby or areas in close proximity which include:

- (a) Waiting space with seating accommodations;
- (b) Reception and information area;
- (c) Space to accommodate persons in wheelchairs;
- (d) Public toilet(s);
- (e) Drinking fountain;
- (f) Public telephone.

(3) **Interview space or area.** It shall be designed for auditory privacy.

(4) **Offices.**

(a) Office space shall be provided for the administrator, the director of nursing services, and other personnel as appropriate.

(b) Facilities shall be provided for locked storage, including fire and water protection, of health records.

(c) Space and facilities shall be provided for the safe storage and handling of financial and business records. Safety consideration shall include fire, water and security protections.

(5) **Inservice education facilities.** Space and facilities shall be designated for inservice education.

(6) **Staff facilities.** There shall be a lounge, lockers, and toilets provided for employees and volunteers.

[Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-114, filed 7/1/81.]

WAC 248-14-120 Residential care unit. (1) Location. Each residential care unit shall be located to minimize through traffic to any general service, diagnostic, treatment, or administrative area. All rooms or areas within the unit shall be on the same floor level.

(2) **Required facilities.**

(a) Each unit shall have at least the following basic service facilities: A nurses' station, a medicine storage and preparation area, clean and soiled utility rooms,

housekeeping facilities and storage space for linen, other supplies and equipment.

(b) Resident rooms in buildings 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.

(3) **Resident rooms.**

(a) The floor level shall be above grade level except for earth berms.

(b) Each resident room shall be directly accessible from the corridor and shall be located to prevent through traffic.

(c) Every resident room shall be an outside room and shall have a clear glass window which is located in an outside wall and has an area equal to not less than one-tenth of the usable floor space.

(i) All resident room windows shall be located at least 24 feet from another building or the opposite wall of a court or at least ten feet away from a property line, except on street sides. If the depth of a court is less than one-half its width, the width requirement will not apply. The outside window wall shall be at least eight feet from an outside public walkway.

(ii) Window sills shall be three feet or less above the floor.

(d) The maximum capacity of any resident bedroom shall be not more than four beds.

(e) No bed shall be located more than two beds deep from an exterior window wall.

(f) On each unit there shall be at least one single uncarpeted bedroom capable of providing isolation care. It shall contain:

(i) A lavatory with water supplied through a mixing valve,

(ii) Its own adjoining toilet room equipped with a bedpan flushing attachment and containing a bathing facility.

(g) There shall be at least eighty-five square feet of usable floor space per bed in each multibed room and at least one hundred square feet of usable floor space for each one bed room.

(h) The dimensions and arrangements of rooms shall provide at least three feet of space between the sides and foot of the bed and any wall, other fixed obstruction or other bed.

(4) **Resident room equipment.**

(a) There shall be a wall mounted or equivalent reading light and a nurse call signal device for each bed.

(b) There shall be a lavatory in each multibed room. There shall be a lavatory in each single room which does not have an adjoining toilet room containing a lavatory.

(c) There shall be a separate, enclosed wardrobe or closet for each bed in each room. The inside dimensions shall be at least twenty-two inches deep (front to back) by thirty inches wide. The clothes rod shall be placed to 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.

(d) There shall be a lockable shelf space or drawer for storage of other personal belongings for each resident bed in addition to the bedside cabinet.

(e) There shall be separate storage for extra pillows and blankets for each bed. This may be combined with the wardrobe or closet if it does not impinge upon the required space for clothing.

(f) Each multibed room shall have permanently installed cubicle curtain tracks or rods around each bed with flame-proof curtains approved by the state fire marshal.

(g) For electrical outlet and lighting requirements refer to electrical section, WAC 248-14-160.

(5) Resident toilet(s).

(a) There shall be a toilet room directly accessible from each resident room and from each bathing facility without going through a general corridor. One toilet room may serve two bedrooms except for those resident rooms for which private toilet rooms are required. One toilet shall serve a maximum of four beds. For alterations of existing resident rooms the ratio of one toilet fixture for each eight residents or fraction thereof is acceptable.

(b) Each toilet fixture in toilet rooms adjoining resident rooms shall be equipped with a bedpan flushing attachment unless a siphon jet clinic service sink is provided in each soiled utility room.

(c) There shall be provision for storage of a bedpan brush container off the floor in each toilet room equipped with a bedpan flushing attachment.

(d) At least one lavatory shall be provided in each toilet room, except when it opens into a single bed room which has a lavatory.

(e) Each resident toilet room shall be designed to accommodate a person in a wheelchair.

(f) A properly located and securely mounted grab bar or its equivalent shall be provided at each side of a toilet fixture.

(6) Resident bathing facilities.

(a) On each unit there shall be at least one bathtub or shower facility per every fifteen beds or fraction thereof which are not in rooms served by an adjoining bathroom.

(b) On each unit there shall be at least one peninsular or island bathtub accessible from the corridor.

(c) There shall be at least one roll-in shower accessible from the corridor on each unit. It shall be designed:

(i) For ease of shower chair entry.

(ii) With bulkheads which are a maximum of thirty-four inches high and provide for toe space.

(iii) With a properly sloped and drained floor to prevent the flow of water outside the stall, but provide for safe use of a shower chair within the stall.

(iv) With the water inlet approximately four and one-half feet from floor level and with a flexible hose approximately five feet long with a lightweight, shampoo-type, spray attachment.

(d) In each bathroom containing more than one bathing facility each bathtub or shower shall be in a separate room or compartment. The area for each bathtub and shower shall be sufficient to accommodate a shower chair and attendant(s) and provide for visual privacy.

(e) Grab bars:

(i) One horizontal grab bar a minimum of 48 inches long shall be provided at the side of a standard bathtub

and an L-shaped bar at the faucet end. The horizontal side of the L-shaped bar shall extend the width of the tub and the vertical bar shall rise thirty inches at the outer side of the tub.

(ii) At the faucet end of each peninsular bathtub there shall be at least one horizontal grab bar mounted from 33 to 36 inches above the floor and extended the full width of the bathtub. It shall be at least ten inches from the wall at the faucet end.

(iii) A horizontal grab bar shall be provided on two sides of each shower stall and an L-shaped bar mounted on the shower head side. The horizontal bars shall be mounted 31 inches to 36 inches above the floor.

(f) Shower and tub bottom surfaces shall be slip-resistant.

(7) Nurses' station. On each residential care unit there shall be a nurses' station which shall have:

(a) A charting surface;

(b) Sufficient seating area;

(c) A rack or other storage for current health records;

(d) Storage for record and clerical supplies;

(e) A telephone;

(f) A nurse call annunciator;

(g) A clock.

(8) Utility service rooms. On each unit there shall be a clean utility room and a soiled utility room designed and equipped to ensure separation of clean and sterile supplies and equipment from those that are contaminated.

(a) Each clean utility room shall have a work counter, a sink and closed storage units for clean and sterile supplies and small equipment.

(b) Each soiled utility room shall have:

(i) At the minimum a two compartment sink mounted in a work counter of at least three feet in length on each side of the sink, the inside dimensions of each compartment shall be twenty-two by twenty-two by twenty inches deep;

(ii) Storage for cleaning supplies and other items;

(iii) Locked storage for cleaning agents, disinfectants and other caustic or toxic agents;

(iv) Adequate space for waste containers, linen hampers and other large equipment;

(v) The work counters, sinks and other fixed equipment shall be arranged to prevent intermingling of clean and contaminated items during processing;

(vi) A siphon jet type clinic service sink or equivalent equipped with bedpan flushing attachment shall be provided unless a bedpan flushing device is provided in toilet rooms adjoining resident rooms.

(9) Drug facilities. There shall be facilities for drug preparation and locked storage near the nurses' station on each unit.

(a) The drug facilities shall be well illuminated, ventilated and equipped with a work counter, sink with hot and cold running water and drug storage units.

(b) Locks and keys for drug facilities shall be different from any other locks and keys within the nursing home.

(i) Separately keyed storage shall be provided for Schedule II and III controlled substances.

(ii) Segregated storage of different residents' drugs shall be provided.

(c) There shall be a refrigerator for storage of thermolabile drugs in the drug facility.

(10) Linen storage.

(a) A clean room shall be provided for storage of clean linen and other bedding on each unit. This may be an area within the clean utility room.

(b) There shall be a soiled linen room for collection and temporary storage of soiled linen on each unit. This may be in an area of the soiled utility room.

(11) **Equipment storage.** There shall be at least two square feet of storage space per bed for wheelchair and other ambulation equipment. Storage may be combined with an equipment storage room or be in a corridor alcove but shall not impinge upon the required corridor space. If the square footage is added to the resident room size, individual wheelchair(s) and other ambulation equipment may be stored in the room.

(12) **Janitors' closet.** A janitors' closet with a service sink and adequate storage space for housekeeping equipment and supplies shall be provided on each unit.

[Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-120, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-120, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-120, 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 248-14-125 Required miscellaneous rooms and areas. (1) Food service facilities.

(a) All food service facilities shall be constructed to be in compliance with chapter 248-84 WAC, rules and regulations of the state board of health governing food service sanitation.

(i) Areas shall be provided for the purpose of preparing, serving and storing food and drink unless food service is provided from another approved source.

(ii) All facilities shall be located to facilitate delivery of stores, disposal of kitchen waste and transportation of food to nursing units.

(b) The kitchen shall be located and arranged to avoid contamination of food, to prevent objectionable heat, noise and odors entering resident care areas and to eliminate through traffic.

(i) A receiving area shall be located for ready access to storage and refrigeration areas.

(ii) Handwashing facilities shall be conveniently located to the food preparation and dishwashing area and shall include a lavatory, paper towel dispenser and waste receptacle.

(c) The dishwashing room or area shall be adequately ventilated and equipped. It shall be located to avoid soiled dish traffic through food preparation areas.

(d) A garbage storage area shall be located in a well-ventilated room or an outside area.

(e) A can-wash area shall be provided with hot and cold water and a floor drain connected to the sanitary sewage system.

(f) Space for an office or a desk and files shall be provided for food service management. It shall be located central to deliveries and kitchen operations.

(g) Housekeeping facilities or a janitor's closet shall provide for a service sink and storage of housekeeping equipment and supplies for the exclusive use of food service.

(2) **Dining room, dayroom, and activity facilities** shall be provided at a minimum of thirty square feet per bed for the first one hundred beds and twenty-seven square feet per bed in excess of one hundred.

(a) Of the total square feet required a minimum of ten square feet per bed shall be provided for resident dining. Dining space shall be adequate to accommodate the total inpatients and outpatients at no more than two settings.

(b) Of the total square feet required a minimum of ten square feet per bed shall be provided for day room and activity space.

(i) A day room shall be provided adjacent to each residential care unit.

(ii) Designated dining and activity spaces shall be designed to prevent program interference with each other.

(iii) Additional space shall be provided for outpatients in accordance with the program.

(c) Storage space shall be provided for all activity and recreational equipment and supplies, adjoining or adjacent to the facilities provided.

(3) Laundry storage.

(a) Soiled linens and soiled clothing shall be stored and sorted in a separate enclosed room apart from washing and drying facilities. There shall be a handwashing facility and a floor drain in the room.

(b) Clean linen shall be stored in a separate enclosed room apart from washing and drying facilities.

(4) **General storage area.** General storage space of not less than five square feet per bed shall be provided in addition to the closets and storage required in WAC 248-14-120 and shall generally be concentrated in one area.

[Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-125, filed 7/1/81.]

WAC 248-14-128 Optional miscellaneous rooms and areas. (1) Laundry facilities. If laundry is washed on the premises, adequate washing and drying facilities shall be provided.

(a) The laundry shall be located to isolate noise, odors, objectionable heat, moisture, and contamination from resident care, supply and food service areas.

(b) An adequate supply of hot water shall be assured to allow each machine at least one hot water cycle of fifteen minutes duration per load at 140 degrees Fahrenheit or five minutes duration per load at 160 degrees Fahrenheit.

(2) Specialized rehabilitation facilities shall:

(a) Be located for easy access in general service areas.

(b) Include exercise, treatment, and supportive equipment as required by the narrative program.

(c) Have adequate space for exercise equipment and treatment table(s) with sufficient work space on each side.

(d) Have hydrotherapy tanks located in a separate room or area. Toilet, locker and shower facilities designed for residents in wheelchairs shall be available.

(e) Provide privacy cubicle curtain tracks or equivalent around treatment area(s).

(f) Provide handwashing facilities in or near treatment areas.

(g) Provide space and a desk or equivalent for administrative, clerical, interviewing and consultive functions.

(h) Provide enclosed storage cabinets for clean linen and supplies.

(i) Provide adequate storage space for large equipment.

(j) Provide a janitor's closet close to the area.

(3) **Pharmacy.** Pharmacies shall meet the requirements of and be licensed by the Washington state board of pharmacy. Refer to WAC 360-16-210.

(4) **Dialysis services and facilities.** Refer to WAC 248-14-300.

(5) **Outpatient facilities.** If provided, refer to WAC 248-14-295 and 248-14-296.

(6) **Tuberculosis facilities.** Refer to ventilation requirements, WAC 248-14-140 (4)(a).

[Statutory Authority: RCW 18.51.070, 81-14-066 (Order 1675), § 248-14-128, filed 7/1/81.]

WAC 248-14-130 General design requirements. (1) **Accessibility to the handicapped.** The facility shall be readily accessible to and useable by the handicapped.

(2) **Vector control.** Buildings shall be constructed to prevent the entrance of rodents and insects.

(3) **Elevators.**

All buildings having residential use areas or service areas located on other than the main entrance floor shall have (an) elevator(s).

(a) At least one elevator sized to accommodate a resident bed and attendant shall be installed where one to fifty-nine resident beds are located on any floor other than the main entrance floor.

(b) At least two elevators, one of which shall be sized to accommodate a bed and attendant, shall be installed where sixty to one hundred ninety-nine beds are located on floors other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing beds.

(c) At least three elevators shall be installed when the bed capacity above ground floor exceeds two hundred or more.

(4) **Stairways.**

(a) All interior and exterior stairways and stairwells including those in attics shall have railings on both sides. The railing ends shall be returned to the walls.

(b) Steps shall be equipped with nonslip material on the treads. All risers shall be closed. Nosings shall be flush, slip resistant and rounded to one-half inch maximum radius.

(5) **Ramps.** Ramps shall not exceed a slope ratio of one-in-twelve and shall have nonslip surfaces. Handrails shall be provided on both sides.

(6) **Corridors.**

(a) Resident use corridors and required exit way corridors shall be a minimum of eight feet in width; elsewhere they shall be a minimum of five feet wide.

(b) Equipment such as drinking fountains, telephone booths, vending machines, fire extinguishers and portable equipment shall be recessed.

(c) Handrails shall be provided along both sides of all resident use corridors. Ends of handrails shall be returned to the walls. Handrails shall be mounted thirty-two to thirty-four inches above the floor and shall project a maximum of three and one half inches from the wall.

(7) **Doors.**

(a) Doors to resident rooms shall be a minimum of three feet ten inches in width. Doors to resident bathrooms and toilet rooms shall be a minimum of thirty-two inches in the clear for wheelchair access. In alterations of existing nursing homes a three foot eight inch resident room door may be acceptable.

(b) All doors to resident toilet rooms and bathing facilities not opening onto a corridor shall open outward. Doors to toilet rooms and bathrooms having locks shall have a means of unlocking same from the outside.

(c) Doors, to occupied areas and large walk-in type closets, shall not swing into corridors.

(d) All passage doors shall be arranged so that they do not open onto or obstruct other doors.

(8) **Windows.** Refer to WAC 248-14-120 (3)(c), patient room windows.

(9) **Screens.** Mesh screens or equivalent with a minimum mesh of 1/16 inch shall be provided on all windows, doors and other openings which serve for ventilation.

(10) **Floor finishes.**

(a) Floors at entrances shall have nonslip finishes even when wet.

(b) All uncarpeted floors shall be smooth, nonabsorbent and easily cleanable.

(c) Carpets may be used in the following selected areas: Administrative areas, lobbies, lounges, chapels, day-rooms, waiting areas, nurses' stations, elevators, corridors, equipment alcoves opening onto carpeted corridors or areas, dining rooms, resident rooms, excluding toilet rooms, bathrooms, and isolation areas.

(d) Specifications for acceptable carpeting are:

(i) Pile yarn fibers shall be easily cleanable and meet the standards of the state fire marshal.

(ii) Pile type shall be round loop in all resident use areas. Cut pile is acceptable in nonresident use areas.

(iii) Pile tufts shall be a minimum of 64 per square inch or equivalent density.

(iv) There shall be a minimum of eight rows per inch or equivalent density.

(v) Pile shall be level, at a minimum height of .125 inches or a maximum of .255 inches. Variable pile height is acceptable in nonresident use areas and shall be a minimum of .125 inches to a maximum of .312 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 nonresident use areas.

(e) Carpets shall be installed to ensure that:

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

(ii) Edges of carpet are covered and cove or base shoe is used at all wall junctures.

(iii) Seams are bonded together with manufacturer-recommended cement.

(11) Walls and ceilings.

(a) Walls and ceilings shall have easily cleanable surfaces.

(b) There shall be 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, such as, bathing facilities, janitors' closets, and can-wash areas.

(c) All ceiling heights shall be a minimum of seven feet six inches.

(12) Accessories. The following accessories with the necessary backing for mounting shall be provided:

(a) Suitable shelf or equivalent and mirror at each lavatory in toilet rooms, resident rooms and locker rooms.

(b) Towel bar or hook at each lavatory on residential care units and at each bathing facility.

(c) A robe hook at each bathing facility, toilet room and in each examination room or therapy area.

(d) There shall be a toilet paper holder properly located and securely mounted at each toilet fixture.

(e) All toilet seats shall be open front type or sanitary seat covers must be provided for.

(f) Dispensers for single use towels at all lavatories and sinks shall be mounted to avoid contamination from splash and spray.

(g) There shall be suitable provision for soap at each lavatory, sink and bathing facility.

(h) Sanitary napkin dispensers and disposers shall be provided in public and employee womens' toilet rooms.

(i) Grab bars shall be of suitable strength, easily cleanable, resistant to corrosion, of functional design, securely mounted and properly located at toilet fixtures and bathing facilities. Grab bars and their anchorage shall have sufficient strength to sustain a weight of at least two hundred fifty pounds without permanent deflection.

(13) Miscellaneous.

(a) Rooms and service areas shall be identified by visible and tactile signs.

(b) There shall be a minimum of one drinking fountain on each residential unit.

(c) Equipment and casework shall be designed, manufactured and installed for ease of proper cleaning, maintenance, and be suitable to the functions of each area.

[Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-130, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-130, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-130, 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 Ventilation. (1) General ventilation. Ventilation of all rooms shall be designed to prevent objectionable odors, excessive condensation, and to avoid direct drafts on the residents.

(2) **Natural ventilation.** When window ventilation is used for resident rooms, the operable opening shall be a minimum of one-twentieth of the required floor area.

(3) **Mechanical ventilation.** All rooms not ventilated by windows and all inside habitable space shall be mechanically ventilated.

(a) All air-supply and air-exhaust systems shall be mechanically operated.

(b) Installation of air-handling duct systems shall meet the requirements adopted by the state fire marshal.

(c) Corridors shall not be used to supply air to or exhaust air from any room, except that infiltration air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.

(d) Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three inches above the floor.

(e) Outdoor air intakes shall be located as far as practical but a minimum of twenty-five feet from the exhausts from any ventilating system, combustion equipment, or plumbing vent or areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but a minimum of three feet above grade level, or if installed through the roof, three feet above the roof level.

(4) Minimum ventilation requirements.

(a) The ventilation rates shown in Table A are minimum acceptable balanced rates.

**TABLE A
PRESSURE RELATIONSHIPS AND VENTILATION OF
CERTAIN AREAS**

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL ¹ AIR CHANGES PER HOUR SUPPLIED TO ROOM	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN AREA
Activities of daily living	E or P	2	4	Optional	Optional
Bathroom	N	Optional	10	Yes	No
Clean linen storage	P	Optional	2	Optional	Optional
Clean workroom and clean holding	P	2	4	Optional	Optional
Dietary day storage	E or P	Optional	2	Optional	No

TABLE A
PRESSURE RELATIONSHIPS AND VENTILATION OF
CERTAIN AREAS

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL ¹ AIR CHANGES PER HOUR SUPPLIED TO ROOM	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN AREA
Food preparation center	E	2	8 (10)	Yes	No
Isolation anteroom	NN	2	10	Yes	No
Isolation resident room	NN	2	2	Yes	No
Janitors' closet	N	Optional	10	Yes	No
Laundry, general	V	2	10	Yes	No
Linen and trash chute room	N	Optional	10	Yes	No
Medicine preparation room	P	2	4	Optional	Optional
Occupational therapy	N	2	6	Optional	Optional
Personal care room	N	2	8	Optional	Yes
Physical therapy and hydrotherapy	N	2	6	Optional	Optional
Resident area corridor	N	2	2	Optional	Optional
Resident room ²	E or P	2	2	Optional	Optional
Soiled linen sorting and storage	N	Optional	10	Yes	No
Soiled workroom and soiled holding	N	2	10	Yes	No
Speech and hearing unit	E or P	2	2	Optional	Optional
Sterilizer equipment room	N	Optional	10	Yes	No
TB isolation resident room	NN	2	12 ³	Yes	No
TB isolation room anteroom	NN	2	12 ³	Yes	No
Toilet room and locker rooms	N	Optional	10	Yes	No
Treatment room	E or P	2	6	Optional	Optional
Warewashing room	N	Optional	8 (10)	Yes	No

P=Positive N=Negative E=Equal V=May Vary ()=Recommended NN=Very Negative

¹Requirements for outdoor air changes may be deleted or reduced and total air changes per hour supplied may be reduced to twenty-five percent of the figures listed when the affected room is unoccupied and *unused* provided indicated pressure relationship is maintained. In addition, positive provisions such as an interconnect with room lights must be included to ensure the listed ventilation rates including outdoor air are automatically resumed upon reoccupancy of the space. This exception does not apply to certain areas such as toilets and storage which would be considered as "in use" even though "unoccupied."

General note: The outdoor air quantities for central systems employing recirculating and serving more than a single area designation may be determined by summing the individual area quantity requirements rather than by providing the maximum listed ratio of outdoor air to total air. Maximum noise level caused by toilet room exhaust shall be fifty decibels on the A sound level as per ASHRAE Table 7.

²Temporary imbalance at resident rooms as caused by intermittent toilet room or bathroom exhaust is permissible.

³A minimum of six air changes may be permitted with a properly installed and maintained ultraviolet generator irradiation system. Fixture installation shall conform to the recommendation of the *Illuminating Engineering Society Handbook*, 5th edition, Section 25, "Ultraviolet Energy."

(b) Exhaust hoods in food preparation centers and dishwashing areas shall have an exhaust rate not less than fifty cubic feet per minute per square feet of face area. Face area is defined as the open area from the exposed perimeter of the hood to the average perimeter of the cooking surfaces.

(i) All hoods over commercial type cooking ranges shall be equipped with fire extinguishing systems and heat actuated fan controls.

(ii) Cleanout openings shall be provided every twenty feet in horizontal exhaust duct systems serving hoods.

(iii) Installation of equipment for removal of smoke and grease-laden vapors from cooking equipment shall meet standards as adopted by the state fire marshal.

(iv) Kitchen ventilation shall be adequate to provide comfortable working temperatures.

(c) Boiler rooms, elevator equipment rooms, laundry rooms, and any heat-producing spaces shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures at the ceiling to ninety-seven degrees Fahrenheit.

(d) Individual toilet rooms and bathrooms may be ventilated either by individual mechanical exhaust systems or by a central mechanical exhaust system.

(5) **Individual exhaust systems.**

(a) Where individual mechanical exhaust systems are used to exhaust individual toilet rooms or bathrooms, the individual ventilation fans shall be interconnected with room lighting to ensure ventilation while room is occupied. The ventilation fan shall be provided with a time delay shutoff to ensure that the exhaust continues for a minimum of five minutes after the light switch is turned off.

(b) Air discharge openings through roofs or exterior walls shall be protected against entry of weather elements and foreign objects. Automatic louvers or backdraft dampers shall be provided.

(c) The volume of air removed from the space by exhaust ventilation shall be replaced directly or indirectly by an equal amount of tempered/conditioned air.

(6) **Central exhaust systems.**

(a) All fans serving central exhaust systems shall be located to prevent a positive pressure in the duct passing through an occupied area.

(b) Fire and smoke dampers shall be located and installed in accord with standards adopted by the state fire marshal.

(7) Air filters.

(a) All central ventilation or air-conditioning systems shall be equipped with filters having efficiencies of at least eighty percent if the system supplies air to resident rooms, therapy areas, food preparation, or laundry areas. Filter efficiency shall be warranted by the manufacturer and shall be based on atmospheric dust spot efficiency per ASHRAE Standard 52-76. The filter bed shall be located upstream of the air-conditioning equipment, unless a prefilter is employed. In this case, the prefilter shall be upstream of the equipment and the main filter bed may be located downstream.

(b) Filter frames shall be durable and provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work shall be gasketed or sealed.

(c) All central air systems shall have a manometer installed across each filter bed.

(8) Humidifiers. If provided, humidifiers shall be a steam type.

[Statutory Authority: RCW 74.42.620 and 18.51.070, 85-17-039 (Order 2271), § 248-14-140, filed 8/15/85. Statutory Authority: RCW 18.51.070, 81-14-066 (Order 1675), § 248-14-140, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-140, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211, 79-12-018 (Order 1455), § 248-14-140, filed 11/15/79; Regulation 14.140, effective 3/11/60.]

WAC 248-14-150 Heating. (1) **Temperature.** The heating system shall be capable of maintaining a comfortable temperature in all areas used by residents.

(2) Thermal insulation.

(a) The following shall be insulated within the building:

(i) Pipes conducting hot water at a temperature above one hundred twenty degrees Fahrenheit which are exposed to occupant contact.

(ii) Air ducts and casings with outside surface temperatures below ambient dew point.

(b) Insulation on cold surfaces shall include an exterior vapor barrier.

(3) **Heating elements.** Heating elements shall be protected if they are exposed to contact by residents, materials or furnishings.

[Statutory Authority: RCW 18.51.070, 81-14-066 (Order 1675), § 248-14-150, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-150, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211, 79-12-018 (Order 1455), § 248-14-150, filed 11/15/79; Regulation 14.150, effective 3/11/60.]

WAC 248-14-152 Mechanical cooling/air conditioning. (1) A mechanical air cooling system or equivalent is required in communities where the design dry bulb temperature exceeds 85°F for 175 hours per year or 2% of the time. The latest edition, "Recommended Outdoor Design Temperatures - Washington State," published by Puget Sound chapter of ASHRAE shall determine design temperatures.

(2) **System description.** If a system is required it shall have mechanical refrigeration equipment to provide

summer air conditioning to resident rooms and therapy areas by either a central system with distribution ducts or piping, or packaged room or zonal air conditioners.

[Statutory Authority: RCW 18.51.070, 81-14-066 (Order 1675), § 248-14-152, filed 7/1/81.]

WAC 248-14-155 Communication systems. (1) **Telephones.**

(a) There shall be a telephone at each nurses' station.

(b) At least one telephone to fifty residents shall be accessible for patient use away from the nurses' station and shall be mounted in accord with the handicapped requirements.

(c) One phone on each unit shall have an amplifier.

(d) All resident rooms shall be provided with telephone outlets.

(2) Call systems.

(a) There shall be an electrical signaling system with a call device provided at the bedside of each resident. A call shall register by light at the resident room corridor door and by light and audible tone at the nurses' station.

(b) At least one call device shall be provided for each day room and other area used by residents and shall register at the room corridor door and at the nurses station.

(c) Patient toilet, bath and shower rooms shall be provided with an emergency signal device activated by a nonconductive pull cord.

(i) The pull cord shall be located for easy grasp by a resident.

(ii) The call shall register by distinctive light at the room corridor door and by distinctive tone and light at nurses' station(s).

(iii) The device shall be within easy reach for reset.

[Statutory Authority: RCW 18.51.070, 81-14-066 (Order 1675), § 248-14-155, filed 7/1/81.]

WAC 248-14-160 Electrical. (1) **Electrical codes.** In addition to the requirements of these regulations, chapter 248-46 [296-46] WAC, "rules and regulations for installing electrical wires and equipment and administrative rules," and the National Electric Code of the National Fire Protection Association (NFPA-70) as adopted by the Washington state department of labor and industries apply.

(2) General illumination.

(a) Adequate natural or artificial light for inside illumination shall be provided in every usable room area, including storerooms, attic and basement rooms, hallway, stairways, inclines, and ramps.

(b) All outside areas occupied by facility equipment and machinery, as well as parking lots, and approaches to buildings shall have proper lighting.

(c) All light fixtures shall be enclosed with a break resistant, incombustible shade and diffuser or equivalent.

(d) **Lighting intensities.** Lighting fixtures and circuitry shall have the capability of providing at least the following intensities.

Table B

Area	Minimum Footcandles
Activity area(s)	50
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Barber and beautician area	50
Chapel or quiet area	30
Corridors and interior ramps	20
Dining area	30
Doorways, exterior	10
Examination and treatment rooms at examination table	100
Examination and treatment rooms, general	50
Exit stairways and landings	10 on floor
Janitor's closet	15
Laundry	50
Medicine preparation area	100
Nurses' desk, for charts and re- cords	70
Nurses' station, general, day	50
Nurses' station, general, night	20
Physical therapy	20
Resident care unit (or room), general	20
Resident, reading light	50
Recreation area	50
Toilet and bathing facilities at lavatories and mirrors	30
Toilet and bathing facilities, gen- eral	10
Utility room, general	20
Utility room, work counter	50
Worktable, coarse work	70
Worktable, fine work	100

(3) **Night lights.** A dim night light to provide pathway lighting shall be flush mounted on the wall, centered about fourteen inches above the floor and controlled by a switch at the entrance door in each resident room or by a master switch.

(4) **Receptacle outlets.**

(a) An adequate number of approved electrical outlets shall be provided throughout the facility.

(b) There shall be one duplex electrical receptacle located at least forty inches above the floor at each side of the head of each bed or a 4-plex at one side of the head of each bed, and at least two additional duplex electrical receptacles at separate, convenient locations in each resident room. At least one duplex receptacle outlet shall be located adjacent to each lavatory intended for resident use and shall be mounted forty inches above the floor.

All receptacle outlets located within five feet of the lavatory or within toilet, bath or shower rooms shall be protected by a ground fault interruptor device.

(5) **Switches.** Quiet operating switches for night lights and general illumination shall be installed adjacent to doors in all areas.

(6) **Emergency power.**

(a) There shall be an alternate source of power and automatic transfer equipment to connect the alternate source within ten seconds of the failure of the normal source. The alternate source shall be either a generator set driven by a prime mover with on-site fuel supply, unit equipment permanently fixed in place and approved for emergency service, or a storage battery designed and approved for emergency service.

(b) The emergency power supply shall provide a minimum of four hours of effective power for:

(i) Lighting for night lights, exit signs, exit corridors, stairways, dining and recreation areas, nurses stations, medication preparation areas, boiler rooms, electrical service room and emergency generator locations.

(ii) Uninterrupted function of communication systems, all alarm systems, an elevator that reaches every resident floor including the ground floor, equipment to provide heating for resident rooms or a room to which all residents can be moved when the outside design temperature is +20 degrees Fahrenheit or lower based on the median of extremes as shown in the ASHRAE HANDBOOK OF FUNDAMENTALS.

(iii) Selected receptacles in medication preparation areas, pharmacy dispensing areas, nurses stations and patient corridors.

[Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-160, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-160, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-160, filed 11/15/79; Order 29, § 248-14-160, filed 6/27/69; Regulation 14.160, effective 3/11/60.]

WAC 248-14-170 Water. (1) Water supply.

(a) There shall be an adequate supply of water, meeting the quality standards of the department. Only water approved for domestic purposes shall be used in nursing homes.

(b) Hot and cold water at fifteen pounds pressure per square inch shall be available at all times.

(c) 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 temperatures.**

(a) The hot water system shall be capable of providing water between 110 and 120 degrees Fahrenheit at fixtures used by residents.

(b) If laundry facilities are maintained, an adequate supply of hot water at a temperature of 160 degrees Fahrenheit or 140 degrees Fahrenheit for fifteen minutes shall be available in the laundry area.

[Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-170, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-170, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-170, filed 11/15/79; Regulation 14.170, effective 3/11/60.]

WAC 248-14-180 Plumbing, fixtures. (1) **Lavatories.** Lavatories shall be provided in each toilet room except where provided in connecting resident room, dressing room, or locker room.

(2) **Drinking fountains.** Drinking fountains shall be of the inclined jet, sanitary type.

(3) **Mixing valves.** Each fixture except toilet fixtures, and special use fixtures shall be provided with hot and cold water through a mixing valve.

(4) **Spouts.** All lavatories and sinks in resident rooms and resident toilet rooms, utility and medication areas shall have gooseneck spouts.

(5) **Wrist blades.** Four inch wrist blade controlled faucets or their equivalent shall be provided in isolation rooms, isolation toilet rooms, utility and medication rooms. The wrist blades shall be installed to provide four inches clear in full open and closed position.

(6) **Backflow prevention devices.** Backflow prevention devices shall be provided on water supply to fixtures or group of fixtures where the use of extension hoses are anticipated. All cross connections are prohibited.

[Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-180, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-180, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-180, filed 11/15/79; Regulation 14.180, effective 3/11/60.]

WAC 248-14-200 Sewage and liquid waste disposal. All sewage and liquid wastes shall be discharged into an approved public sewage system where such system is available. 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. 81-14-066 (Order 1675), § 248-14-200, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-200, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-200, 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 sociocultural needs of residents. Menus shall be planned considering likes and dislikes, well-balanced, palatable, properly prepared, and sufficient in quality and quantity to meet the dietary allowances of the food and nutrition board of the national research council.

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

(b) Diets shall be provided as ordered by the physician; except, diet modifications may be used as an interim measure when ordered by a registered nurse.

Supplementary fluids and nourishments shall be provided as needed.

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

(d) 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.

(e) Table service, outside of the resident's room, shall be available to all residents capable of eating at a table. Table service shall be provided in a manner to best serve the social and nutritive needs of the residents.

(3) Dated menus for general and modified diets shall be planned at least three weeks in advance. Menus shall provide a variety of foods at each meal with daily and weekly variation and adjustment for seasonal change. 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 menus, dated records of foods received, a record of the number of meals served, and standardized recipes shall be retained for at least three months for review by the department.

(4) There shall be a dietetic service supervisor having overall responsibility for the dietary service.

(5) When the dietetic service supervisor is not a dietitian, services of a dietitian shall be provided. Services include nutrition assessment, liaison with medical and nursing staff and administrator, inservice, guidance to the dietetic service supervisor and dietetic staff, and approval of regular and therapeutic menus.

[Statutory Authority: RCW 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-230, filed 8/15/85. Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-230, filed 9/1/82. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-230, 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 having the authority and responsibility to act on behalf of the administrator in his or 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) The 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.

(4) Every case or suspected case of a reportable disease, as defined in chapter 248-100 WAC, shall be reported to the local health officer.

(5) Physical plant alterations or changes in physical plant utilization effecting 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. The procedure for the reporting of resident abuse shall be kept prominently posted in the nursing home.

(8) Any event that requires or may require the evacuation to another address of all or part of the nursing home's residents shall be reported immediately to the licensing agency of the department.

(9) All residents shall be tested for tuberculosis by skin testing by the Mantoux method with PPD within three days of admission, except that if there is documentation of a significant Mantoux test (ten or more millimeters induration) in the past or a documented history of adequately treated tuberculosis, no further skin testing is necessary.

(a) Residents with reactions of ten or more millimeters induration within forty-eight to seventy-two hours after administration of the antigen shall be evaluated for symptoms of tuberculosis (i.e., weight loss, fever, productive cough, dwindles). Residents with positive symptoms shall receive a chest x-ray within thirty days of the skin test.

(b) Residents thirty-five years of age or older with reactions of less than ten millimeters induration within forty-eight to seventy-two hours after administration of the antigen shall have a second skin test within one to three weeks after the first test, unless there is documentation of a skin test within the preceding six months.

(c) Nursing homes shall develop policies and procedures for the appropriate administration of the tuberculin skin test. Requests for waivers from the skin testing requirement for individual residents shall be directed along with supporting medical data to the tuberculosis

control program, health services division, department of social and health services. The department will decide whether the waiver should be granted and will notify the requesting individual accordingly. Any resident granted a waiver from the tuberculin skin test shall have an examination for tuberculosis as directed by the state tuberculosis control officer.

(d) A record of findings shall be retained as part of the permanent health record.

(e) Additional testing will be required only as deemed necessary by the local health department for contact investigation.

(f) Nursing homes shall begin skin testing all new admissions within thirty days of the effective date of this regulation.

(g) Nursing homes shall test all nursing home patients. Within ninety days of the effective date of this regulation, all nursing home residents shall have recorded in their permanent health record either a significant reaction to a Mantoux test with PPD, or two nonsignificant reactions to tests administered from one week to six months apart.

[Statutory Authority: RCW 74.42.620, 86-20-018 (Order 2427), § 248-14-235, filed 9/22/86; 82-18-065 (Order 1872), § 248-14-235, filed 9/1/82. 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), § 248-14-235, 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) At least annual written evaluations of work performance which have been reviewed with the employee are maintained.

(2) Staff, including consultants and pool personnel, are appropriately licensed or certified at the time of their assignment to duties.

(3) Any employee giving direct resident care or treatment shall be at least eighteen years of age unless the employee is enrolled in or has successfully completed a bona fide nurse or nurse aide training program.

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

(5) Each employee shall have on employment a tuberculin skin test by the Mantoux method with PPD, *except that:* If there is documentation of a Mantoux test administered after the employee's eighteenth birthday or a documented history of adequately treated tuberculosis, no further skin testing is necessary.

(a) Employees thirty-five years of age or older with reactions of less than ten millimeters induration within forty-eight to seventy-two hours after administration of the antigen shall have a second skin test within one to three weeks after the first test.

(b) Employees with reactions of ten or more millimeters induration within forty-eight to seventy-two hours after either test shall have a chest x-ray within thirty days.

(c) Any employee who believes the tuberculin skin test by the Mantoux method would present a hazard to his or her health because of conditions peculiar to his or her own physiology may present supporting 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 an examination for tuberculosis as directed by the state tuberculosis control officer.

(d) A record of findings shall be retained by the facility for the duration of employment. The employee shall be provided a copy of the tuberculosis screening record.

[Statutory Authority: RCW 74.42.620. 86-20-018 (Order 2427), § 248-14-240, filed 9/22/86; 83-01-016 (Order 1921), § 248-14-240, filed 12/6/82; 82-18-065 (Order 1872), § 248-14-240, filed 9/1/82. 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), § 248-14-240, 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; the facility's 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.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-245, filed 9/1/82. 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), § 248-14-245, 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 or her legally delegated representative shall be fully informed, before or at the time of admission, of his or her 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 the information.

(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 or her designee, of his or her health and medical condition unless the physician documents informing the resident is medically contraindicated and the resident does not want to be informed;

(b) Be given the opportunity and be encouraged to participate in planning his or her 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 or her welfare or the welfare 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 resident and responsible person, and consistent with facility policies.

(4) Exercising rights. Each resident shall be:

(a) Encouraged and assisted to exercise his or her 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 or her personal financial affairs. If a resident requests assistance from the nursing home in managing his or her 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 or her record to someone not otherwise authorized by law to receive said information.

(e) If both husband and wife are residents of the nursing home, the husband and wife 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 or her 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 or her personal possessions and clothing as space and regulations permit. Methods shall be established and implemented for safeguarding personal property.

(11) Delegation of rights and responsibilities.

(a) The nursing home shall have written policies and procedures providing the rights and responsibilities of a resident are delegated to the resident's legal guardian on his or her 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 74.42.620. 82-18-065 (Order 1872), § 248-14-247, filed 9/1/82. 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) Residents in need of nursing home care shall be under the care of an attending physician. An alternate physician who has agreed to be responsible in the attending physician's absence, shall be identified upon admission.

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

(3) The resident 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 reflecting the resident's current health status with attention to special physical and psychosocial limitations and needs.

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

(c) Plans for continuing care and discharge.

(5) Overall resident's progress and plans of care shall be reviewed and/or revised during a visit by the attending physician or a certified registered nurse or physician assistant within the individual scope of practice in consultation with professional personnel. In facilities certified for Medicare or Medicaid, the certified registered nurse or physician assistant may not visit in lieu of the required physician visit. 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 74.42.620. 82-18-065 (Order 1872), § 248-14-250, filed 9/1/82. 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), § 248-14-250, 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 residents.

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

(b) When any resident requires skilled nursing care, there shall be a registered nurse on duty a minimum of sixteen continuous hours per day and a licensed nurse on duty the remaining eight hours.

(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, 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 reviewed as needed.

(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 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 resolving the emergency situation and eliminating 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. The intervention must be related to a specific problem identified in the care plan. The plan shall be designed to diminish or eliminate the use of restraints as appropriate.

(b) Any resident 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) 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 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-260, filed 8/15/85. Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-260, filed 9/1/82; 82-07-025 (Order 1778), § 248-14-260, filed 3/11/82. 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), § 248-14-260, 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 resources for each resident requiring such services. Direct therapy shall be provided only upon written orders of the attending physician and coordinated with the total plan of care.

(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 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-264, filed 8/15/85. Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-264, filed 9/1/82. 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 where 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 be centralized and:

(a) Have a designated individual exercising responsibility for the system with 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 mechanisms to safeguard records from alteration, loss or destruction, and preserve the confidentiality of each record.

(2) The health record shall:

(a) Be documented promptly and legibly by persons making the observation or providing the service, with 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 receiving care or treatment in the facility.

(c) Contain information obtained upon admission including identifying and sociological data, diagnosis, and medical information as identified in WAC 248-14-250 (4)(a).

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

(e) Contain appropriate information if the resident has died including 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 resident'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.

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

(5) A chronological census register shall be maintained, including all admissions, discharges, deaths and transfers, noting the receiving facility. A daily census shall be kept of the residents not on leave.

(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 five days except for IMR facilities. 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 resident index shall be maintained having a reference for each resident including the health record number, if applicable, full name, date of birth, admission date(s), and discharge date(s).

(7) Nursing homes providing outpatient services pursuant to WAC 248-14-295 shall maintain and file records of such services pursuant to that section.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-270, filed 9/1/82. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-270, 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) A staff pharmacist or consultant pharmacist shall be responsible for coordinating pharmaceutical services including:

(a) Provision of pharmaceutical services evaluations and recommendations to the administrative staff.

(b) On-site reviews to ensure drug handling and utilization procedures are carried out in conformance with recognized standards of practice.

(c) Regular reviews of each resident's therapy to screen for potential or existing drug therapy problems and documenting recommendations.

(d) Provision of drug information to the staff and physicians as needed.

(e) Planning and participation in the staff development program.

(f) Consultation with other departments regarding resident care services.

(2) Administration of pharmaceutical services.

(a) There shall be provision for timely delivery of drugs and biologicals.

(b) Safe and effective drug therapy, distribution, control, and use shall be ensured.

(c) If drugs are maintained for emergency use, a system for drug control and accountability shall be established.

(d) Medication errors and adverse drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug.

(3) Security and storage of drugs.

(a) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(b) Drugs shall be stored in locked cabinets, rooms or carts accessible only to personnel authorized to administer or dispense drugs.

(c) Outdated, unapproved, contaminated, deteriorated, adulterated or recalled drugs shall not be available for use.

(d) If a supplemental dose kit within a unit dose drug distribution system is provided, the supplemental dose kit must comply with WAC 360-13-030.

(4) Drugs shall be clearly labeled to ensure the right medication is administered to the right resident.

(5) Records of drug disposition shall provide accurate documentation of drug:

(a) Administration;

(b) Destruction;

(c) Release;

(d) Retention;

(e) Return to the pharmacy.

(6) Special requirements for Schedule II and III controlled substances:

(a) Storage shall be separately keyed except in unit dose drug distribution systems.

(b) Except in unit dose drug distribution systems, there shall be a bound book or books with consecutively numbered pages, where a complete record of receipt and disposition is maintained.

(c) Discrepancies between count of drugs and the record shall be documented and reported immediately to the supervisor. Discrepancies not resolved shall be reported to the pharmacist and the Washington state board of pharmacy.

(7) Drug administration.

(a) Staff shall follow procedures providing for the safe handling and administration of drugs to residents as ordered.

(i) Only licensed nurses administer drugs.

(ii) The resident shall be identified prior to administration.

(b) All drugs shall be identified up to the point of administration.

(c) Drugs shall be prepared for administration immediately prior to the drugs administration and administered by the same person preparing the drugs.

(d) Drug administration shall be documented as soon as possible after the act of administration and shall include:

(i) Verification of administration.

(ii) Reasons for ordered doses not taken.

(iii) Reasons for administration of and response to drugs given on an as needed basis (PRN).

(e) Drug orders shall be time limited and received only by a licensed nurse, pharmacist or physician and administered only on the written or verbal order of a practitioner. Verbal orders shall be signed by the prescribing practitioner in a timely manner.

(f) The self-administration of medication shall be encouraged and the program shall provide evidence of:

(i) Assessment of the resident's capabilities.

(ii) Instructions for administration.

(iii) Monitoring of progress and compliance with orders.

(iv) Safe storage of drugs.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-285, filed 9/1/82. Statutory Authority: RCW 18.51.070. 81-03-005 (Order 1586), § 248-14-285, filed 1/8/81. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-285, 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 semiprivate room providing a hand-washing facility, and shall have a separate adjoining toilet. A nontuberculosis patient shall not share a semiprivate 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 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), § 248-14-290, 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 psychosocial 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), § 248-14-295, 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), § 248-14-296, filed 11/15/79; Order 133, § 248-14-296, filed 8/11/76; Order 128, § 248-14-296, filed 5/26/76.]

WAC 248-14-297 Respite care. (1) The provisions of this section apply to all respite care as defined in this chapter, except care provided as part of the respite care demonstration project authorized by chapter 158, Laws of 1984, or any continuation of that demonstration project authorized by subsequent legislation, shall not be considered respite care for the purposes of this section.

(2) Any nursing home desiring to offer respite care services shall notify the director of the bureau of nursing home affairs in writing of the nursing home's intention. The facility will be reviewed for compliance with requirements of this section.

(3) In providing respite care, nursing homes shall comply with all provisions of this chapter except for the following sections: WAC 248-14-247(5); 248-14-250 (3), (4)(a), and (5); and 248-14-270 (2)(c), (3), and (5)(a).

(4) Any nursing home providing respite care shall develop policies and procedures consistent with applicable statutes and applicable provisions of this chapter.

(5) Respite care admissions shall be planned and non-emergent, with a discharge date agreed upon at the time of admission by the patient, physician, and usual care provider.

(6) A nursing home may not accept or retain any patient for respite care receiving professional health services unless arrangements are made and agreed upon by all parties for continuing the required services during the respite care stay. The determination of which services are required during respite care shall be made by the provider of the health services and the patient or usual care provider.

(7) Prior to each admission of a patient for respite care, the nursing home shall have obtained sufficient information to determine the patient's needs during respite care and determined the needs can be met appropriately by the nursing home.

Prior to or at the time a patient is admitted to respite care, current pertinent medical and social data about the patient shall be available in the nursing home. Data available upon admission shall be documented in the health record and shall include:

(a) Identifying data;

(b) The name, office address, and telephone number of the patient's attending physician and an alternate physician;

(c) A physician's signed statement of the patient's current health status to include pertinent medical diagnoses, allergies, information on prior treatments, medications, orders, and other data necessary for the health care of the patient; and

(d) The date of discharge and into whose care the patient will be discharged.

(8) Prior to or at the time of each admission to respite care, current medical orders for the respite care patient shall be obtained. Medical orders shall be written, dated, and signed by the patient's attending physician and shall be required for the following:

(a) All medications, dietary modifications, or other specialized services requiring a physician's order;

(b) Any medical restrictions on the level or types of activity in which the patient may engage; or

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

(9) Care shall be based on:

(a) Admission data and information regarding other services the patient is receiving in his or her home or elsewhere in the community;

(b) A current nursing assessment of the patient's respite care needs;

(c) The patient's medical diagnoses and nursing diagnoses or patient's problems;

(d) The medical regimen prescribed by the patient's attending physician; and

(e) The nursing regimen prescribed by a licensed nurse.

(10) There shall be prompt reporting to a patient's physician regarding any significant injury, illness, or adverse change in patient's health condition.

(11) On or before each admission, the nursing home shall make provisions with the patient or guardian or family for obtaining authorization for emergency medical treatment for the respite care patient, in the event emergency medical treatment is required.

(12) Respite care health records may be reopened for up to one year following discharge for subsequent respite care admissions, provided the recorded information is reviewed and updated with each admission. A new respite care health record shall be created for respite care patients not having been respite care patients in the same facility within the preceding twelve months.

(13) Provisions shall be made for securing respite care patients' cash and other valuables brought to the nursing home during the respite care stay.

(14) Respite care shall not be funded by Medicaid.

[Statutory Authority: RCW 74.42.620 and 18.51.070, 85-17-039 (Order 2271), § 248-14-297, filed 8/15/85.]

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 nonphysician 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 multibed 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 multibed room and in each single bed room which does not have a private adjoining toilet which contains a lavatory.

(vi) In each multibed 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 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 nonconductive surfaces on bedside equipment and devices is recommended to the extent reasonably possible.

(vi) A record shall be kept of the dates and findings of inspections of electrical equipment.

(e) There shall be utility and storage facilities which are designed and equipped to provide for the care, handling and storage of supplies and equipment in a manner that ensures segregation of clean and sterile supplies and equipment from those that are contaminated.

(i) There shall be a clean utility room, which serves the dialysis service exclusively, for storage and assembly of clean supplies and small equipment. This room shall contain a work counter, a sink and closed storage units (e.g., shelves, drawers) for clean or sterile supplies and equipment.

(ii) If dialyzers other than disposable dialyzers of a type which have an impervious shell are used, a separate soiled utility room for the cleaning of dialysis equipment shall be provided for the dialysis service. This soiled utility room shall have: A sink with two compartments

(each of which is at least 22 inches wide, 22 inches long and 13-1/2 inches deep) mounted in or integral with a work counter of at least three lineal feet length on each side of the sink; storage for cleaning agents and chemical disinfectants; and adequate space for waste receptacles and soiled linen hampers. Storage for cleaning agents and chemical disinfectants shall be closed, locked facilities. Only equipment used in a dialysis procedure may be collected or cleaned in this soiled utility room. It shall not be used for the care and handling of other types of patient care equipment.

(iii) If dialyzers of a type, which have an impervious external shell are used exclusively, a separate soiled utility room shall be required only if there is no other soiled utility room on the same floor of the nursing home and convenient to the dialysis service. In this case, the soiled utility room for the dialysis service shall provide hand-washing facilities, work counter or cart space for the collection of dirty equipment, and space for soiled linen hampers and waste receptacles.

[Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-300, filed 11/15/79; Order 94, § 248-14-300, filed 1/9/74.]

ENVIRONMENT AND OPERATIONS

WAC 248-14-510 Sanitation and infection control.

(1) The incidence of infection and the implementation of infection control methods shall be monitored.

(2) The facility shall provide areas, equipment, and supplies to properly implement an infection control program.

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

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

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

(6) Linen and personal clothing shall be handled and processed in a manner preventing cross-contamination and rendering linen and clothing clean and sanitary.

(a) The time and/or temperature of at least one hot water cycle to disinfect linen shall be fifteen minutes at one hundred forty degrees Fahrenheit or five minutes at one hundred sixty degrees Fahrenheit.

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

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

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

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

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

(9) All bathtubs and therapy tanks shall be cleaned and disinfected between resident use.

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

(11) If bathing facilities are used for storage, provisions are made to render the bathing facilities clean and sanitary prior to resident use.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-510, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-510, filed 5/28/80.]

WAC 248-14-520 Housekeeping. (1) Housekeeping supplies, and equipment shall be provided and available for use.

(2) The facility shall be clean, sanitary, and free of objectionable odor.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-520, filed 9/1/82. 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 methods shall be implemented.

(2) 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.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-530, filed 9/1/82. 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 resident lavatories, baths, and showers shall be maintained at temperature of one hundred ten degrees Fahrenheit, plus or minus ten degrees Fahrenheit, except in special training programs.

(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 in 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 to not jeopardize the safety of residents, staff, and the public.

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

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

(9) Electrical outlets are available for the number of electrical appliances in use.

(10) Pets shall be restricted from areas where food is prepared, treatments are being performed, or when residents object to the presence of pets.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-540, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-540, filed 5/28/80.]

WAC 248-14-550 Resident 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 resident room shall not be exceeded.

(a) The maximum number of beds per room shall not exceed six. This shall be reduced to a maximum of:

5 beds by July 1, 1983,

and

4 beds by July 1, 1985

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

(3) Dining and/or day rooms shall be available to all residents.

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

(5) Storage.

(a) Equipment in patient rooms not used on a daily basis shall be stored in storage areas accessible as necessary to meet resident needs.

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

(c) There shall be, for each resident, separated, enclosed, storage facilities for resident clothing and personal belongings.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-550, filed 9/1/82. 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) 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.

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

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

(d) 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) There shall be an operative electrical call system accessible to unattended residents in bed, at the bedside, and in toilet and/or bathing areas, unless the resident is physically or mentally unable to use the device properly or 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, washcloths, and towels shall be provided for each resident.

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

(c) There shall be an available supply of clean linen so 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) Resident furniture and equipment needs shall be determined at the time of admission and routinely thereafter to ensure resident comfort. Justification for deviation from the normal environment provided by the facility needs to be documented in the resident's health record. Each resident shall have:

(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 resident care utensils.

(c) Comfortable seating to provide for proper body alignment and support.

(d) A reading light.

(7) A telephone shall be accessible for resident use.

(8) Multibed rooms shall have flame-retardant cubicle curtains.

[Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-560, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-560, filed 5/28/80.]

WAC 248-14-570 Pets. (1) Each patient shall have a reasonable opportunity to have regular contact with animals as they desire.

(2) The nursing home administrator shall consider the recommendations and preferences of nursing home patients, resident councils, and staff, and shall:

(a) Determine the method or methods of providing residents access to animals.

(b) Determine the type and number of animals to be available in the nursing home. Such animals may include, but are not limited to, dog, cat, fish, mouse, gerbil, hamster, guinea pig, chinchilla, and bird, providing a veterinarian shall verify psittacine birds have met USDA quarantine procedures and are certified free of psittacosis or other diseases transmittable to humans. Wild or exotic animals such as turtles, primates, skunks, and raccoons are not allowed.

(c) Ensure the rights, preferences, and medical needs of individual patients are not compromised by the presence of animals. Arrangements shall be made so patients with allergies, fears, or phobias do not come near or in contact with those animals.

(d) Ensure any animals visiting or living on the premises have a suitable temperament, are healthy, and of such a size their presence poses no significant health or safety risks to patients, staff, or visitors.

(e) Ensure the available space and floor plan of the facility are adequate to accommodate the presence of selected animals.

(f) Establish and implement written policies and procedures for animals visiting the facility and for the care and maintenance of animals living in the facility.

(g) Designate specific nonnursing staff to be responsible for the care, maintenance, and use of animals living in the facility.

(3) Animals, except for fish in aquariums, shall not be permitted in:

(a) Any areas where food is stored or prepared.

(b) Any areas during times food is being served and consumed in group settings, except seeing eye, hearing ear, and assistance dogs are permitted in dining areas as needed.

(c) Any area where dishes or cooking/eating utensils are cleaned or stored.

(d) Any area where linens are laundered or stored.

(e) Any drug or sterile supply storage areas.

(f) A patient's room when the patient's condition contraindicates the presence of the animal.

(4) Animals living on the premises:

(a) Shall be housebroken or trained to use a litter box or housed in cages or tanks cleaned at regular intervals appropriate for the animal's characteristics.

(b) Shall have regularly scheduled examinations and immunizations by a veterinarian, as appropriate for the species. A record of examination and immunizations shall be maintained on the premises.

(c) Shall be kept clean and free of external parasites such as fleas and ticks.

(d) Shall be properly fed and groomed.

(e) Shall be protected from mistreatment.

(5) Animals brought to the nursing home to visit:

(a) Shall be properly supervised.

(b) Shall be clean and free of external parasites such as fleas and ticks.

(c) Shall have current and appropriate immunizations.

[Statutory Authority: RCW 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-570, filed 8/15/85.]

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.
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248-15-060	Physician's trained mobile intensive care paramedic--Training and knowledge standards.
248-15-070	Testing.
248-15-080	Certification and recertification.
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248-15-100	Revocation, suspension or modification of certificate.
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-15-090 Reciprocity and challenges. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-090, filed 8/22/78.] Repealed by 81-23-016 (Order 1718), filed 11/12/81. Statutory Authority: RCW 18.71.205.

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 emergency medical services (EMS) medical program director" shall mean a doctor of medicine or osteopathy who has been approved by the department under RCW 18.71.205, and who:

(a) Is licensed to practice medicine and surgery in the state of Washington in accordance with chapter 18.57 or 18.71 RCW; and

(b) Is qualified and knowledgeable in the administration and management of emergency care and services including current certification as an advanced cardiac life support provider or equivalent; and

(c) Is responsible for the supervision of, or delegation of supervision of training of advanced life support mobile intravenous therapy technicians, mobile airway management technicians, and mobile intensive care paramedics; and

(d) Is responsible for the delegation of an advanced life support supervising physician(s) who is responsible for control and direction of certified advanced life support personnel in their duties and who directs such advanced life support personnel by verbal communication or by standing orders; and

(e) Is responsible for medical matters, training and medical control of basic life support personnel, as defined in chapter 18.73 RCW and chapter 248-17 WAC; and

(f) Is certified as the approved EMS medical program director by the department for a county or group of counties in coordination with recommendations by the local medical community and the local EMS council.

(3) "Emergency medical services 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 EMT training course; has been trained under the supervision of an approved EMS medical program director to administer intravenous solutions under written or oral authorization of a delegated advanced life support supervising physician and has been examined and certified as an IV 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 EMS medical program director to perform endotracheal airway management and other authorized aids to ventilation under written or oral authorization of a delegated supervising physician(s) and has been examined and certified as an 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 EMT training course; has been trained under the supervision of an approved EMS medical program director to carry out all phases of prehospital advanced life support under written or oral authorization of a delegated supervising physician(s) and has been examined and certified as a paramedic by the department or the University of Washington's school of medicine.

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

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

(10) "Advanced life support technician" shall mean any level of technician certified under RCW 18.71.200.

(11) Local medical community shall mean the organized local medical society which exists in the general

geographic area in which the advanced life support program is maintained or proposed or, in the absence of an organized medical society, majority physician consensus in the county or counties served by the advanced life support program.

(12) "Medical control" shall mean physician direction of medical matters that are involved in patient care, including responsibility for supervision of training programs, the establishment of field protocols, and the recommendation for certification, recertification and decertification of individuals certified under this chapter.

[Statutory Authority: RCW 18.71.205, 84-17-035 (Order 2137), § 248-15-020, filed 8/10/84; 81-23-016 (Order 1718), § 248-15-020, filed 11/12/81; 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 IV therapy technicians shall meet the following prerequisites:

(a) Successful completion of an EMT course as described in chapter 18.73 RCW;

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

(c) Be selected for training by the EMS medical 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 IV therapy technicians shall possess the following minimum criteria:

(a) Be approved by the local EMS medical program director on the forms provided by the department.

(b) The academic facility shall have written agreements with the department to perform the training. The forms provided by the department and the department's letter of approval shall constitute the written agreement;

(c) 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 EMS medical program director who will be responsible for systems coordination.

(b) A designated training physician who will be responsible for the academic and clinical content of the course—the EMS medical program director and training physician may be combined into one responsibility.

(c) A course coordinator appointed by EMS medical program director and 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 IV 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) Agree in writing to participate in continuing education;

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

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

(f) 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. 84-17-035 (Order 2137), § 248-15-030, filed 8/10/84; 81-23-016 (Order 1718), § 248-15-030, filed 11/12/81; 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 one endotracheal intubation per month, averaged over a ninety-day period, on human subjects. 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 ninety days. Refresher training shall be accomplished on an intubation manikin or human cadaver. The advanced life support system which prefers to follow the optional training program and use the esophageal obturator in the field must also train the student in the use of endotracheal intubation. Skill maintenance standards may be maintained in either endotracheal intubation or the obturator airway.

(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 one per ninety days.

[Statutory Authority: RCW 18.71.205. 81-23-016 (Order 1718), § 248-15-050, filed 11/12/81; 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) Prepackaged, single dose vial injectors;
- (vi) Fluid/powder combination preparation requiring dilution and/or mixing.

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

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

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

(5) Cardiovascular system.

(a) Anatomy and physiology:

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

(ii) Describe the function of blood;

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

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

(v) Describe properly the properties of:

- (A) Automaticity
- (B) Rhythmicity;

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

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

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

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

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

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

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

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

(b) Patient assessment:

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

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

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

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

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

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

(c) Pathophysiology and management of cardiovascular problems:

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

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

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

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

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

(d) Reading and understanding a normal ECG:

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

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

(e) Arrhythmia recognition:

(i) Identify the potential causes of arrhythmias;

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

- (A) Distorted P-wave

- (B) Irregular R-R interval
 - (C) P-R interval that is greater than 0.20 seconds
 - (D) P-R interval that is less than 0.12 seconds
 - (E) A wide QRS complex
 - (F) An elevated S-T segment;
 - (iii) Identify the following ECG rhythms:
 - (A) Normal sinus rhythm
 - (B) Sinus arrhythmia and sinus arrest
 - (C) Sinus bradycardia
 - (D) Sinus tachycardia
 - (E) Premature atrial contraction
 - (F) Supraventricular tachycardia
 - (G) Atrial flutter
 - (H) Atrial fibrillation
 - (I) First degree block
 - (J) Second degree block
 - (K) Third degree block
 - (L) Premature ventricular contractions sig patterns of EKG's
 - (M) Ventricular fibrillation
 - (N) Ventricular tachycardia
 - (O) Paroxysmal atrial tachycardia;
 - (iv) The student must also be able to correctly:
 - (A) Determine if the rhythm is irregular, regular or occasionally irregular
 - (B) Determine if P-waves are present or absent
 - (C) Determine if P-waves are positive or negative
 - (D) Determine if P-waves are normal or abnormal in size
 - (E) Determine if the sequence of P-QRS-T is normal or abnormal
 - (F) Determine if the P-R interval is normal
 - (G) Determine the duration of the P-R interval
 - (H) Determine if the QRS complex is normal or abnormal
 - (I) Determine the location of the pacemaker
 - (J) Determine the name of the arrhythmia
 - (K) Identify what is happening in the heart for each of the common rhythms
 - (L) Identify artifact
 - (M) Determine a functioning and malfunctioning artificial pacemaker;
 - (f) Techniques of management:
 - (i) Demonstrate a knowledge of the antiarrhythmic drugs and the medications used in the treatment of the heart patient. These drugs will include, but not be limited to:
 - (A) Atropine
 - (B) Isoproterenol
 - (C) Lidocaine
 - (D) Procainamide
 - (E) Quinidine
 - (F) Propranolol
 - (G) Digoxin
 - (H) Sodium bicarbonate
 - (I) Epinephrine
 - (J) Calcium chloride
 - (K) Aramine
 - (L) Levarterinol
 - (M) Morphine sulphate
 - (N) Diazepam
 - (O) Furosemide
 - (P) Diphenylhydantoin
 - (Q) Phenylephrine hydrochloride
 - (R) Dopamine;
 - (6) Cardiovascular treatment skills.
 - (a) Given an ECG monitor, alcohol pads, electrolytic compound and a fellow student (or the instructor), monitor the simulated patient's ECG. Successful performance involves:
 - (i) Setting up the equipment;
 - (ii) Selecting the location for the three leads;
 - (iii) Placing the three electrodes.
- Any of the following types of electrodes may be used: Silver plates, clamps, disposable discs, needles. The student must accomplish all activities to successfully complete the standard.
- (b) Given an adult manikin assumed to be experiencing a supraventricular tachycardia arrhythmia, correctly administer carotid massage.
 - (c) Given an adult manikin, defibrillator and an assistant (fellow student or instructor), correctly defibrillate the manikin. Successful performance involves:
 - (i) The administration of cardiopulmonary resuscitation while the assistant sets up the equipment;
 - (ii) Setting up the equipment while the assistant administers cardiopulmonary resuscitation;
 - (iii) The application of direct current;
 - (iv) (Optional) The application of synchronized shock.
- Activities (i), (ii) and (iii) must be completed to attain successfully the standard.
- (d) Given a portable D.C. defibrillator and monitor, identify all functions, emergency operations and maintenance of the provided unit. Demonstrate alternative functions of the provided unit such as: Synchronized cardioversion, recorder stylus maintenance and emergency charging functions.
 - (e) Given a defibrillator and a fellow student and child manikin, demonstrate the correct procedure, without actual shock, to perform D.C. defibrillation:
 - (i) Using the standard anterior chest paddle positioning;
 - (ii) Using the trans-thoracic A-P positioning alternative;
 - (iii) On a small child.
- All three activities must be completed to attain successfully the standard.
- (f) (Optional) Given a cadaver, a long needle, syringe, ECG monitor, ECG electrodes, appropriate wiring harness and alligator clip, demonstrate the procedure for performing a pericardiocentesis.
 - (7) Central nervous system.
 - (a) Anatomy and physiology:
 - (i) Demonstrate an elementary knowledge of the structure and substructures of the central nervous system;
 - (ii) Identify the primary functions of the cerebrum, cerebellum, brain stem and spinal cord;
 - (iii) Identify and label the following elements of the spine:
 - (A) Vertebral body

- (B) Spinal canal
- (C) Spinal cord
- (D) Nerve root
- (E) Spinous process;
- (iv) Identify the results associated with trauma and/or damage to the sympathetic nervous system.
- (b) Patient assessment:
 - (i) Demonstrate an in-depth ability to examine the patient with suspected trauma to the spinal cord or head trauma;
 - (ii) Identify the chain of events leading to respiratory arrest in the field in the patient with head trauma;
 - (iii) List all of the signs and symptoms that are assessable in the field in the patient with head trauma;
 - (iv) Demonstrate a knowledge of how to evaluate brain stem reflexes and the significance of the findings;
 - (v) Describe which changes should be looked for when monitoring a patient with suspected neurologic problems;
 - (vi) Demonstrate the ability to conduct a check for paralysis on both the communicative and noncommunicative patients.
- (c) Pathophysiology and management of the central nervous system:
 - (i) Identify the important aspects in the assessment of the patient with head trauma and demonstrate an ability to complete a physical examination of the patient with suspected head injury;
 - (ii) Identify the importance of clear fluid flowing from the ear or nose in the head of the injured patient and identify the activity required to treat this patient;
 - (iii) List the signs and symptoms associated with a skull fracture;
 - (iv) Describe the activity required when opening the airway of an unconscious patient with a suspected spine injury;
 - (v) Identify those accidents commonly associated with neck/spinal injuries;
 - (vi) Identify those areas of the spinal cord that are most commonly injured and why;
 - (vii) Demonstrate an ability to manage a spinal injury;
 - (viii) Demonstrate a knowledge of neurogenic shock;
 - (ix) Demonstrate a knowledge of the potential causes of coma and a knowledge of the treatment of coma;
 - (x) Identify, describe and demonstrate a knowledge of the treatment for:
 - (A) Generalized motor seizure (grand mal)
 - (B) Focal motor seizure
 - (C) Psychomotor (temporal lobe) seizure
 - (D) Petit mal seizure
 - (E) Febrile seizure;
 - (xi) Identify which information should be collected when obtaining a history on a patient with seizures;
 - (xii) Identify the causes, definition and management of status epilepticus;
 - (xiii) Define stroke (CVA);
 - (xiv) Identify the potential patients most likely to experience a stroke;
 - (xv) Identify the potential causes of a stroke and demonstrate a knowledge of the management of the stroke patient;
 - (xvi) Define and identify the precipitating factors and signs and manage the patient with a transient ischemic attack (TIA).
- (d) Techniques of management:
 - (i) Identify the activities required to perform a check for paralysis in the unconscious patient;
 - (ii) Demonstrate a knowledge of alternative methods of stabilizing the neck when a cervical collar is not available or cannot be used because of deformities;
 - (iii) Demonstrate a thorough knowledge of the procedures to use when applying and maintaining traction on a patient with a cervical spine injury;
 - (iv) Demonstrate a knowledge of handling the multiple injury patient with a cervical spine injury, such as, an unconscious, breathing patient with a cervical spine injury and severe bleeding where direct pressure is not stopping the bleeding;
 - (v) Identify which equipment is to be used in the immobilization and extrication of the patient with spine and neck injuries;
 - (vi) Demonstrate a thorough knowledge of the short and long spine boards, collapsible orthopedic stretcher and other adjuncts to the management of the spine injury patient;
 - (vii) Demonstrate that he is able to perform water rescue of the patient with a suspected cervical spine injury.
- (8) Soft tissue injury.
 - (a) Anatomy and physiology of the skin:
 - (i) Identify three major functions of the skin and the results of damage to the skin; example given—vulnerability to invasion by bacteria, temperature changes and fluid imbalance;
 - (ii) Identify common names and describe the function of the varied subsystems of the skin (epidermis, dermis, supporting systems).
 - (b) Patient assessment:
 - (i) Identify the significance of the various signs found in examining the skin, to include but not limited to:
 - (A) Color
 - (B) Temperature
 - (C) Moisture
 - (D) Ecchymosis and hematoma;
 - (ii) Identify, describe the significance of, and show an ability to manage the patient with an open wound, to include:
 - (A) Puncture
 - (B) Abrasion
 - (C) Incision
 - (D) Laceration
 - (E) Avulsion;
 - (iii) Demonstrate a thorough knowledge of the importance of the control of bleeding, prevention of sepsis and immobilization of the patient with an open wound;
 - (iv) Demonstrate that he can properly manage the patient with an impaled object;

(v) Demonstrate that he is familiar with the various degrees of burns and be able to correctly identify the percentage of body burn in either a child or an adult;

(vi) Demonstrate a thorough knowledge of the type of sterile dressing required for the various burn patients;

(vii) Demonstrate that he is aware of the information that should be obtained when taking a history from a burn patient;

(viii) Describe what to do when starting an IV on a patient who has both arms completely burned and select the proper solution to administer intravenously to a burn patient;

(ix) Describe the mechanism for, and the impact of, fluid loss in the burned patient, and describe why children and infants are more prone to fluid loss when burned than are adults;

(x) Demonstrate an awareness of the problems associated with hypothermia in the burn patient;

(xi) Demonstrate an ability to compute the proper amount of solution to administer intravenously to a burn patient, given the weight of the patient and the degree of burn;

(xii) Demonstrate an ability to recognize and manage the patient with frostbite;

(xiii) Identify the correct activities to be performed in the case of chemical burns (wet or dry). Specifically, demonstrate the proper treatment for chemical burns with the following agents:

(A) Alkali

(B) Acid

(C) Dry lime

(D) Phenol

(E) Sodium metals;

(xiv) Demonstrate knowledge in how low voltage and high voltage travel through the body;

(xv) Identify the proper management of the patient who has suffered electrocution and/or electrical burns;

(xvi) Identify the effects of both high and low voltage electrocution on the nervous system;

(xvii) Demonstrate a knowledge of the management of the patient with contact burns, flash burns and electrical injuries.

(c) Techniques of management:

(i) Demonstrate a thorough knowledge of dressings and bandages;

(ii) Demonstrate an understanding of arterial, venous and capillary bleeding;

(iii) Demonstrate that he is able to calculate blood loss in a trauma patient;

(iv) Demonstrate a complete knowledge of all of the techniques used to control bleeding;

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

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

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

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

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

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

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

(A) Retina

(B) Optic nerve

(C) Conjunctiva

(D) Cornea

(E) Lens

(F) Pupil

(G) Iris

(H) Ciliary muscles

(I) Sclera

(J) Vitreous fluid;

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

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

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

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

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

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

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

(ix) Describe the activities associated with managing temporomandibular jaw dislocation;

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

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

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

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

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

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

(A) Blunt injuries to the abdomen

(B) Penetrating injuries to the abdomen

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

(9) Musculoskeletal system.

(a) Anatomy and physiology:

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

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

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

- (iv) Describe the various components of bone such as:
 - (A) Periosteum
 - (B) Marrow
 - (C) Medullary canal
 - (D) Cortical bone
 - (E) Cancellous bone
 - (F) Articular surface
 - (G) Diaphysis
 - (H) Metaphysis;
- (v) Describe the functions of capsules, synovial membrane, cartilage, ligaments and bone joints;
- (vi) Demonstrate a working familiarity with muscles and be able to identify those muscles which are voluntary, involuntary and cardiac;
 - (vii) The student will be able to define:
 - (A) Origin of a muscle
 - (B) Insertion of a muscle
 - (C) Tendons.
 - (b) Patient assessment:
 - (i) Match the type of injury, the patient evaluation and history and conclude a probable mechanism such as, a fractured hip in an auto accident caused by knees hitting the dashboard—an indirect injury;
 - (ii) Demonstrate a competency in gathering a complete patient history on a patient with suspected musculoskeletal trauma, to include, but not be limited to:
 - (A) How the injury occurred
 - (B) The position in which it occurred
 - (C) The location of the pain;
 - (iii) Identify all of the major signs and symptoms that indicate a musculoskeletal injury.
 - (c) Pathophysiology and management:
 - (i) Define, identify and describe the management of all the common open and closed fractures;
 - (ii) Identify the signs and symptoms of a fracture;
 - (iii) Define a dislocation and list the common signs and symptoms of a dislocation;
 - (iv) Define and describe the management of a patient who has suffered a sprain;
 - (v) Identify those signs and symptoms which differentiate between a sprain, a fracture or a dislocation;
 - (vi) Identify the proper treatment for a patient with a muscle strain and identify the definition of a strain.
 - (d) Techniques of management:
 - (i) Demonstrate a thorough and complete knowledge of all available splinting adjuncts and techniques. This will include, though not be limited to:
 - (A) Rigid splint
 - (B) Semirigid 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 distillates
- (D) Methyl alcohol
- (E) Toluene;

(v) Demonstrate an understanding of the complications involved in aspirating ingested petroleum products;

(vi) Show an above average understanding of the mechanism of carbon monoxide poisoning and the treatment of carbon monoxide poisoning, and identify the role of hyperbaric oxygen in the treatment of carbon monoxide poisoning;

(vii) Demonstrate an ability to identify all of the common drugs by their street names and to be familiar with the street jargon used by drug abusers;

(viii) Identify the signs, symptoms, classic history and appropriate treatment for the following classification of drugs:

- (A) Hallucinogens
- (B) Narcotics
- (C) Stimulants
- (D) Depressants
- (E) Other drugs including aspirin and commonly abused prescription medications;

(ix) Identify the influence of each drug classification on the central nervous system and be able to list its physiological action.

(f) Acute abdomen:

(i) Given a list of the organs, define the primary function of each, the quadrant of the abdomen in which it is located and whether it is a solid or hollow organ;

(ii) Given a description of the patient with a suspected abdominal disorder, recall from memory that information which should be emphasized when gathering a patient history and making physical examination;

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

- (A) The general appearance of the patient
- (B) Position of the patient
- (C) Expression of pain
- (D) Respiratory rate and use of abdominal muscles during respirations
- (E) Obvious distention
- (F) Guarding
- (G) Sounds to be heard on auscultation

(H) Referred pain;

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

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

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

- (A) Peritonitis
- (B) Ruptured aortic aneurysm;

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

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

(g) Genitourinary problems:

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

- (A) Female reproductive system
- (B) Bladder
- (C) Urethra
- (D) Prostate gland
- (E) Male reproductive system;

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

(h) Medical emergencies in the geriatric patient:

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

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

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

(i) Techniques of management:

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

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

(11) Related techniques of medical management.

(a) (Optional) Given the following equipment:

- (i) An adult 16# French Levine tube;
- (ii) A child 12# French Levine tube;
- (iii) Water-soluble lubricant;
- (iv) 1" width tape;
- (v) Small clamp;
- (vi) 50 ml. syringe;
- (vii) Cup of water;
- (viii) Graduated specimen container.

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

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

(12) Obstetric/gynecological emergencies.

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

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

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

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

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

(v) Identify the conditions of:

(A) Toxemia

(B) Placenta abrupta

(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 embryonic sac intact

(B) When the baby is delivered with the cord wrapped around its neck;

(ix) Describe the activities to be performed when assisting in the delivery of the baby's upper and lower shoulders;

(x) Demonstrate a thorough knowledge of those activities required to perform suction and oxygen administration to the newborn infant;

(xi) Demonstrate the knowledge required to perform the activities of cutting the umbilical cord and what to do if the umbilical cord continues to bleed, once cut;

(xii) Proper procedure for cutting and clamping cord;

(xiii) Identify those activities which are required to be performed if the placenta is not delivered within thirty minutes after the baby;

(xiv) Show a familiarity with the complications of breach birth and the potential difficulties confronted in a breach delivery;

(xv) Demonstrate an ability to describe the presentation of a prolapsed umbilical cord and outline the activities to perform when confronted with it;

(xvi) Demonstrate a thorough knowledge of the pre-hospital treatment peculiar to the delivery of the premature infant and the activities to perform when confronted with a multiple birth;

(xvii) Demonstrate an ability to manage post partum bleeding, including the use of uterine contractors, e.g., pitocin.

(13) Pediatrics and neonatal transport.

(a) Approach to the pediatric patient:

(i) Demonstrate the ability to take a history in a pediatric patient and be able to describe the value of using the child as a good source of information;

(ii) Describe in detail, without the use of notes, the workup and physical assessment of children under three years of age;

(iii) Demonstrate a knowledge of the various characteristics to be found in children of different ages that are peculiar to their age.

(b) Pathophysiology and management:

(i) Given the description of a pediatric patient with an upper airway obstruction caused by a foreign object, describe the procedure for removing the foreign object. Identify how the upper airway in an infant differs from that of an adult;

(ii) Demonstrate an ability to assess and manage acute asthmatic attack and status asthmaticus in the pediatric patient;

(iii) Demonstrate an ability to assess, define and manage bronchrolitis;

(iv) Demonstrate a knowledge of the definition, causes and management of the pediatric patient suffering from laryngo-tracheobronchitis (croup);

(v) Demonstrate an above average understanding of epiglottitis and why the child suffering from it is in grave danger;

(vi) Describe in detail the treatment and precautions for a patient with epiglottitis;

(vii) Demonstrate a familiarity with the age groups and profiles usually associated with sudden infant death syndrome;

(viii) Describe the appropriate management for sudden infant death syndrome and be able to identify the appropriate methods of dealing with the parents;

(ix) Demonstrate a thorough knowledge of seizures in the pediatric and neonatal patient;

(x) Demonstrate an understanding in recognizing the battered child and sexually molested child. Show the ability to manage the patient and family of the battered and sexually molested child.

(c) Techniques of management:

(i) Demonstrate a comprehensive knowledge of airway management and cardiopulmonary resuscitation peculiar to the child and infant;

(ii) Recall without the benefit of notes, the standard pediatric dosages in either mEq/kg, ml/kg, or mg/kg for the following drugs:

- (A) Sodium bicarbonate
- (B) Epinephrine
- (C) DD Lidocaine
- (D) Calcium chloride;

(iii) Demonstrate a knowledge of the superficial veins of the scalp and the methods of starting a scalp/vein IV in the infant;

(iv) Identify those situations in which endotracheal intubation is indicated in the pediatric and neonatal patient and how endotracheal intubation of the infant and child differs from an adult.

(14) Emergency care of the emotionally disturbed.

(a) Emotional aspects of illness and injury:

(i) Identify those causes that might account for abnormal behavior, including, but not limited to:

- (A) Alcohol
- (B) Drugs
- (C) Epilepsy
- (D) Diabetes
- (E) Head injuries
- (F) Arteriosclerosis
- (G) Hypertension
- (H) Severe infection
- (I) Psychiatric problems;

(ii) Demonstrate an ability to perform those activities that will mitigate anxiety in bystanders;

(iii) Identify the attitudes and approaches that would have adverse effects on crisis situations in the management of the conditions listed in (i), (A) through (I);

(iv) Demonstrate a knowledge of those techniques required to maintain control in a mass casualty situation.

(b) Patient assessment:

(i) Identify the reasons that emotionally disturbed patients have an immediate need for reassurance and describe how this reassurance should be provided;

(ii) Demonstrate an ability to select the types of information that should be a part of a systematic system of gathering information from a disturbed patient;

(iii) Required to demonstrate an ability to select those techniques which should be used in obtaining patient assessment information;

(iv) Correctly identify the procedures to be used when confronted with an emotionally disturbed patient who is noncombative;

(v) Demonstrate indications and appropriate use of restraints.

(c) Psychiatric emergencies:

(i) Identify the behaviors and direct and indirect methods of communicating with and managing the following psychiatric emergencies:

- (A) Severe depression
- (B) The patient communicating suicidal behavior
- (C) The psychiatric patient demonstrating rage, hostility and violent behavior
- (D) Paranoia
- (E) Hysterical reaction from organic illness
- (F) Hysterical conversion reaction;

(ii) Identify common phobias and outline the field management of the patient with a severe phobia.

(15) Telemetry and communications.

(a) Demonstrate a thorough knowledge of Federal Communication Commission rules that relate to emergency medical services communications and telemetry;

(b) Demonstrate a thorough knowledge of standard operating procedures for the communications systems with which the paramedic is required to work;

(c) Outline and identify the protocols and methodology for the biotelemetry utilized in the paramedic's provider area;

(d) Demonstrate an ability to complete a standard reporting form in a manner that properly relays patient assessment information to a physician;

(e) Demonstrate a knowledge of the proper operation and maintenance of all radio recording and telemetry equipment described during training or provided for use.

(16) Rescue techniques.

(17) To maintain a qualification as a physician's trained mobile intensive care paramedic, the individual provider shall perform those skill maintenance for the paramedic to include fifty hours of approved continuing education annually which will include WAC 248-15-040(6), fifteen hours of approved continuing education each year, and WAC 248-15-050 (5)(a)(v), fifteen hours of approved continuing education each year.

Standards under this topic include all basic rescue skills common to the EMT-A. Specific skills will depend on local options and agency standards. The student should gain field experience consistent with his agency. He should have full knowledge of how to summon those rescue skills he does not possess.

[Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-060, filed 8/22/78.]

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

After attending the lecture and demonstrations and given an 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 an IV therapy technician, airway management technician or 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 EMS medical 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 EMS medical 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 EMS medical program director.

Recertification shall be for two years and shall be effective from the date of the letter of recommendation from the approved EMS medical program director.

(3) Certifications and recertifications awarded under this chapter shall be valid in the following conditions:

(a) In the county or counties indicated on the certification card;

(b) In areas where formal mutual aid agreements are in force; and

(c) In situations where the provider accompanies a patient in transit.

Individuals who routinely perform ALS skills in more than one county shall be certified in each county. New cards will be issued upon written recommendation of the approved EMS medical program director of the county of employment.

[Statutory Authority: RCW 18.71.205. 84-17-035 (Order 2137), § 248-15-080, filed 8/10/84; 81-23-016 (Order 1718), § 248-15-080, filed 11/12/81; 78-09-055 (Order 1329), § 248-15-080, filed 8/22/78.]

WAC 248-15-091 Certification of individuals who have not completed a training course conducted by approved training physicians in the state of Washington. (1)

Individuals who have not completed a training course leading to 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, conducted by an approved training agency in the state of Washington, may apply for such certification under the following conditions:

(a) Reciprocity may be granted for an individual who has completed a course of training in another state which is equal to or exceeds Washington state's standards.

The individual seeking reciprocity shall submit to the emergency medical services section the following documents:

(i) A transcript of training from the original training agency reflecting course subject material, or if transcripts are not used, an outline of the training course and a signed statement from the course supervisor indicating the applicant has passed the course and,

(ii) A photocopy of the certificate of completion of the course and,

(iii) A photocopy of a current out-of-state certificate or license;

(b) An individual wishing to challenge an examination must qualify by submitting proof to the testing agency that all previous training and experience is equivalent to the minimum standards for certification set forth in this chapter and that the individual has not been previously certified in the skills, either in the state of Washington or out-of-state, for which the challenge is made.

(c) An individual who has completed a course of instruction from another state but has not been certified in the other state, may qualify for certification by successful completion of the final written and practical examination administered by an approved training facility and by submitting to the EMS section an outline of the course previously taken.

(2) In addition to the requirements set forth in subsection (1), the following qualifications shall be met:

(a) The individual applying for certification must have a sponsor in the advanced life support system who will provide employment.

(b) The individual must successfully complete such testing as required at the regional and/or local EMS level and be recommended for certification by the approved physician program director, who shall declare responsibility for continuing education, training and verbal or standing orders for the individual.

(3) Certification under this section shall not be granted to individuals who:

(a) Have been decertified for cause by out-of-state authorities;

(b) Are under civil or criminal investigation by out-of-state authorities;

(c) A noncurrent out-of-state certification or of failure to have completed a full course of instruction from an out-of-state training agency.

[Statutory Authority: RCW 18.71.205. 81-23-016 (Order 1718), § 248-15-091, filed 11/12/81.]

WAC 248-15-100 Revocation, suspension or modification of certificate. (1) Grounds for revocation or suspension of an IV therapy technician, airway management technician, or paramedic include but are not limited to proof that such certified individual:

(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;

(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 as determined by the department or the University of Washington school of medicine;

(f) Has violated written patient care protocols which have been adopted by the approved EMS medical program director or delegate(s) and which have been acknowledged in writing by the certified individual;

(g) Has failed to maintain skills.

(2) The approved EMS medical program director may initiate a counseling procedure with a certified individual which may lead to a recommendation for revocation, suspension, or modification of certification. The counseling procedure, if initiated, shall include the following minimum standards:

(a) Oral counseling with the certified individual and his employer or delegate. Written documentation stating the reason(s) and results of the oral counseling shall be provided to participants;

(b) Written counseling with the certified individual and the employer or delegate, stating the reason(s) for counseling, the expectations for corrective action, and any agreed-upon time limits - copies provided to the participants;

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(c) Final written resolution of counseling, which may include recommendation for revocation, suspension or modification of the individual's certificate.

(3) The approved EMS medical program director may summarily request that the secretary decertify a technician if he has reasonable cause to believe that continued certification will be detrimental to patients' health.

[Statutory Authority: RCW 18.71.205. 84-17-035 (Order 2137), § 248-15-100, filed 8/10/84; 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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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-16-010	Interpretation of adjectives and adverbs. [Order 116, § 248-16-010, filed 5/23/75; Regulation .16.010, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-020	Compliance with local regulations. [Regulation .16.020, effective 3/11/60.] Repealed by Order 147, filed 6/29/77.
248-16-025	License expiration dates. [Order 68, § 248-16-025, filed 1/13/72.] Repealed by Order 147, filed 6/29/77.
248-16-052	Advertising. [Order 147, § 248-16-052, filed 6/29/77.] Repealed by 83-13-068 (Order 264), filed 6/16/83. Statutory Authority: RCW 18.20.090.
248-16-058	Required approval for occupancy after completion of new construction. [Order 147, § 248-16-058, filed 6/29/77.] Repealed by 83-13-068 (Order 264), filed 6/16/83. Statutory Authority: RCW 18.20.090.
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.
248-16-162	Laundry service. [Order 147, § 248-16-162, filed 6/29/77.] Repealed by 83-13-068 (Order 264), filed 6/16/83. Statutory Authority: RCW 18.20.090.
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) "Abuse" means the injury, sexual use or sexual mistreatment of an individual resident by any person under circumstances which indicate the health, welfare, and safety of the resident is harmed thereby.

(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 or nonverbal actions which constitute harassment.

(2) "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. It shall mean an individual who is able to walk or traverse a normal path to safety unaided by another individual. This definition shall not be interpreted to include an individual who needs the assistance of another individual in order to get into and out of bed, to

transfer to a chair or toilet or to move from place to place.

(3) "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.

(4) "Bathing facility" means a bathtub, shower or sit-down shower.

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

(6) "Board" as used in RCW 18.20.020(2) means the provision of daily meal service and lodging.

(7) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American dietetic association described in Directory of Dietetic Programs Accredited and Approved, American Dietetic Association, edition 100, 1980.

(8) "Domiciliary care" means the care offered an individual in his or her living accommodation 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.

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

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

(11) "Grade" means the level of the ground adjacent to the building measured at required windows. Ground shall be level or slope downward for a distance of at least ten feet from the wall of the building.

(12) "Health care practitioner" means any individual, group or organization that provides health care as legally authorized by law, including but not limited to, physician, chiropractor, naturopath, certified registered nurse, physician's assistant.

(13) "Home health care service" means any nursing service or other service provided by licensed nurses, other practitioners or aides on a periodic or short-term basis which does not include continuous nursing care.

(14) "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.

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

(16) "May" means to permit, at the discretion of the department.

(17) "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.

(18) "Neglect" means negligent treatment or maltreatment; an act or omission which evinces a disregard of consequences of such a magnitude as to constitute a clear and present danger to a resident's health, welfare, and/or safety.

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

(a) Building(s) to be used as a boarding home;

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

(c) A structural or functional modification within an existing boarding home which changes the approved use of the room or area.

(20) "Resident" means an individual who, by reason of age or infirmity, requires domiciliary care and who is not related by blood or marriage to the operator of the boarding home.

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

(22) "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.

(23) "Toilet" means a disposal apparatus consisting of a hopper, fitted with a seat and flushing device, used for urination and defecation.

(24) "Usable floor space" means floor area available for use in a resident bedroom exclusive of areas with ceiling height less than seven feet six inches and walk-in closets.

(25) "Utility sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-001, filed 6/16/83; 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 manages the boarding home, is at least twenty-one years of age, and is not a resident.

(2) The administrator shall have at least a high school diploma or equivalent unless the administrator was operating a boarding home in Washington state prior to January 1, 1958.

(3) The administrator either shall be on duty or readily available at all times except when an alternate administrator, who meets the administrator qualifications

herein, is designated in writing by the administrator, and is on duty or readily available.

(4) Change of administrator shall be reported to the department.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-035, filed 6/16/83; 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 jointly and separately the ability of each individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof named in the application to operate the boarding home in accordance with the law and chapter 248-16 WAC. Such individuals 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 or alcohol abuse or convicted of a felony shall be disqualified even though boarding home premises are adequate: *Provided*, That such abuse or conviction is reasonably related to the competency of the person to exercise responsibilities of ownership, operation, and/or administration of the boarding home, and the department determines, after investigation, that such person has not been sufficiently rehabilitated to warrant public trust.

(b) Individuals convicted of a felony, child abuse and/or any crime involving physical harm to another person or individuals who have been identified as perpetrators of substantiated child abuse pursuant to chapter 26.44 RCW 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 or abuse registry listing 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 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, 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) Committing, permitting, aiding or abetting the commission of any illegal act on the boarding home premises;

(c) Committing, permitting, aiding or abetting cruelty, assault, abuse, neglect or indifference to the welfare of any resident;

(d) Failure to care properly for the number and types of residents in the facility;

(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.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-040, filed 6/16/83; 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 to provide the services needed by residents and to maintain the boarding home properly. Residents may be employed to perform supportive functions under the "on-premises" supervision of responsible staff.

(2) At least one readily accessible staff member of at least eighteen years of age who is capable of assisting residents shall be available on the premises at all times when residents are present in the facility.

(3) An orientation shall be provided to each new employee to acquaint him or her with the: Organization of the boarding home; the physical plant layout; particular duties and responsibilities; the policies, procedures, and equipment which are pertinent to those duties and responsibilities including emergencies, abuse, neglect, and prevention of transmission of infection. Orientation shall be documented.

(4) Each staff member shall be provided needed training for the performance of the specific functions, duties, and procedures for which he or she is responsible. Training shall be documented.

(5) 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 ten millimeters of induration), no further tuberculin skin testing shall be required. A positive test will 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. Exceptions and specific requirements are as follows:

(a) Health records including skin test results, reports of x-ray findings or exemptions to such shall be maintained in the facility.

(b) 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 testing.

(6) Staff members with a communicable disease in an infectious stage shall not be on duty.

(7) Documentation of requirements for each staff member, as described in this chapter, shall be available on the premises.

(8) Nonresidents living on the premises and staff shall not have been convicted of child abuse or any crime involving physical harm to another person and shall not be

a perpetrator of substantiated child abuse, as described in chapter 26.44 RCW, until such staff or nonresident demonstrates sufficient rehabilitation, subsequent to such conviction or listing on abuse registry, to warrant public trust.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-045, filed 6/16/83. 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 health and/or safety of residents.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-050, filed 6/16/83; Regulation .16.050, effective 3/11/60.]

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

(a) Preliminary documents:

(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) Scale drawings for modifications to room(s) or area(s), as defined in WAC 248-16-001 (19)(c);

(iii) Drawings descriptive of proposed modifications including impact(s) upon physical plant operations and services; and

(iv) Two sets of preliminary plans drawn to scale and including: A plot plan showing streets, driveways, the water supply and sewage disposal systems, grade and location of building(s), existing and proposed, the designated function of each room and all fixed equipment. The preliminary plans shall be accompanied by a general description of construction and materials;

(v) Final construction drawings are not required at the preliminary document stage.

(b) Final construction documents:

Two sets of specifications and final plans drawn to scale 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:

(i) Plot plan;

(ii) Plans of each floor of the building(s) which designate the function of each room and show all fixed equipment;

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

(iv) A schedule of floor, 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.

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

(3) 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.

(4) 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, the licensee shall submit a statement to the department indicating the date the construction project was completed and met requirements of chapter 18.20 RCW and chapter 248-16 WAC. Authorization by the department is required prior to occupancy.

(5) Department approval of plans and occupancy does not exempt licensee from compliance with other applicable codes.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-055, filed 6/16/83; Order 147, § 248-16-055, filed 6/29/77.]

WAC 248-16-056 Change of licensee, i.e., operator of the business. (1) When a change of boarding home licensee is planned, the licensee shall notify the department at least thirty 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, such as sale, lease or rental.

(2) The prospective licensee shall submit a new boarding home license application to the department at least thirty days prior to the proposed transfer date.

(3) A new boarding home license shall be issued to the prospective licensee only following approval of the license application by the department.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-056, filed 6/16/83; Order 147, § 248-16-056, filed 6/29/77.]

WAC 248-16-060 Communication systems. (1) There shall be at least one "nonpay" telephone in each boarding home so located as to be easily accessible from all parts of the building(s).

(2) A telephone, which may be a "pay phone," shall be accessible for personal use by the residents.

(3) When resident safety conditions require, internal means of communication shall be available, such as intercom or phone extensions.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-060, filed 6/16/83; Order 147, § 248-16-060, filed 6/29/77; Regulation .16.060, effective 3/11/60.]

WAC 248-16-070 Water supply. (1) Water used for domestic purposes in boarding homes shall meet the standards of the department, chapter 248-54 WAC.

(2) Cross connections of any kind are prohibited.

(3) 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.

(4) Hot and cold water under pressure shall be readily available at all times.

(5) Hot water at lavatories, bathtubs, and showers shall not exceed 120° Fahrenheit.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-070, filed 6/16/83; 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 appropriately covered or otherwise contained. Garbage containers shall be cleaned at adequate intervals to prevent presence of vectors, odors, and other nuisances.

(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.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-090, filed 6/16/83; Order 147, § 248-16-090, filed 6/29/77; Regulation .16.090, effective 3/11/60.]

WAC 248-16-105 Lighting. All areas shall be appropriately lighted by natural or artificial means when in use.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-105, filed 6/16/83.]

WAC 248-16-110 Heating--Temperature. (1) Boarding homes shall be equipped with an approved heating system capable of maintaining a healthful temperature. Use of portable space heaters is prohibited unless approved in writing by the Washington state fire marshal.

(2) Temperature shall be maintained at a healthful level.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-110, filed 6/16/83; Order 147, § 248-16-110, filed 6/29/77; Regulation .16.110, effective 3/11/60.]

WAC 248-16-115 Ventilation. (1) Rooms with excessive odors or moisture shall be appropriately ventilated.

(2) Operable windows or openings that serve for ventilation shall be provided with insect screening. Screening used in openings designated for rescue or fire exit shall be of a type which do not restrict or hinder escape or rescue, in event of a fire emergency.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-115, filed 6/16/83.]

WAC 248-16-120 Residents' rooms and room furnishings. (1) **Sleeping rooms, occupancy limitations.** Sleeping rooms, if for one resident only, shall contain not less than eighty square feet of usable floor space; and if for more than one person, not less than seventy square feet of usable floor space for each person: *Provided, however,* That no portion of a room having less than seven feet six inches ceiling height may be counted as part of the required space.

(a) No more than four persons may be housed in any one sleeping room.

(b) Sleeping rooms shall be appropriately identified to conform with the list of rooms approved by the department.

(c) Change in resident capacity shall be approved by the department.

(2) Sleeping rooms, restriction on location, access.

(a) Only rooms having unrestricted direct access to a hallway, living room, outside, or other acceptable common-usage area shall be used as sleeping rooms. No beds shall be permitted in corridors, halls, living rooms, dining rooms, or kitchens.

(b) A basement room may be used as a sleeping room provided the floor of the room is no more than three feet eight inches below the base of the window(s), and there is adequate natural light. The grade shall extend ten feet out horizontally from the base of the window.

(c) Change in location of a sleeping room shall be approved by the department.

(3) Sleeping rooms, window requirements. Sleeping rooms shall be outside rooms with a window area of clear glass not less than one-tenth of the required floor area and a minimum size of ten square feet.

(a) 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.

(b) Windows designed to open shall operate freely if necessary for fire exit or ventilation.

(c) Curtains, shades, blinds or equivalent shall be provided at each window for visual privacy.

(4) Sleeping rooms, lighting requirements.

(a) Each sleeping room shall have adequate artificial light, and at least one duplex electrical receptacle outlet for each bed. For buildings initially licensed prior to July 1, 1983, one duplex electrical receptacle outlet for each two beds shall be acceptable.

(b) There shall be an electric switch at the entry of each sleeping room to control at least one light in the room.

(c) Bedside artificial lighting shall be provided if requested by a resident.

(5) Sleeping rooms, storage and protection of personal articles.

(a) 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.

(b) Each resident shall be provided a secure space capable of being locked.

(c) When closet doors are present, hardware shall be of a type to prevent a resident from being locked in.

(6) Sleeping rooms, furniture and furnishings.

(a) Each resident shall be provided with a comfortable bed, not less than thirty-six inches wide, with a mattress in good condition.

(i) Beds shall be spaced at least three feet apart, unless otherwise requested by affected residents.

(ii) The following beds are acceptable: A standard household bed, studio couch, hide-a-bed, water bed or day-bed. Water beds shall be structurally and electrically safe.

(b) Each sleeping room shall have available at least one suitable chair for each resident. These chairs shall not be those permanently used in dining or day rooms.

(c) There shall be at least one noncombustible wastebasket in each sleeping room.

(d) 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.

(e) Nothing in this regulation shall be interpreted to prohibit a resident from providing his or her own furniture or furnishings, as long as the use of that furniture or furnishings is consistent with the health and safety of residents.

(7) Cooking in sleeping rooms.

(a) Cooking equipment, coffee makers, and other equipment or appliances may be permitted in any room or area of the boarding home which has been approved for such usage by the state fire marshal. Preparation and storage of food or beverages may be permitted in sleeping rooms unless detrimental to health and/or safety of residents.

(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 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. Examples of appropriate action include disconnecting or removing stove or appliances or transfer of a resident to different accommodations.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-120, filed 6/16/83; 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.

Toilets and bathing facilities shall be provided in accordance with the following requirements for all persons who reside in the facility, including staff and others if they do not have private toilet and bathing facilities for their exclusive use. Refer to WAC 248-16-070, Water supply.

(a) There shall be toilets and lavatories available to both sexes in the ratio of one toilet and one lavatory for each eight persons or fraction thereof.

(i) Any toilet room containing more than one toilet shall be reserved for use by one sex only.

(ii) Not more than one required toilet shall be in any room containing a bathing facility.

(iii) There shall be a lavatory in each room containing a toilet or in an adjacent common-use area. When a toilet room opens into a resident's room, the lavatory may be located in the resident's room.

(b) There shall be at least one bathing facility for every twelve persons or fraction thereof.

(i) 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 toilet may be used by both sexes.

(ii) Bathtubs shall be available to residents of both sexes in the ratio of one bathtub per forty-eight residents or fraction thereof except when each resident living unit contains a private bathing facility.

(iii) Bathing facilities shall be designed to meet the needs of residents in the facility.

(2) Toilet and bathing facilities, access to.

(a) Except for facilities serving individual rooms, toilets shall be so located as to be reasonably accessible from a common hall or area, to all residents residing on the floor served.

(b) 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 residents served, without traveling more than one story up or down.

(c) No toilet or bathroom for resident 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.

(d) In no case shall it be necessary for an occupant of one bedroom to pass through any other bedroom to reach a toilet or bathing facility, nor to pass through a room containing a toilet or bathing facility to reach a bedroom.

(3) Toilet and bathing facilities, construction and accessories.

(a) Toilet and bathroom floors shall be of water-resistant material, smooth enough to be easily cleaned yet not highly glossed or slippery.

(i) Carpets, rugs or similar floor coverings may be allowed in toilet rooms within a single living unit: *Provided,* That such floor coverings can be appropriately cleaned and maintained.

(ii) Carpets or other floor coverings shall meet requirements in WAC 248-16-120 (6)(d).

(b) Walls shall be washable to height of splash or spray.

(c) Suitable grab-bars shall be installed at tubs and showers in such numbers and locations that accidental falls will be minimized.

(i) A minimum of one grab-bar shall be installed at each bathing facility.

(ii) Grab-bars may be required at toilets depending upon the needs of residents.

(d) Plumbing fixtures shall be of sanitary design and in good repair.

(i) All toilet seats shall be constructed of nonabsorbent material, shall be free from cracks, and kept clean.

(ii) In new construction toilet seats shall be of open front type in common-use areas.

(e) All toilet rooms and bathrooms shall be adequately lighted, and provided with a suitable mirror at each lavatory.

(f) All toilet rooms and bathrooms shall be adequately ventilated to the outside air.

[Statutory Authority: RCW 18.20.090, 83-13-068 (Order 264), § 248-16-130, filed 6/16/83; 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 governing food service sanitation as now and hereafter amended, except hermetically sealed high-acid foods (pH of less than 4.6) that have not been processed by an approved, commercial establishment, may be used.

(2) **Food services, number of meals.** A minimum of three meals in each twenty-four 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 hours.

(3) **Food services, quality of food.** The diet shall be palatable, properly prepared, attractively served, and sufficient in quality, quantity, and variety to meet the recommended Dietary Allowances of the Food and Nutrition Board, National Research Council, 1980 edition.

(a) All modified diets are to be prepared and served to meet the written prescription of the health care practitioner with menus approved by a dietitian.

(b) Nutrient concentrates and supplements shall be served by facility staff only on the written approval of a health care practitioner.

(4) Menus.

(a) All menus shall be prepared at least one week in advance, dated, and retained for at least six months.

(i) Menus shall provide a variety of foods with cycle duration of at least three weeks before repeating.

(ii) Substitutions shall be of comparable nutrient value and recorded as served.

(b) All foods and snacks contributing to nutrient requirements shall be recorded.

(5) **Food services, dining areas.** An adequate, approved dining area shall be provided with capacity to seat at least fifty percent of residents at each meal setting.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-140, filed 6/16/83; 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: One to fifty beds, inclusive, ten square feet per bed; fifty-one beds and over, five square feet per bed in addition to the first five hundred square feet; except that no boarding home shall provide less than one hundred fifty 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, entryways, corridors and hallways shall not be considered as part of required day room or living room space.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-150, filed 6/16/83; 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. (1) The boarding home shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods.

(2) Unless all laundry is sent out, every boarding home shall be provided with a laundry room equipped with adequate laundry facilities.

(a) Laundry equipment shall have the capability of reaching a temperature of one hundred forty degrees Fahrenheit.

(b) There shall be separation of clean and soiled laundry.

(c) The laundry room, storage, and sorting areas shall be located in rooms not used for open food storage, preparation or serving.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-160, filed 6/16/83; Regulation .16.160, effective 3/11/60.]

WAC 248-16-170 Storage spaces. Adequate storage space shall be provided for supplies, equipment, stored personal possessions of residents, linens, and similar items.

(1) Storage space shall be such that it does not constitute a fire or accident hazard.

(2) Disinfectants and poisonous compounds shall be stored separately in cabinets, drawers, rooms or equivalent, which can be locked.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-170, filed 6/16/83; Regulation .16.170, effective 3/11/60.]

WAC 248-16-180 Stairs. All stairways used by residents shall have nonskid surfaces. Steps shall be at least nine inches deep and not more than eight inches high.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-180, filed 6/16/83; Regulation .16.180, effective 3/11/60.]

WAC 248-16-190 Guardrails, handrails. Handrails may be required in halls and corridors if conditions indicate a need. All inside and outside stairs shall be equipped with sturdy handrails on each side: *Provided, however,* That one handrail may be permitted following evaluation by the department to determine safety of residents is maintained. Guardrails may be required.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-190, filed 6/16/83; 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 used by residents shall be kept in a safe and sanitary condition at all times. If a resident does not care for his or her own room, such maintenance shall be provided by staff of the boarding home.

(3) The boarding home shall provide a utility sink or an equivalent means of obtaining and disposing of mop water in areas other than those used for food preparation and serving. Wet mops shall be stored in an area with adequate ventilation.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-202, filed 6/16/83; 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 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 individuals who are ambulatory, as defined in WAC 248-16-001 shall be admitted and retained as residents unless the state fire marshal approves the boarding home for acceptance of nonambulatory individuals: *Provided,* That there is compliance with RCW 18.20.160.

(4) Accommodations for individuals who, though capable of independent mobility with the use of a cane, crutches, a walker, 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) Individuals who are manifesting overt behavior which is a danger to others or self;

(b) Individuals 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;

(c) Individuals 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) Service from a community home health care agency.

(6) An individual who requires medication service shall not be admitted or retained as a resident unless the boarding home makes provision for medication services in accordance with RCW 18.20.160 and WAC 248-16-228.

(7) At the time of admission, the boarding home administrator shall make definite arrangements with the resident regarding the health care practitioner and/or other individual to be called in case the resident becomes ill.

[Statutory Authority: RCW 18.20.090, 83-13-068 (Order 264), § 248-16-213, filed 6/16/83; Order 147, § 248-16-213, filed 6/29/77.]

WAC 248-16-215 Resident rights--Services to be provided. (1) Insofar as a general or specific nuisance or a danger to the individuals or others is not created, each resident shall have, in addition to any rights not specifically withheld by law, the following rights:

(a) To be informed or to have an agent, designated by the resident, informed of his or her rights and the policies of the facility at the time of admission. A written copy of rights and policies shall be provided to each resident or designated agent.

(b) To be treated in a manner that respects his or her individual identity and human dignity and fosters constructive self-esteem.

(c) To be notified thirty days in advance if he or she requires transfer for medical or nursing care or for his or her welfare or that of other residents, except as prohibited by Titles XVIII, XIX or XX of the Social Security Act, unless an emergency condition requires immediate transfer, or there is failure to comply with written policy of the boarding home or to ensure orderly transfer or discharge. The notice of transfer or discharge and discharge planning shall be documented in the resident's record.

(d) To associate and communicate privately with persons of his or her choice; to send and receive uncensored correspondence through the mail; to have reasonable access to a telephone both to make and to receive personal calls.

(e) To manage personal financial affairs unless such person has been adjudicated to be incompetent in a court proceeding directed to that particular issue or pursuant to law.

(f) To retain and use personal clothing and possessions unless to do so would infringe upon the rights of other residents.

(g) To refuse to perform services for the facility unless these services are included in a plan of care.

(h) To be assured privacy for visits with relatives or guests.

(i) To voice grievances and recommend changes in policies and services to the facility staff and/or to outside representatives of his or her choice free from restraint, interference, coercion, discrimination or reprisal.

(j) To be informed of phone numbers and address of the licensing agency or appropriate advocacy group(s).

(k) To meet with and participate in activities of social, religious, and community groups at his or her discretion.

(l) To be free from physical, chemical, and psychological restraints unless authorized by law.

(m) To be free from exploitation, assault, abuse, and neglect.

(n) To have information contained in resident health records kept confidential with access only to authorized personnel and the department.

(o) To be given timely notice of changes in admission or retention policy and procedure.

(2) Each resident shall have at least one comfortable pillow and adequate, clean bedding. Clean sheets, a pillow case, towels and washcloths shall be provided as needed and at least each week.

(3) A resident shall be regularly observed for changes in physical, mental and emotional functioning. When observations reveal the resident has need for services unavailable in the boarding home, the administrator or designee shall arrange for the transfer of the resident.

(4) Basic domiciliary care services shall be conducted so as to attain or maintain each resident's highest degree of functioning possible and compatible with individual safety and welfare. The following services shall be provided when a resident requires such services:

(a) General health supervision, which means provision of the following services in accordance with a resident's particular needs including:

(i) To encourage a resident to self-administer medically prescribed drugs and treatment;

(ii) To encourage a resident to follow any medically prescribed modified diet, rest or activity regimen;

(iii) To encourage and assist a resident to keep appointments for health care services, e.g., physicians, dentists, home health care services or clinics;

(iv) Encourage and assist a resident to see his or her health care practitioner if the resident manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment seem indicated.

(b) Reminding and/or guidance, supervision or assistance to a resident in:

(i) Personal hygienic care, dressing, grooming, and other activities;

(ii) Maintenance of functional aids or equipment, such as glasses, hearing aids, canes, crutches, walker or wheelchair;

(iii) Maintenance of clothing and other personal effects;

(iv) Maintenance of personal living quarters in a manner conducive to safety and comfort.

(c) 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.

(5) Whenever a resident is believed to be ill or injured, the health care practitioner or other individual designated by the resident shall be notified immediately.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-215, filed 6/16/83; 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 current, basic first aid training and cardiopulmonary resuscitation training.

(2) There shall be written medical emergency policies and procedures available in appropriate locations in the facility. All staff shall be oriented to medical emergency policies and procedures.

(3) Adequate first aid supplies and a first aid manual shall be kept in a specific location in the boarding home and readily available to all staff.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-222, filed 6/16/83; Order 147, § 248-16-222, filed 6/29/77.]

WAC 248-16-223 Notification regarding change in resident's 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. Notification shall be documented in the resident's record.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-223, filed 6/16/83; Order 147, § 248-16-223, filed 6/29/77.]

WAC 248-16-226 Safety measures. (1) The boarding home shall be free of hazards.

(2) 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.

(3) 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 arise. This provision shall be made known to all staff members who have a responsibility for resident care.

(4) Methods for the cleaning, sanitizing, handling and storage of supplies and equipment used in services to residents shall be designed to prevent the transmission of infection.

(5) Hardware on the doors of storage rooms and closets shall be of a type to prevent residents from being locked in.

(6) Flashlights or other means of emergency lighting shall be available in all parts of the boarding home.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-226, filed 6/16/83; Order 147, § 248-16-226, filed 6/29/77.]

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

(1) The resident shall be at least capable of administering his or her own medications properly with minimal guidance and assistance. If a resident is retained in the facility who requires minimal guidance or assistance, it shall be appropriately provided.

(2) A resident's medication(s) shall be kept so the medication(s) is not available to other residents.

(3) There shall be written policies and procedures for facility staff providing minimal guidance and assistance to residents with medications, when a resident requires such guidance and assistance.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-227, filed 6/16/83; Order 147, § 248-16-227, filed 6/29/77.]

WAC 248-16-228 Medication services. A boarding home which makes provision for nurse administration of medications to a resident(s), upon doctor's order pursuant to RCW 18.20.160, shall comply with the following requirements:

(1) A registered nurse shall be responsible for the medication service. Responsibilities shall include:

(a) Planning, directing, and supervising the medication service to residents.

(b) Review of a resident's condition and drug therapy regimen at regular intervals with documentation of the review.

(c) Documentation of appropriate instruction in self-administration.

(2) Administration of medications.

(a) 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 medications administered to a resident.

(b) Medications shall be administered only by individuals appropriately licensed in the state of Washington to administer medications.

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

(3) Pharmaceutical services. There shall be provision for timely delivery of necessary medications from a pharmacy so prescribed medications can be implemented without undue delay.

(4) There shall be written policies and procedures which provide for the procurement, storage, control, use, administration, retention, release, and disposal of medications 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.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-228, filed 6/16/83; Order 147, § 248-16-228, filed 6/29/77.]

WAC 248-16-230 Resident register. There shall be a permanent, current book or register of all individuals admitted as residents which shall contain: Date of admission, full name, and date of discharge.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-230, filed 6/16/83; 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 248-16-235 Resident health records. (1) There shall be a health record (ink, typewritten or equivalent) in the boarding home for each resident to include the following:

(a) Full name, date of birth, and former address of the resident;

(b) Date of admission(s) and date of discharge(s);

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

(d) Name, address, and telephone number of resident's personal physician or health care practitioner;

(e) Dates and descriptions of all illnesses or accidents and changes in functional abilities of the individual while a resident of the boarding home, including actions taken with entries signed by staff;

(f) A signed, written prescription by the resident's physician or health care practitioner for any modified diet, concentrate or supplement provided by the boarding home for the resident.

(2) A systematic, secure method of identifying and filing resident health records shall be provided so each record can be located readily.

(3) Each resident health record shall be retained for a minimum of five years after resident discharge.

[Statutory Authority: RCW 18.20.090. 83-13-068 (Order 264), § 248-16-235, filed 6/16/83.]

WAC 248-16-900 Exemptions. The department 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.

[Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-16-900, filed 3/20/86; Order 147, § 248-16-900, filed 6/29/77.]

WAC 248-16-999 Legal authority of the department. See RCW 18.20.090.

[Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-16-999, filed 3/20/86; Regulation .16.999, effective 3/11/60.]

Chapter 248-17 WAC

AMBULANCE RULES AND REGULATIONS

WAC

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248-17-210	Emergency medical technician training. [Order 1150, § 248-17-210, filed 9/2/76.] Repealed by 82-04-041 (Order 1752), filed 1/29/82. Statutory Authority: RCW 18.73.080.
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WAC 248-17-010 Declaration of purpose. The 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 the licensing of ambulances, first aid vehicles, ambulance operators, ambulance directors, first aid vehicle operators, and first aid directors; the training and certification of emergency medical technicians; communication equipment and emergency medical communications and liability insurance.

[Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-010, filed 1/29/82; 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) "Air ambulance" means a fixed or rotary winged aircraft that is currently certified under Federal Aviation Administration as an air taxi; that may be configured to accommodate a minimum of one litter and two medical attendants with sufficient space to provide intensive and life saving patient care without interfering with the performance of the flight crew; that has sufficient medical supplies and equipment to provide necessary medical treatment at the patient's origin and during flight; has radio equipment capable of two way communication ground-to-air, air-to-air, and air-to-ground including communication with physicians responsible for patient management; has been designed to avoid aggravating the patients condition as to cabin comfort, noise levels* and cabin pressurization*; has aboard survival equipment in sufficient quantity to accommodate crew and passengers; that has been inspected and licensed by the department as an air ambulance. *Not applicable to rotary winged aircraft.

(2) "Air ambulance service" means a service that is currently certified under Federal Aviation Administration (FAA) rules, 14 CFR Part 135, (Air Taxi Operators and Commercial Operators of Small Aircraft); has been inspected by the department and licensed as an air ambulance service and meets the minimum requirements for personnel and equipment as described elsewhere in this chapter.

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

(4) "Attending physician" as applies to aeromedical evacuation, means a licensed doctor of medicine or osteopathy who provides direction for management of the patient either by attending the patient enroute, by ground-to-air radio communication or by written orders pertaining to inflight medical care. An attending physician must retain responsibility for the medical care of the patient until final destination is reached.

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

(6) "Emergency medical technician (EMT)" 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.

(7) "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.

(8) "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.

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

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

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

(12) "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.

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

(14) "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.

(15) "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.

(16) "Department" means the department of social and health services.

(17) "Shall" means compliance is mandatory.

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

(19) "Committee" means the emergency medical services committee.

(20) "Approved emergency medical services (EMS) medical program director" means a doctor of medicine or osteopathy who has been certified by the department under RCW 18.71.205 and WAC 248-15-020.

(21) "Medical control" means physician responsibility for supervision of EMT training programs, the establishment of field protocols, and the recommendation for certification and decertification of EMTs certified under this chapter.

(22) Medical control as defined above does not include first responders.

(23) "First responder" means a person who has successfully completed a prescribed course of instruction and has been examined and certified by the department.

[Statutory Authority: RCW 18.73.080, 84-17-036 (Order 2138), § 248-17-020, filed 8/10/84; 82-19-080 (Order 1881), § 248-17-020, filed 9/21/82; 82-04-041 (Order 1752), § 248-17-020, filed 1/29/82; Order 1150, § 248-17-020, filed 9/2/76.]

WAC 248-17-030 License(s) required. 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, first aid directors, air ambulances and air ambulance services.

(1) Application for ambulance operators, first aid vehicle operators, ambulance director and first aid director licenses and renewals. 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.

(2) Application for ambulance license first aid vehicle license and renewals. 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.

(3) Licenses shall not be transferable.

[Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-030, filed 1/29/82; 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 every three years.

[Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-040, filed 1/29/82; 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 ambulance and first aid vehicle licenses initially and reissue licenses annually.

[Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-050, filed 1/29/82; Order 1150, § 248-17-050, filed 9/2/76.]

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

[Order 1150, § 248-17-060, filed 9/2/76.]

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

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

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

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

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

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

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

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

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

(iv) Warning lights (emergency) shall be provided in accordance with RCW 46.37.380, as administered by the state commission on equipment.

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

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

(e) Battery and generated system:

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

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

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

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

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

(i) Ambulance body.

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

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

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

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

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

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

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

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

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

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

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

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

(j) Ambulance vehicle maintenance. Mechanical and electrical equipment shall be in good working order. The

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

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

(a) Resuscitation equipment.

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

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

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

(iii) Portable suction shall be provided.

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

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

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

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

(cc) Rigid pharyngeal suction tip.

(dd) Suction rinsing water bottle.

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

(ff) Tongue blades (six).

(gg) Towels.

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

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

(jj) Clear mouth - face ventilating mask.

(b) Basic equipment and supplies which shall be carried.

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

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

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

(aa) One spare pillow.

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

considered as basic in the determination of mechanical adequacy.

[Order 1150, § 248-17-070, filed 9/2/76.]

WAC 248-17-080 Extrication equipment. Each ambulance shall carry equipment for extricating the injured from automobiles and other trapped conditions. Extrication equipment shall include:

- (1) One 12-inch wrench, with adjustable open end.
- (2) One screwdriver, 12-inches long, with regular blade.
- (3) One screwdriver, 12-inches long, with Phillips blade.
- (4) One hacksaw with 2 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).

[Statutory Authority: RCW 18.73.080, 82-19-080 (Order 1881), § 248-17-080, filed 9/21/82; 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 carry the following equipment:

(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) Pocket mask with oxygen inlet.
- (c) Portable suction with nonglass suction bottles.
- (d) Pharyngeal suction tip.
- (e) Oral pharyngeal tubes (airways), two each - infant, child and adult sizes.
- (f) Six tongue blades.
- (g) Towels.
- (h) Sterile suction tips and catheters for nasal-tracheal suctioning.
- (i) Two blankets.
- (j) 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.
- (k) Six triangular bandages.
- (l) Long backboard.
- (m) Cervical collars, one each - small, medium and large.
- (n) 24 sterile gauze pads, 4 X 4.
- (o) 6 universal dressings.
- (p) 12 soft-roller, self-adhering bandages, assorted sizes.
- (q) 2 rolls 1" adhesive tape.
- (r) 2 sterile burn sheets.
- (s) Bandage scissors.
- (t) One-inch adhesive bandages, 12 each.
- (u) Two dressings for sucking chest wounds.

[Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-110, filed 9/21/82; 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 2 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.

(1986 Ed.)

(o) A commercial extrication device (K-T tool or similar) may be substituted for items h and i.

[Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-120, filed 9/21/82; 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 248-17-135 Air ambulance services. (1) The standards set forth in this section are applicable to those civil providers who wish to license as air ambulance services and who may not be involved in the immediate emergency medical rescue operation but provide air ambulance services between hospitals for the patient who has received initial emergency care and requires definitive care in specialized care centers.

(2) Excluded from the minimum requirements of these rules are Military Assistance to Safety and Traffic (MAST), National Search and Rescue (SAR) units and other military or civil aircraft that may be called into service to initiate the emergency air lift at the scene of the emergency and transports the patient to the nearest available treatment facility.

(3) Minimum standards for personnel and medical equipment for licensing are as follows:

(a) Pilots must possess a valid commercial pilot or air line transport pilot certificate; have a current class II medical certificate and shall be rated and current in the aircraft to be flown.

(b) Medical flight attendants shall be qualified to the level of treatment required for the condition of the patient(s). Such levels of qualification could include physicians, registered nurses or paramedics. Respiratory therapists and other medical professional disciplines may accompany patients enroute as secondary medical attendants when directed by the attending physician. Basic level emergency medical technicians may perform as primary medical flight attendants only when the patient's medical condition requires no medication enroute, there are no intravenous therapy lines or where defibrillation may not be required. All medical flight attendants must be familiar with emergency inflight procedures, seat and litter strap requirements, emergency oxygen supplies, ditching and crash landing procedures, emergency exit locations and the procedures for protection of the patient(s) in all possible inflight emergencies. Medical flight attendants must be familiar with the affects of altitude on the patients condition and shall be able to brief the pilot for any special flying techniques to be employed for the patients safety.

(c) Medical equipment, supplies and drugs shall be as specified in the state recommended protocols for air ambulance services and shall be readily available for placement aboard the aircraft. Maintenance of any controlled drugs shall be in accordance with section 406 of the Federal Controlled Substance Act.

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(d) Miscellaneous emergency and survival equipment shall be those items listed on the department's check list of approved items. All survival and emergency equipment shall be in working order at all times.

(4) In instances where aeromedical evacuation of a patient is necessary because of a life threatening condition and a licensed aircraft is not available, patient transportation may be accomplished by the nearest available aircraft that can accommodate the patient. The attending physician shall justify the need to transport the patient in writing to the department.

[Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-135, filed 1/29/82.]

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

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

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

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

(2) Mobile equipment shall be kept in good working order.

[Order 1150, § 248-17-140, filed 9/2/76.]

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

[Order 1150, § 248-17-150, filed 9/2/76.]

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

(a) Records showing training levels of ambulance personnel.

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

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

(i) Name of driver.

(ii) Name of attendant.

(iii) Date and time of medical emergency.

(iv) Length of time of ambulance in service.

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(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.

A first aid vehicle used to transport patients under RCW 18.73.170 shall have a minimum of an emergency medical technician in attendance to the patient.

[Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-190, filed 9/21/82; 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 248-17-211 Basic life support--Emergency medical technician qualifications and training. (1) Applicants for training as emergency medical technicians (EMT) shall meet the following prerequisites:

(a) Be at least eighteen years of age at the beginning of the course enrollment.

(b) Have a high school diploma or equivalency qualifications.

(c) Possess a valid and current certificate reflecting completion of the "standard first aid and personal safety" course by the American Red Cross, department of labor and industries or the equivalent training.

(d) Be an active member of one of the following emergency medical services entities:

(i) Firefighter who is providing emergency medical care to the general public;

(ii) Licensed ambulance service;

(iii) Licensed first aid vehicle service;

(iv) State, county or municipal police;

(v) Military and civilian personnel involved in search and rescue to the general public;

(vi) Individuals who have a need for training to qualify for employment in a prehospital emergency medical services system.

(e) Possess a current state driver's license.

(f) Have the physical strength to carry, lift, extricate and perform similar maneuvers in a manner not detrimental to the patient, fellow emergency medical technicians or self.

(2) The prospective student shall have his/her application for training reviewed by selection committees approved by the local emergency medical services council or their delegates. The selection committee shall determine that general prerequisites for enrollment in the course have been met and shall approve or disapprove the application.

(3) Waivers of enrollment in the course may be recommended to the department by the local emergency medical services council selection committee when it is determined to be in the best interest of the local emergency medical services needs, except that no waivers shall be granted for the age requirement.

(4) In counties where emergency medical services training responsibilities are established by county ordinances, the agency named in the ordinance shall have the same responsibilities for selection of students and

training as the local emergency medical services councils described in this section.

[Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-211, filed 1/29/82.]

WAC 248-17-212 Emergency medical technician training--Course content, registration, and instructor qualifications. (1) The National Training Course, Emergency Medical Technician - Ambulance, United States Department of Transportation, National Highway Traffic Administration, shall be used in the course presentation. The course shall consist of a minimum of seventy-one hours classroom didactic and practical instruction and ten hours of hospital observation as described in the national course guide.

(2) EMT training courses shall normally be conducted by approved training agencies which have written agreements with the department to provide such training. If the local or regional EMS council recommends another entity to conduct a course in a region, the council shall notify the department of this decision and request approval.

(3) Registration for EMT training courses shall be submitted to the department at least two weeks prior to the beginning of the course. Registrations shall be completed on the forms supplied by the department. The registration shall consist of a completed registration form, a lesson outline indicating the names of the instructors and a supply requisition form (if course supplies are needed). No course will be certified without an approved registration.

(4) Course instructional and administrative personnel shall consist of:

(a) A course coordinator who shall be responsible for the registration of the course, classroom location, scheduling of instructional personnel, arranging for the ten-hour hospital experience, compliance with contractual conditions and all other administrative matters not involving instruction. The course coordinator need not be a physician or approved lay instructor.

(b) The approved EMS medical program director or delegate(s) who shall be responsible for:

(i) Overall supervision of the didactic and practical training aspects of the course;

(ii) The instruction of those lessons requiring a physician and for making arrangements, for guest lecturers as desired;

(iii) For counseling students as needed and to allow only those students who have successfully completed all the requirements of the course to be admitted to the final written and skill examination;

(iv) The final examination of skills of all students enrolled in the class after they complete a final written examination. The approved EMS medical program director shall have the authority to deny certification to a student when, in his professional judgment, the student is unable to function as an effective EMT irrespective of successful completion of the course.

(c) A senior lay instructor who shall be approved by the EMS medical program director and the department, who is a currently certified EMT or currently certified

in advanced life support skills and who is currently certified as a cardiopulmonary resuscitation instructor by the Washington State Heart Association or the American Red Cross. The senior lay instructor shall:

(i) Assist the EMS medical program director as needed;

(ii) Be responsible for the conduct and scheduling of all nonphysician instructors and evaluators participating in an EMT training course;

(iii) Maintain all registration and other necessary forms for the enrolled students, including the record of attendance of students and instructors;

(iv) Supervise the distribution of textbooks and other course material to the students;

(v) See that all written examinations are graded, discussed with the EMS medical program director and that graduation lists are forwarded to the department not later than thirty days following completion of a course;

(vi) The senior lay instructor may be the course coordinator.

(d) Other instructional personnel employed in a course of instruction shall consist of:

(i) Adequate numbers of experienced EMTs to provide a ratio of one evaluator to six students during practical skills examinations;

(ii) Other qualified individuals such as registered nurses, experts in legal affairs, experts in extrication and driving safety who may act in the capacity of guest lecturers and practical skills evaluators.

(e) Any instruction given in cardiopulmonary resuscitation must be accomplished by an individual who is currently certified as a cardiopulmonary resuscitation instructor by the Washington State Heart Association or the American Red Cross.

(f) Course materials used in the conduct of an EMT course shall consist of those textbooks, reference materials, visual aids and medical supplies that have been approved by the department.

(g) Testing shall occur periodically throughout the course. There shall be a minimum of a first quarter, mid-term, third quarter and final written examination. The final written examination may be administered through state testing procedures or through the National Registry of Emergency Medical Technicians (NREMT). If the NREMT examination is used, each student is responsible for the testing fee.

(h) The practical examination shall be administered on examination forms supplied by the department and shall be scored as pass or fail. Percentage points shall not be used. Failure in areas of the practical examination that are designated as life-threatening conditions shall be considered as failure of the examination. In situations where regional or county EMS councils employ test teams, such teams shall accomplish the practical testing procedures.

(i) A student who fails the state written and/or the practical examination may be retested within two months of the failure. A second failure shall require a repeat of the course.

(j) Rules governing class attendance shall be at the option of the approved EMS medical program director.

However, any student missing three sessions (nine hours of instruction) shall be considered to have withdrawn from the course.

[Statutory Authority: RCW 18.73.080, 84-17-036 (Order 2138), § 248-17-212, filed 8/10/84; 82-04-041 (Order 1752), § 248-17-212, filed 1/29/82.]

WAC 248-17-213 Emergency medical technician—Certification and recertification. (1) Upon successful completion of an EMT course, the department shall certify those eligible graduates who have passed either the state written examination or the NREMT written examination and the state practical examination and who have been recommended for certification by the physician coordinator.

(2) The period of certification shall be for three years.

(3) Recertification of currently certified EMT's eligible for such recertification under WAC 248-17-211, shall be accomplished in the following manner:

(a) Completion of a minimum of thirty hours of continuing education during the period of certification consisting of the following mandatory and optional subject matter as indicated and under physician supervision.

(i) Cardiopulmonary resuscitation update of at least one hour per year including both adult and infant manikins using one and two person techniques administered under the supervision of a certified CPR instructor (mandatory).

(ii) Vehicle extrication techniques employing skill knowledge of wrecking tools used in gaining access to victims and use of short and long board extrication. A minimum of one hour per year administered under the supervision of a senior EMT instructor (mandatory).

(iii) Formal inservice training sessions covering basic life support knowledge skills such as bandaging and splinting, emergency child birth, recognition and treatment of shock, cold and heat caused injuries, patient handling and other basic life support skills using physicians, senior EMT instructors, audio-visual aids or other technical experts. Four hours per year minimum required and verified by a senior EMT instructor (mandatory). Attendance at workshops or seminars approved by the department may satisfy this requirement when authorized by the regional EMS coordinator.

(iv) Emergency ambulance/aid car runs involving the application of emergency care techniques may be used for credit at one hour per twenty-five emergency runs not to exceed five total hours during a period of certification when verified by emergency department staff or official run records and used as formal critique (optional).

Note: EMT dispatchers, employed by central dispatching centers, may substitute dispatches involving emergency, life-threatening responses when instructions on emergency medical care are given by phone/radio to persons attending the victim.

(v) Hospital emergency department, ICU, CCU or OB delivery room experience may be credited not to exceed two hours per year when verified by hospital or clinic department head (optional).

(vi) Membership in a national EMS organization where such membership includes subscriptions to professional journals and/or newsletters may be used for a maximum of one hour credit per year when proof of membership is verified by a senior EMT instructor (optional).

(vii) Completion of formal courses such as dispatcher training, extrication training, emergency vehicle defensive driving, EMT/defibrillation, inflatable trousers or other EMS-related topics. Five hours total per period of certification. Verified by course instructor (optional).

Note: It is recommended that a minimum of ten hours of continuing education be accomplished annually. Failure to complete thirty hours of continuing education during a period of certification shall result in termination of certification.

(b) Pass the state written and practical examination and being recommended for recertification by the approved EMS medical program director.

Note: Currently certified senior EMT instructors who have fulfilled the provisions of the senior EMT instructor agreement may recertify by passing the written recertification examination and by being recommended by the approved EMS medical program director.

(4) Certification by the department as an EMT does not warrant future performance of the individuals certified. It will indicate that the cognitive and performance capabilities met the requirements for certification established for the course at the time testing was performed.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-213, filed 8/10/84; 82-19-080 (Order 1881), § 248-17-213, filed 9/21/82; 82-04-041 (Order 1752), § 248-17-213, filed 1/29/82.]

WAC 248-17-214 Emergency medical technician--Reciprocity and challenges. (1) Reciprocity as a Washington state EMT may be granted to a currently certified EMT from another state or territory if the applicant has proof of completion of the department of transportation's eighty-one hour EMT course.

(2) An individual certified by the National Registry of Emergency Medical Technicians (or other similar national certifying agency) may be considered for reciprocity only under the following conditions:

(a) The applicant must have completed the minimum of an eighty-one hour department of transportation EMT course (equivalent training for certification is not acceptable);

(b) The category of the national certification must be "EMT-Ambulance";

(c) The candidate must be fully certified - provisional certification is not acceptable;

(d) The former state of the individual must accept the national certification or must require both state and national certification.

(3) Certification by reciprocity shall be based on need and shall be for the duration of the former state's certification but in no case will exceed two year's duration.

(4) An individual who wishes to challenge the EMT examination must meet the following conditions of eligibility:

(a) There must be proof of need for certification as specified by WAC 248-17-211;

(b) The candidate must show the testing agency proof of equivalent training and/or experience, including the ten-hour hospital experience required for initial certification.

(5) Reinstatements are recertifications for individuals who have let their certifications lapse before applying for such recertification. Reinstatements may be accomplished in the following manner:

(a) An individual whose expiration of certification is less than one year old may, at the option of the approved EMS medical program director, be allowed to credit prior continuing education and take the practical and written recertification examinations;

(b) An individual whose expiration of certification is more than one year old at the time of application, must retake the basic minimum eighty-one hour course as described in WAC 248-17-212.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-214, filed 8/10/84; 82-04-041 (Order 1752), § 248-17-214, filed 1/29/82.]

WAC 248-17-215 Emergency medical technician--Specialized training. (1) For the purpose of this chapter, specialized training shall mean the training of a basic EMT to use a skill, technique and equipment that is not included as part of the standard course curriculum.

(2) In the event a regional or local emergency medical services council wishes to provide specialized training to emergency medical technicians, the following procedures shall apply:

(a) State-approved protocols shall be developed before training may begin.

(b) Training shall be conducted by personnel experienced and qualified in the area of training. The department shall approve the instructors in advance of the beginning of any training program.

(c) Requests for specialized training shall be submitted to the department on the form "application for training."

(3) On completion of the specialized training, personnel using the equipment shall function under authorized physician control.

[Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-215, filed 1/29/82.]

WAC 248-17-216 Emergency medical technician--Scope of care authorized--Prohibition. (1) An individual who completes a basic emergency medical technician course and is certified by the department to function as an emergency medical technician shall be authorized to provide services only within the scope of training as contained within the curriculum of the course except for formally approved specialized training as described elsewhere in this chapter.

(2) Under RCW 18.73.010, an emergency medical technician certified by the department is authorized to function in a prehospital emergency environment for the purpose of providing immediate treatment for victims of motor vehicle accidents, suspected coronary illnesses and

other acute illnesses or trauma. The emergency medical technician may not perform any other routine medical service which may be defined as the practice of medicine and/or service which would customarily be performed by a physician or other licensed practitioner.

(3) The prohibitions imposed by this section do not apply in situations where the emergency medical technician is used to accompany nonemergent patients during interhospital or other medical facility transfers where transportation by ambulance is medically indicated.

[Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-216, filed 1/29/82.]

WAC 248-17-220 Revocation, suspension or modification of certificate. (1) Grounds for denial, revocation, or suspension of an EMT certificate include but are not limited to proof that such EMT:

(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;

(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;

(f) Has violated written patient care protocols which have been adopted by the approved EMS medical program director or delegate(s) and which have been acknowledged in writing by the certified individual;

(g) Has failed to maintain skills.

(2) The approved EMS medical program director may initiate a counseling procedure with a certified individual which may lead to a recommendation for revocation, suspension, or modification of certification. The counseling procedure, if initiated, shall include the following minimum standards:

(a) Oral counseling with the certified individual and his employer or delegate. Written documentation stating the reason(s) and results of the oral counseling shall be provided to participants;

(b) Written counseling with the certified individual and the employer or delegate, stating the reason(s) for counseling, the expectations for corrective action, and any agreed upon time limits - copies provided to the participants;

(c) Final written resolution of counseling, which may include recommendation for revocation, suspension or modification of the individual's certificate.

(3) The approved EMS medical program director may summarily request that the department decertify an EMT if he has reasonable cause to believe that continued certification will be detrimental to patient care.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-220, filed 8/10/84; 82-19-080 (Order 1881), § 248-17-220, filed 9/21/82; 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.]

WAC 248-17-250 First responder qualifications and training. (1) Applicants for training as first responders shall meet the following prerequisites:

(a) Be at least sixteen years of age at the beginning of the course enrollment;

(b) Be affiliated with one of the following entities:

(i) Paid or volunteer fire fighters or first aid providers of medical services to the general public, but do not attend the patients in a transport vehicle;

(ii) Municipal, county, or state law enforcement officers;

(iii) Members of organizations that do not actively participate in emergency medical care on a continuous basis but require training because of employment or volunteer services in areas of seasonal high density population, such as members of ski patrols, park rangers, and search and rescue personnel;

(iv) School bus drivers, highway and postal employees, and other public service employees.

(2) Approved training agencies shall accomplish the screening of students and shall have the authority to approve or deny applicants for training. First priority should be given to fire fighters and law enforcement agencies.

(3) Waivers for enrollment in the course may be recommended to the department by the approved training agencies; or

(4) In counties where emergency medical services training responsibilities are established by county ordinances, the agency named in the ordinance shall have the same authority as approved training agencies.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-250, filed 8/10/84.]

WAC 248-17-255 First responder training course contents, registration and instructor qualification. The current National Training Course, First Responder Training Course, United States Department of Transportation, National Highway Traffic Safety Administration (or equivalent course) shall be the accepted training course.

(1) First responder training courses shall be conducted by approved organizations who have written agreements with the department.

(2) The department will provide a procedures and guidelines package with all the administrative forms and information necessary to conduct an approved course.

(a) The function and responsibilities of the course instructional personnel will be identified in the course procedures and guidelines.

(b) Written and practical skills examination forms will be provided by the department.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-255, filed 8/10/84.]

WAC 248-17-260 First responder, certification and recertification. (1) The department shall certify eligible graduates for a period of three years.

(2) Recertification of eligible first responders shall be for three years providing that:

(a) The applicants have completed a minimum of fifteen hours of approved continuing education identified in the procedures and guidelines; and

(b) The applicant shall successfully complete required written and practical examinations.

(3) A currently certified EMT whose duties no longer require EMT level of skill or who is not required to be in attendance to a patient during transport, may request reversion of the EMT certificate to that of first responder. In such case, the request shall be in writing and shall be accompanied by proof of required continuing education and the EMT certification card, which is being relinquished. A first responder certification will then be issued with the expiration date of the relinquished EMT certification.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-260, filed 8/10/84.]

WAC 248-17-265 First responder--Reciprocity, challenges and reinstatement. (1) Reciprocal certification may be granted to an individual certified from another state. The individual must be eligible as specified in the procedures and guidelines, and successfully complete the final written examination.

(2) Requirements for reinstatements for an individual whose certification has expired will be identified in the course procedures and guidelines.

(3) State agencies utilizing training programs equivalent to the department's standards and policies may be awarded reciprocal certification.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-265, filed 8/10/84.]

WAC 248-17-270 First responder--Scope of care authorized, prohibited. A certified first responder shall be authorized to provide only those services contained in the curriculum of the course.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-270, filed 8/10/84.]

WAC 248-17-275 First responder--Revocation or suspension of certificate. Grounds for revocation or suspension of a first responder certificate include, but are not limited to, proof that such first responder:

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

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

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

(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; or

(6) Has failed to complete fifteen hours of continuing education during a three-year period of certification as specified in procedures and guidelines.

(7) No certificate issued pursuant to this chapter shall be revoked or suspended without formal written notification to the holder of the certificate from the department 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. Written notification shall state the reason for the revocation or suspension and shall advise the respondent of the right to appeal.

[Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-275, filed 8/10/84.]

Chapter 248-18 WAC HOSPITALS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER			
248-18-030	Organization and staff—Medical staff. [Order 119, § 248-18-030, filed 5/23/75; Regulation 18.030, effec- tive 3/11/60.] Repealed by 84-17-077 (Order 275), filed 8/16/84. Statutory Authority: RCW 70.41.030 and 43.20.050.		
248-18-050	Physical plant and operation—Water supply. [Regu- lation 18.050, effective 3/11/60.] Repealed by Order 119, filed 5/23/75.		
248-18-200	Patient care services—Orders, techniques, and proce- dure. [Order 91, § 248-18-200, filed 10/3/73; Regu- lation 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.		
248-18-250	Surgery suite. [Order 119, § 248-18-250, filed 5/23/75; Regulation 18.250, effective 3/11/60.] Re- pealed by 85-23-017 (Order 2302), filed 11/13/85. Statutory Authority: RCW 70.41.030.		
248-18-330	Pharmacy. [Order 119, § 248-18-330, filed 5/23/75; Regulation 18.330, effective 3/11/60.] Repealed by 84-02-036 (Order 271), filed 12/30/83. Statutory Authority: RCW 43.20.050 and 70.41.030. Later promulgation, see WAC 248-18-331.		
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 staff- ing. [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.] Re- pealed 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. [Regu- lation 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. [Regula- tion 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.		
NEW CONSTRUCTION REGULATIONS			
248-18-500	Applicability of these regulations governing hospital construction.		
248-18-510	Programs, drawings and construction.		
248-18-515	Design and construction standards, general.		
248-18-520	Site and site development.		
248-18-525	Administrative facilities.		
248-18-530	Nursing unit—General.		
248-18-532	Alcoholism and substance abuse nursing unit.		
248-18-534	Psychiatric nursing unit.		
248-18-539	Pediatric nursing unit.		
248-18-555	Intensive care unit.		
248-18-560	Recovery unit.		
248-18-565	Surgery suite.		
248-18-568	Facilities for one-day patient care.		
248-18-600	Obstetrical delivery facilities.		
248-18-605	Facilities for care of patients in labor.		
248-18-607	Birthing room.		
248-18-610	Obstetrical recovery unit.		
248-18-615	Newborn nursery facilities.		
248-18-636	Neonatal intensive care unit (NICU).		
248-18-640	Infant formula facilities.		
248-18-645	Emergency department.		
248-18-650	Outpatient department.		
248-18-655	Radiology facilities.		
248-18-660	Laboratory facilities.		
248-18-665	Radioisotope facilities.		

- 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.
- 248-18-505 Definitions. [Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-505, filed 2/18/81; 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.] Repealed by 83-01-003 (Order 245), filed 12/2/82. Statutory Authority: RCW 70.41.030 and 43.20.050.
- 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.
- 248-18-99901 Appendix A—Footnotes in chapter 248-18 WAC. [Order 119, § 248-18-99901, filed 5/23/75.] Repealed by 82-24-001 (Order 248), filed 11/18/82. Statutory Authority: RCW 70.41.030 and 43.20.050.

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. 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 department.

(1) "Abuse" means the injury or sexual abuse of an individual patient under circumstances indicating 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, harassment, or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Accredited" means approved by the joint commission on accreditation of hospitals or the bureau of hospitals of the American Osteopathic Association.

(3) "Acute cardiac care unit" means an intensive care unit for patients with heart problems.

(4) "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, capable of producing an effect upon the human body.

(5) "Alterations":

(a) "Alterations" means changes requiring construction in existing hospitals.

(b) "Minor alterations" means any physical or functional modification within existing hospitals not changing the approved use of the room or area. (Minor alterations performed under this definition do not require prior review of the department as specified in WAC 248-18-510 (3)(a); however, this does not constitute a release from other applicable requirements.)

(6) "Area" means a portion of a room containing the equipment essential to carrying out a particular function and separated from other facilities of the room by a physical barrier or adequate space, except when used in reference to a major section of the hospital.

(7) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature including, minimally, first initial, last name, and title.

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

(9) "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).

(10) "Clean" means space or spaces and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition, when the word is used in reference to a room, area, or facility.

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

(12) "Dentist" means an individual licensed under chapter 18.32 RCW.

(13) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American Dietetic Association described in *Directory of Dietetic Programs Accredited and Approved*, American Dietetic Association, edition 100, 1980.

(14) "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), reviewing the label on the container with a verified transcription, a direct copy or the original medical practitioner's orders, giving the individual dose to the proper patient, and properly recording the time and dose given.

(15) "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.

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

(17) "Faucet controls" means wrist, knee, or foot control of the water supply:

(a) "Wrist control" means water supply controls not to exceed four and one-half inches overall horizontal length designed and installed to be operated by the wrists;

(b) "Knee control" means the water supply is controlled through a mixing valve designed and installed to be operated by the knee;

(c) "Foot control" means the water supply control is through a mixing valve designed and installed to be operated by the foot.

(18) "Governing body" means the person or persons responsible for establishing the purposes and policies of the hospital.

(19) "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.

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

(21) "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.

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

(23) "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 chapter 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 or alcoholism 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 chapter 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.

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

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

(26) "Intensive care unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients critically, seriously, or acutely ill, and in need of intensive, highly skilled nursing service.

(27) "Investigational drug" means any article not approved for use in the United States, but for which an investigational drug application (IND) has been approved by the Food and Drug Administration.

(28) "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.

(29) "Lavatory" means a plumbing fixture of adequate design and size for washing hands.

(30) "Legend drugs" means any drugs required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

(31) "Licensed practical nurse," abbreviated L.P.N., means an individual licensed under provisions of chapter 18.78 RCW.

(32) "May" means permissive or discretionary on the part of the board or the department.

(33) "Medical staff" means physicians and may include other practitioners appointed by the governing body to practice within the parameters of governing body and medical staff bylaws.

(34) "Movable equipment" means equipment not built-in, fixed, or attached to the building.

(35) "Neglect" means negligent treatment or mal-treatment; an act or omission evincing 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.

(36) "Neonate" or "newborn" means a newly born infant through the twenty-seventh day of life or under twenty-eight days of age.

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

(38) "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) Conversion of existing buildings or portions thereof for use as hospitals;

(d) Alterations.

(39) "Nursing home unit" or "long-term care 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 are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(40) "Nursing unit, general" means a separate physical and functional unit of the hospital including a group of patient rooms, ancillary and administrative, and service facilities necessary to provide nursing service to the occupants of these patient rooms. Facilities serving other areas of the hospital and creating traffic unnecessary to the functions of the nursing unit are excluded.

(41) "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.

(42) "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 periods, and/or areas designed as nurseries for care of newborns.

(43) "Occupational therapist" means an individual licensed under the provisions of chapter 18.59 RCW.

(44) "Patient" means an individual receiving (or has received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the hospital. "Outpatient" means a patient receiving services that generally do not require admission to a hospital bed for twenty-four hours or more.

(45) "Patient care areas" means all nursing service areas of the hospital where direct patient care is rendered and all other areas of the hospital where diagnostic or treatment procedures are performed directly upon a patient.

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

(47) "Pharmacist" means an individual 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.

(48) "Pharmacy" means the central area in a hospital where drugs are stored and are issued to hospital departments or where prescriptions are filled.

(49) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.

(50) "Physical therapist" means an individual licensed under provisions of chapter 18.74 RCW.

(51) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(52) "Physician's assistant" means an individual 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.

(53) "Prescription" means an order for drugs for a specific patient given by a licensed physician, dentist, or other individual legally authorized to write prescriptions, transmitted to a pharmacist for dispensing to the specific patient.

(54) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of psychiatric patients (a part of which may be unlocked and a part locked), as distinguished from "seclusion rooms" or "security rooms" as defined in subsections (65) and (66) of this section.

(55) "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 as described in the *Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education*, American Medical Association, 1981-1982, or eligible for certification by the American Osteopathic Board of Neurology and Psychiatry as described in the *American Osteopathic Association Yearbook and Directory*, 1981-1982.

(56) "Psychologist" means an individual licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(57) "Recreational therapist" means an individual with a bachelors degree including a major or option in therapeutic recreation or recreation for the ill and handicapped.

(58) "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.

(59) "Referred outpatient diagnostic service" means a service provided to an individual receiving his or her medical diagnosis, treatment, and other health care services from one or more sources outside the hospital; limited to diagnostic tests and examinations not involving 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.

(60) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW and practicing in accordance with the rules and regulations promulgated thereunder.

(61) "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.

(62) "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.

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

(64) "Safety device" means a device used to safeguard a patient who, because of his or her developmental level or condition, is particularly subject to accidental self-injury.

(65) "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. Doors of seclusion rooms shall be provided with staff-controlled locks. There shall be security relites in the door or equivalent means affording visibility of the occupant at all times. Inside or outside rooms may be acceptable.

(66) "Security room" means a patient sleeping room designed, furnished, and equipped to provide maximum safety and security, including window protection or security windows and a lockable door with provision for observation of room occupant or occupants.

(67) "Self-administration of drugs" means a patient administering or taking his or her own drugs from properly labeled containers: *Provided*, That the facility maintains the responsibility for seeing the drugs are used correctly and the patient is responding appropriately.

(68) "Shall" means compliance is mandatory.

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

(70) "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, foot, electronic, or equivalent control, and gooseneck spout.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(71) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work approved by the council on social work education.

(72) "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.

(73) "Stretcher" means a four-wheeled cart designed to serve as a litter for the transport of an ill or injured individual in a horizontal or recumbent position.

(74) "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; or an endoscopic examination with use of a local or general anesthesia.

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

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

(77) "Tuberculous patient" means an individual receiving diagnostic or treatment services because of suspected or known tuberculosis.

(78) "Water closet" means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water.

(79) "Window" means a glazed opening in an exterior wall.

(a) "Maximum security window" means a window that can only be opened by keys or tools under the control of personnel. The operation of such 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. Approved transparent materials other than glass may be used.

(b) "Relite" means a glazed opening in an interior partition between a corridor and a room or between two rooms to permit viewing.

(c) "Security window" means a window designed to inhibit exit, entry, and injury to a patient, incorporating approved, safe transparent material.

[Statutory Authority: 1985 c 213, 86-08-002 (Order 2348), § 248-18-001, filed 3/20/86. Statutory Authority: RCW 70.41.030 and 43.20.050, 84-17-077 (Order 275), § 248-18-001, filed 8/16/84; 83-19-058 (Order 269), § 248-18-001, filed 9/20/83; 83-01-003 (Order 245), § 248-18-001, filed 12/2/82. Statutory Authority: RCW 70.41.030, 81-05-029 (Order 209), § 248-18-001, filed 2/18/81; 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 and interpretations.

(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 department may, in its discretion, exempt certain hospitals 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 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 or her designee may, upon written application of a hospital, 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 or her satisfaction to be at least equivalent to those prescribed. The secretary or his or her designee shall send a written response to a hospital which has applied for approval of a substitution. The response shall approve or disapprove the substitution and shall be issued within thirty working days after the department has received all the information necessary to the review of the application.

(4) A hospital may, upon submission of a written request to the secretary of the department of social and health services or his or her designee, obtain an interpretation of a rule or regulation contained in chapter 248-18 WAC. The secretary or his or her designee shall, in response to such a request, send a written interpretation of the rule or regulation within thirty working days after the department has received complete information relevant to the requested interpretation.

(5) A copy of each exemption or substitution granted or interpretation issued pursuant to the provisions of this section shall be reduced to writing and filed with the department and the hospital.

[Statutory Authority: 1985 c 213, 86-08-002 (Order 2348), § 248-18-010, filed 3/20/86. Statutory Authority: RCW 70.41.30 [70.41.030], 81-05-029 (Order 209), § 248-18-010, filed 2/18/81; Order 142, § 248-18-010, filed 2/8/77; Order 119, § 248-18-010, filed 5/23/75; Order 50, § 248-18-010, filed 12/17/70; Order 22, § 248-18-010, filed 6/27/69; Order 10, § 248-18-010, filed 1/2/69; Regulation 18.010, effective 3/11/60; Subsection (3), filed 2/17/61.]

WAC 248-18-015 License expiration dates. The department shall issue hospital licenses initially and re-issue hospital licenses as often thereafter as necessary to stagger license expiration dates throughout the calendar year so as to cause approximately one-twelfth of the total number of hospital licenses to expire on the last day of each month, but no license issued pursuant to this chapter shall exceed thirty-six months in duration. 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.

[Statutory Authority: RCW 70.41.030 and 43.20.050, 82-24-002 (Order 249), § 248-18-015, filed 11/18/82; 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:

(1) The licensee shall operate the multiple buildings as a single integrated system.

(a) All buildings or portions of buildings under a single license shall be governed by a single governing body and under administrative control of a single administrator, and

(b) All hospital facilities operating under a single license shall have a single medical staff.

(2) Buildings connected by a heated, enclosed passageway are considered a single building and the passageway shall be constructed and maintained to permit the safe transfer of patients, equipment, and supplies.

(3) Safe, appropriate, and adequate transport of patients between buildings shall be provided.

(4) Hospital buildings included under one license shall not be located more than ten surface miles apart.

[Statutory Authority: RCW 70.41.030, 85-23-020 (Order 2305), § 248-18-017, filed 11/13/85; 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.]

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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 constituting 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 the hospital plans to occupy before the entire new construction project is finished.

(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, 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.

[Statutory Authority: RCW 70.41.030 and 43.20.050, 82-13-084 (Order 230), § 248-18-025, filed 6/22/82; Order 123, § 248-18-025, filed 3/18/76.]

WAC 248-18-031 Governing body and administration. (1) The hospital shall have a governing body responsible for adoption of policies concerning the purposes, operation and maintenance of the hospital, including safety, care, and treatment of patients.

(2) The governing body shall provide personnel, facilities, equipment, supplies, and services to meet the needs of patients within the purposes of the hospital.

(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:

(a) Have the authority and responsibility for the appointment and periodic reappointment of the medical staff, and

(b) Require the medical staff be accountable to the governing body through approval under the medical staff organization bylaws, and rules as applied by the governing body.

(5) The governing body shall require evidence that each individual granted clinical privileges pursuant to medical staff bylaws has appropriate and current qualifications.

(6) The governing body shall require each person admitted to the hospital to be under the care of a member of the medical staff possessing clinical privileges.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 84-17-077 (Order 275), § 248-18-031, filed 8/16/84.]

WAC 248-18-033 Medical staff. (1) There shall be a medical staff appointed by the governing body.

(2) Medical staff bylaws, rules, and regulations shall be subject to approval by the governing body. These bylaws and rules shall include qualifications for medical staff membership, procedures for delineation of hospital specific clinical privileges, and organization of the medical staff.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 84-17-077 (Order 275), § 248-18-033, filed 8/16/84.]

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 a tuberculin skin test by the Mantoux method. A nonsignificant (negative) skin test is defined as less than ten

millimeters of induration read at forty-eight to seventy-two hours. Employees with nonsignificant reactions to the first test who are thirty-five years of age or older shall have a second test one to three weeks after the first test. Significant (positive) reactors to either test shall have a chest x-ray within thirty days. A record of test results, reports of x-ray findings, or exemptions to such shall be kept in the facility. A copy of this record shall be supplied to the employee.

Exemptions:

(a) New employees who can document a significant Mantoux test in the past shall be excluded from screening.

(b) Facilities approved under WAC 248-18-245 to care for tuberculous patients and have had a confirmed tuberculous case within the last year shall annually tuberculin skin test employees who normally work in the approved area unless the employee has a documented significant reaction. Other facilities shall tuberculin skin test employees as deemed necessary for contact investigation by a local health officer.

(c) An employee stating the tuberculin skin test by the Mantoux method would present a hazard to his or her health because of conditions peculiar to his or her 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 74.41.030 [70.41.030]. 86-08-086 (Order 2362), § 248-18-040, filed 4/2/86. Statutory Authority: RCW 70.41.030 and 43.20.050. 82-24-003 (Order 250), § 248-18-040, filed 11/18/82. 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 Dietary and/or food service. Each hospital shall have an organized dietary and/or food service.

(1) There shall be a designated individual responsible for management of dietary and/or food service. Personnel from dietary and/or food service shall be present in the hospital during all patient meal times.

(2) The dietary and/or food service shall incorporate the ongoing and regularly scheduled input of a dietitian. A dietitian shall be responsible for developing policies and procedures for adequate nutritional and dietary consultation services for patients and food service. Patient consultation shall be documented in the medical record.

(3) At least three scheduled meals a day shall be served at regular intervals with not more than fifteen hours between the evening meal and breakfast. Snacks of nourishing quality shall be available at all times.

(4) Meals and nourishments shall provide a variety of food of sufficient quantity and quality to meet the nutritional needs of each patient. Unless contraindicated, *Recommended Dietary Allowances*, Ninth edition, 1980, the Food and Nutrition Board of the National Research Council, adjusted for activity, shall be used.

(5) Written menus shall be planned in advance and approved by a dietitian. Substitutes shall be of similar nutritional value, as approved by a dietitian. A record of the planned menus, with substitutions as served, shall be retained for one month.

(6) There shall be written orders (by an authorized individual) for all patient diets. Diets shall be prepared and served as prescribed. A current diet manual, approved in writing by the dietitian and medical staff, shall be used for planning and preparing diets.

(7) Food service sanitation shall be in compliance with chapter 248-84 WAC Food service sanitation, except for WAC 248-84-070.

(8) There shall be current written policies and procedures to include safety, infection control, food acquisition, food storage, food preparation, management of food not provided or purchased by dietary/food service, serving of food, and scheduled cleaning of all food service equipment and work areas.

(9) There shall be current written policies and procedures, with documentation of orientation and inservice, of dietary and food service employees.

[Statutory Authority: RCW 70.41.030 and 43.20.050, 83-07-048 (Order 257), § 248-18-180, filed 3/18/83; 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) Policies, procedures, and techniques.

(a) Hospitals shall establish written policies and procedures which specify the criteria for admission of patients to general and specialized patient care service areas and conditions requiring transfer. These policies and procedures shall be based upon the availability of

sufficient and appropriate personnel, space, equipment, and supplies to provide care and treatment of patients.

(b) There shall be written patient care policies and procedures designed to guide personnel. The policies and procedures should be reviewed at least one time every two years, revised as necessary, and approved in writing by appropriate representatives of the administrative, medical, and nursing service.

(c) There shall be procedures and 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.

(d) The hospital shall establish safety policies and procedures for the care of all patients with special consideration for patients who because of age or condition are not responsible for his or her acts.

(e) There shall be policies and procedures addressing protection of patients from assault, abuse, and neglect. All patient care personnel and staff should be oriented and educated regarding preventing and reporting abuse of patients.

(f) Written policies and procedures shall address immediate actions or behaviors of personnel and staff when patient behavior indicates that he or she is assaultive, out of control, or destructive.

(g) Adequate nursing care shall be provided to all patients:

(i) A patient care plan and/or nursing care plan shall be developed by or in conjunction with a registered nurse. There shall be documentation in the medical record of discharge planning.

(ii) Discharge assessment shall be completed on all patients with discharge planning as indicated.

(h) There shall be a reliable method for personal identification of each patient.

(i) A recognized standard procedure for the handling and administration of blood and blood products shall be established. This procedure shall be written and readily available to all personnel responsible for the administration of blood and/or blood products.

(j) A standard isolation technique shall be established and practiced.

(k) 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.

(l) A physical examination and medical history shall be documented within forty-eight hours of admission unless completed within one week prior to admission and incorporated into the medical record.

(m) Each patient care service area shall have available current references which are appropriate to the general and specific care provided in that area or unit.

(n) Written policies and procedures shall be established, available to, and followed by personnel and medical staff in patient care areas who handle, manage, control, prescribe, dispense, or administer medications or drugs. Drugs are those substances and articles defined in chapter 69.41 RCW.

(i) All policies and procedures related to drugs shall be approved by the appropriate medical staff committee in collaboration with the pharmacist who directs the hospital pharmacy with evidence of discussion of and attention to concerns of an advisory interdisciplinary group minimally to include representatives from medical staff, hospital administration, and nursing service. Policies and procedures need not be identical in all patient care areas.

(ii) Written order or prescription by members of medical staff authorized by state rule or law to prescribe drugs pursuant to chapter 69.41 RCW shall be required for all medications administered to patients or self-administered by patients within the hospital.

(iii) Medication administration policies and procedures shall be established and followed in patient care areas minimally to address:

(A) Composition of a medication or drug order, i.e., date, type and amount of drug, route, frequency of administration, and authentication by medical staff authorized to prescribe drugs pursuant to chapter 69.41 RCW.

(B) Requirements for authorized personnel administering drugs or medications in accordance with state laws and regulations governing such acts.

(C) Requirements for personnel authorized to receive and record or transcribe verbal or telephone drug orders, in accordance with laws and regulations governing such acts, e.g., pharmacists, physicians, and licensed nurses.

(D) Timely authentication of verbal and telephone orders by medical staff authorized to prescribe drugs, not to exceed forty-eight hours for inpatient orders.

(E) Requirements for specific written orders, identification of drug, administration, handling, proper storage, control, or disposition of medications (drugs) owned by the patient, other than those dispensed by the hospital pharmacy.

(F) Requirements for self-administration of medications.

(iv) Medications located in patient care areas shall:

(A) Be the responsibility of the pharmacist directing the hospital pharmacy;

(B) Bear a legible label including generic and/or trade name and strength according to federal and state law;

(C) Be stored under appropriate conditions and in accordance with general or specific directions of a hospital pharmacist; and

(D) Be accessible only to those personnel authorized access by hospital policy.

(v) Outdated or deteriorated drugs, as indicated by label, shall be prohibited in patient care areas.

(vi) A hospital pharmacist shall be responsible for assuring appropriate disposition, destruction, and disposal of drugs intended for patient use in patient care areas.

(vii) Storage, distribution, record keeping, appropriate dissemination of information, and control of approved investigational drugs or medications used in the hospital shall be the responsibility of the pharmacist who directs hospital pharmacy.

(2) Patient care.

(a) Space or spaces of adequate size shall be designated on each nursing unit which has provisions for medical records, access to telephones, a place for recording and reviewing medical records, and provision for confidential communication among personnel and staff.

(b) Utility or materials room or rooms or space. On or adjacent to each nursing unit an adequate, properly equipped, utility or materials room shall be provided for the preparation, cleaning, and storage of nursing supplies and equipment used on the nursing unit. This utility or materials room 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.

(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, tub, or shower room shall be provided in a proper location and shall provide an audio and/or visual signal in the nurses' station or an equivalent area.

(iv) A lavatory shall be provided in or convenient to every toilet room.

(v) Paper towels or some other acceptable type of single use towel and a satisfactory receptacle for used towels shall be provided at all lavatories.

(vi) Soap or equivalent shall be immediately available at sink or lavatory.

(d) Isolation room or unit. Rooms or units which are used for isolation of patients with known or suspected infectious diseases shall contain a lavatory.

(e) Seclusion and/or security room. When special accommodations are provided for seriously disturbed patients, the layout, design of details, equipment, and furnishings shall be such that patients are under close observation and are not afforded opportunities for hiding, escape, injury to self or others.

(f) Storage and handling of drugs in patient care areas.

(i) Medicines, poisons, and other drugs shall be stored in a specifically designated, well-illuminated, secure space. Drugs shall be accessible only to hospital authorized individuals. A means for separation of internal and external stock drugs shall be provided.

(ii) A separate locked drawer, compartment, cabinet, or safe shall be provided for the storage of Schedule II drugs.

(iii) Suitable facilities including ample light, ventilation, sink or lavatory, and sufficient work areas shall be provided for the preparation and storage of drugs for patients.

(g) Patient room facilities.

(i) All patient rooms shall be outside rooms with adequate windows of clear glass or other approved transparent material.

(ii) Single rooms shall contain at least eighty square feet and multi-bed rooms shall contain at least seventy square feet per adult bed and youth bed or crib, and forty square feet per pediatric bassinet.

(iii) Rooms shall have at least seven and one-half foot ceiling height over the required square feet area.

(iv) The floor of any room used for accommodation of a patient shall be less than three feet six inches below grade.

(v) There shall be at least three feet between beds.

(vi) Rooms shall be arranged to allow for movement of necessary equipment 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 electrical equipment as required.

(h) Patient room furnishings.

(i) An appropriate bed with mattress, pillow, and necessary coverings shall be provided for each patient. Mattresses, blankets, and pillows shall be clean and in good repair.

(ii) There shall be a bedside stand or cabinet and chair for use in each patient room, when appropriate.

(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.

(3) Supplies and equipment for patient care.

(a) There shall be sufficient, safe, and appropriately maintained equipment and supplies for patient care.

(b) Bedside utensils supplied to patients shall be for individual use only.

(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 use.

(e) Equipment and furnishings, including medical and nonmedical devices, shall be safe, located, and arranged in a manner which does not endanger patients.

[Statutory Authority: RCW 43.20.050 and 70.41.030. 84-02-036 (Order 271), § 248-18-190, filed 12/30/83. Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-190, filed 10/23/81; 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.

(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 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 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 administering 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 administering 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 having 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 having 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 and 43.20.050, 83-19-058 (Order 269), § 248-18-215, filed 9/20/83. 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 providing obstetrical services shall be in compliance with the following additional requirements.

(1) 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 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 psychosocial 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) Handwashing 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.

(2) Labor and delivery. There shall be a written policy addressing adequate provision or provisions 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 having 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 servicing obstetrical patients exclusively.

(i) The minimum dimension of the delivery rooms shall be fifteen feet. A delivery room shall have a minimum delivery area of two hundred seventy 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 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 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.

(3) Exemptions to the requirement for a separate, segregated, delivery suite. The secretary of the department or his or her designee may, upon written application by the hospital, exempt the hospital from compliance of WAC 248-18-220 (2)(c) to permit a hospital to close the 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 ensuring any patient presenting with parturition imminent or with an obstetrical emergency requiring 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 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 having 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 the hospital's surgery suite. Any hospital permitted to close the 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 (2)(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.

(4) 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 twenty 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 used for more than one infant shall be used in ways to 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.

(5) Formula, foods, and nourishments.

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

(b) Formula shall be stored according to manufacturer's directions.

(c) Formula shall not be used beyond the manufacturer's date of expiration.

(d) Formula shall be prepared and used according to manufacturer's and/or physician's directions.

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

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

(g) 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 providing care for infants (see WAC 248-18-220 (4) and (6)).

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-220, filed 9/20/83. 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) In those hospitals, where labor and birth are planned and permitted to occur in the same room (by hospital policy), birthing room or rooms 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 or persons, and the newborn during labor, delivery, and the immediate postpartum 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 or persons.

(e) A bathing facility shall be available for patient use.

(f) There shall be an enclosed cabinet or cabinets or cart or carts 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 or units or closet or closets in the vicinity for the belongings of the patient and her support person or persons.

(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.

(2) 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 or rooms.

(i) Newborn scale.

(j) Provision for soiled linen and waste material shall be enclosed or covered during transport.

(3) Written operational policy, procedures, and means for implementation shall be available and include:

(a) Definition of the patients to be admitted to birthing room or rooms.

(b) Definition of patients not to be admitted to birthing room or rooms.

(c) Identification of the woman or newborn whose conditions are determined to be inappropriate for continued care in a birthing room or rooms.

(d) Definition of visitors and support persons who may be admitted to the birthing room or rooms.

(e) A written plan for consultation, emergency transfer, and/or transport of an infant to a newborn nursery or neonatal 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 or rooms to other areas of the hospital and from other areas of the hospital to the birthing room or rooms.

(j) Infection control, e.g., screening of visitors or support person or persons.

(4) Medical direction and supervision.

(a) The medical services provided in birthing room or rooms shall be directed by a physician member or members of the active medical staff having 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.

(5) There shall be review and revision of policies, procedures, and functions in the birthing room or rooms 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.

(6) 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 or registers, and index or indexes as described in WAC 248-18-440 (3), (6), and (7).

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-222, filed 9/20/83. 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) "Neonatal intensive care" means management of high-risk infants requiring constant nursing care and cardiopulmonary and/or other life support on a continuing basis.

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

(a) Regulations for WAC 248-18-220(4) 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 fifty 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 having 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 including 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 and 43.20.050, 83-19-058 (Order 269), § 248-18-223, filed 9/20/83. 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 248-18-235 Alcoholism and/or substance abuse unit. (1) Definitions specific to WAC 248-18-235 and 248-18-532:

(a) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the

extent an individual's health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted.

(b) "Alcoholism counselor" means an individual with adequate education, experience, and knowledge regarding the nature and treatment of alcoholism, who is knowledgeable about community resources providing services alcoholics may need, and who knows and understands the principles and techniques of alcoholism counseling with minimal requirements to include:

(i) No history of alcohol or other drug misuse for a period of at least two years immediately prior to time of employment as an alcoholism counselor with no misuse of alcohol or other drugs while employed as an alcoholism counselor;

(ii) A high school diploma or equivalent;

(iii) Satisfactory completion of at least twelve quarter or eight semester credits from a college or university, including at least six quarter credits or four semester credits in specialized alcoholism courses exclusive of field experience credits.

(c) "Detoxification" means care or treatment of an intoxicated person during a period in which the individual recovers from the effects of intoxication.

(i) "Intoxication" means acute alcohol poisoning or temporary impairment of an individual's mental or physical functioning caused by alcohol in the body.

(ii) "Acute detoxification" means a method of withdrawing a patient from alcohol where nursing services are available and medications are routinely administered to facilitate the patient's withdrawal from alcohol.

(d) "Family" means individuals important to and designated by a patient who need not be relatives.

(e) "Individualized treatment plan" means a written statement of care to be provided for a patient based upon assessment of his or her strengths and physical and psychosocial problems. When appropriate, the statement shall be developed with participation of the patient.

(f) "Multidisciplinary treatment team" means a group comprised of individuals from the various treatment disciplines and clinical services who assess, plan, implement, and evaluate treatment for patients under care.

(2) Rules and regulations in chapter 248-18 WAC shall apply with addition of the following:

(a) There shall be a room adequate for counseling and social activities of patients.

(b) Adequate provision for space and privacy shall be made for interviewing, group and individual counseling, and physical examinations.

(c) Policies and procedures shall include and address, as appropriate:

(i) Development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate.

(ii) Patient rights to include:

(A) Treatment and care of patients in a manner promoting dignity and self-respect;

(B) Protection from invasion of privacy: *Provided*, That reasonable means may be used to detect or prevent

contraband from being possessed or used on the premises;

(C) Confidential treatment of clinical and personal information in communications with individuals not associated with the plan of treatment;

(D) A means of implementing federal requirements related to confidentiality of records, Title 42, Code of Federal Regulations, Part 2, Federal Register, July 1, 1975;

(E) Provision of reasonable opportunity to practice religion of choice insofar as such religious practice does not infringe upon rights and treatment of others or the treatment program: *Provided*, That the patient also has the right to refuse participation in any religious practice.

(F) Communication with significant others in emergency situations.

(G) Freedom from physical abuse or other forms of abuse against patient's will, including being deprived of food, clothes, or other basic necessities.

(iii) Patient work assignments related to treatment program, if applicable.

(d) Personnel, staff, other services.

(i) Clinical responsibility for alcoholism and substance abuse units shall be assigned to an individual having demonstrated experience in this type of treatment and care. This individual shall be designated and function as specified by the governing body.

(ii) There shall be on staff at least one alcoholism counselor and such additional alcoholism counselors as necessary to provide alcoholism counseling services needed by patients.

(iii) There shall be a licensed nurse on duty on the unit whenever acute detoxification is taking place on the unit.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 84-22-003 (Order 277), § 248-18-235, filed 10/26/84.]

WAC 248-18-240 Psychiatric unit. (1) Definitions.

(a) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact regardless of whether or not damage is inflicted.

(b) "Discipline" means reasonable actions by personnel and staff aimed at regulation of unacceptable behavior.

(c) "Family" means individuals important to and designated by a patient, who need not be relatives.

(d) "Individualized treatment plan" means a written statement of care to be provided for a patient based upon assessment of his or her strengths, physical, and psychosocial problems. This statement shall include short- 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.

(e) "Multidisciplinary treatment team" means a group comprised of individuals from the various treatment disciplines and clinical services who assess, plan, implement, and evaluate treatment for patients under care.

(2) The layout, design of details, equipment, and furnishings of a psychiatric unit shall be such that patients

are in a safe and secure environment with provisions for close observation. Security or maximum security windows appropriate to area and program shall be used.

(3) Adequate space suitably equipped shall be provided for a day room on the unit. A suitably equipped dining area, recreational activity area, and occupational therapy area shall be provided. If large enough and properly arranged, one area may serve for more than one of these purposes.

(4) A treatment room shall be available within the facility.

(5) Adequate provision for space and privacy shall be made for interviewing, group and individual counseling, patient and family visiting.

(6) There shall be adequate space for physical activities of patients. There should be suitable outdoor space for patient recreation.

(7) Policies, procedures, techniques.

(a) Policies shall address development, implementation, and review of the individualized treatment plan, and participation of the multidisciplinary treatment team, the patient, and the family. A preliminary treatment plan shall be developed within twenty-four hours of admission.

(b) There shall be written policies and procedures providing for a written psychiatric evaluation of each patient; availability and performance of psychological services; provision of social work, occupational therapy, and recreational services; a physical examination and history documented within forty-eight hours of admission.

(c) Patient rights shall be described in policy and reflected in care as described in chapter 71.05 RCW and in chapter 275-55 WAC.

(d) Disciplinary policies shall be stated in writing and shall prohibit corporal punishment. Disciplinary actions shall be documented in the medical record.

(e) Seclusion and mechanical restraints, when used, shall be used in accordance with chapter 275-55 WAC. There shall be documentation in the medical record of observation and assessment of patient needs every fifteen minutes during restraint or seclusion with intervention as indicated.

(f) Patients shall not be used to carry the responsibility for basic maintenance of the facility and/or equipment, housekeeping, or food service. Tasks may be performed under direct supervision insofar as the tasks are included in and appropriate to the individualized treatment plan and documented as part of the treatment program. Work assignments, if used, shall be appropriate to the age, physical, and mental condition of the patient.

(8) Personnel staff and other services.

(a) Clinical responsibility for psychiatric services shall be assigned to an individual demonstrating experience in psychiatric treatment and care. This individual shall be designated and function as specified in the medical staff bylaws.

(b) There shall be a psychiatrist with medical staff privileges available for liaison activities and consultation.

(c) There shall be a full-time registered nurse with experience and/or specialized education in psychiatric nursing responsible for nursing care.

(d) There shall be social work services provided with the ongoing input of a social worker experienced in working with psychiatric patients.

(e) Occupational therapy services shall be provided with the ongoing input of an occupational therapist experienced in working with psychiatric patients.

(f) Recreational services shall be provided. Ongoing input of a recreational therapist experienced in working with psychiatric patients should be available.

(g) There should be available a psychologist having experience in working with psychiatric patients and having responsibility for psychological diagnostic evaluation and specialized psychological treatment modules.

(h) There shall be a plan for arranging needed special services as identified in the individualized treatment plan of each patient.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-240, filed 9/20/83. Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-240, filed 10/23/81; 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 semiprivate room providing respiratory isolation and a handwashing 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 twenty to twenty-five microwatts per square centimeter as registered on an ultraviolet meter at the ceiling. The average reflected irradiance shall be approximately 0.1 microwatts per square centimeter in the room at the five foot level.

Fixture installation shall conform to the recommendations of the *Illuminating Engineering Society Handbook*, 5th edition, section 25, "Ultraviolet Energy." A maintenance program shall be established to include cleaning

of the ultraviolet fixtures and lamps at least once per month with alcohol.

(b) Clinical laboratory services including slide microscopy shall be available in the facility or through the state laboratory.

(c) Complete diagnostic x-ray service including laminography.

(d) Respiratory therapy services, including therapy related to positive pressure breathing, humidification, and nebulization.

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

(a) These shall be developed by representatives of administrative, medical, and nursing staffs.

(b) The policies and procedures shall be applicable within the hospital, designed to ensure safe and adequate care to patients, and consistent with applicable laws and 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 or her progress in learning about his or her 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 or her 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 subsection (7)(b) of this section 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: 1985 c 213, 86-08-002 (Order 2348), § 248-18-245, filed 3/20/86. 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 248-18-251 Surgery--Operating rooms and areas--Special procedure rooms--Surgical treatment or diagnostic areas. (1) Operating rooms, facilities, personnel, equipment, policies and procedures shall be appropriate to the scope of surgical services offered in each hospital.

(2) Environment - facilities - equipment.

(a) Operating room facilities and services, when provided, shall be located in a segregated area or areas of the hospital with access limited by hospital policy and procedures.

(b) Operating rooms and operating room service areas and facilities shall be properly equipped, easily cleanable, and of adequate size to accommodate the equipment and personnel required for surgical procedures performed.

(i) Each operating room shall have available:

(A) Operating light and adequate general lighting;

(B) Operating table, stretcher, or equivalent;

(C) Oxygen;

(D) Suction;

(E) Appropriate electrical outlets;

(F) X-ray film illuminator;

- (G) Cardiac monitor;
- (H) Anesthesia equipment and supplies;
- (I) Emergency signaling device which automatically registers at a location from or through which additional assistance is always available;
- (J) Source of emergency power; and
- (K) Emergency lighting.
- (ii) Each hospital shall provide appropriately maintained emergency equipment, supplies, and services available within sixty seconds and appropriate for the care of adults, children, and infants minimally to include:
 - (A) Ventilatory equipment, including airways;
 - (B) Cardiac defibrillator;
 - (C) Cardiac monitor;
 - (D) Laryngoscopes and endotracheal tubes;
 - (E) Suctions; and
 - (F) Emergency drugs and fluids including schedules of pediatric dosages.
- (c) There shall be adequate operating room scrub sinks with provisions for a cleansing agent located adjacent to operating rooms and providing hot and cold water and equipped with knee, foot, elbow, or automatic faucet controls.
- (d) Separate and adequate refrigerated storage facilities with appropriate alarms shall be provided for blood if blood is stored in the operating room area.
- (e) There shall be a dressing area with appropriate locker storage available for persons entering operating rooms.
- (f) Toilet facilities shall be available.
- (g) Adequate types and quantities of surgical instruments, equipment, and supplies for procedures performed shall be provided and maintained in a sanitary and safe condition.
- (h) There shall be adequate storage within the operating room service area for clean and sterile supplies and equipment.
- (i) A designated area shall be provided for collection and cleaning of soiled instruments and equipment.
- (j) There shall be adequate, cleanable facilities for safe and appropriate waste collection and disposal.
- (k) Housekeeping facilities shall be located within operating room service areas. These may be included in a soiled utility room equipped with a clinic service sink or service sink.
- (l) There shall be filtered clean air in each operating room. A positive pressure ventilation gradient to adjoining corridors shall be maintained in operating rooms.
- (m) Operating rooms shall be equipped with a room temperature control device or system capable of maintaining appropriate patient body temperature.
- (3) Policies - procedures - responsibility.
 - (a) The organization plan of the hospital shall identify lines of authority, responsibility, and accountability within all operating room areas and areas where surgical procedures are performed or anesthesia administered.
 - (i) There shall be a physician designated and responsible for implementation of hospital policy related to medical staff in operating rooms and operating room service areas.

(ii) A designated registered nurse shall supervise personnel as specified in hospital policy in operating rooms and operating room service areas and shall be responsible for:

(A) Development and implementation of operating room and operating room service staffing plans to maintain adequate and safe patient care.

(B) Provision for orientation and ongoing training of personnel providing services within operating rooms and operating room service areas.

(C) Defining nursing responsibility between the time of patient entry into and exit from operating rooms and operating room service areas.

(b) Written policies and procedures shall be approved in writing by appropriate representatives of administration, medical staff, and nursing services.

(i) Information, policies and procedures available to nursing and scheduling staff shall include:

(A) A current roster of medical staff including delineated surgical privileges as granted by the governing body.

(B) Policies and delineated privileges, responsibilities, and accountability of others approved by medical staff and governing body to provide services in operating rooms including, but not limited to, dentists, oral surgeons, and podiatrists.

(C) Requirements for surgical and technical-professional assistants, including current licensure and/or other qualifications and any limitations related to patient care activities within the operating room or operating room service areas including, but not limited to, surgical technicians, other technicians, nurses, or technicians who are not hospital personnel or students.

(ii) There shall be a policy and procedures for obtaining surgical assistants.

(iii) There shall be policies and procedures specifying responsibility to document all aspects of patient care in operating rooms and operating room service areas.

(iv) Written infection control policies approved by the infection control or equivalent interdisciplinary group shall delineate responsibility in training and orientation of operating room and operating room service area personnel and others. Infection control policies and procedures shall specifically address:

(A) Surgical attire;

(B) Appropriate surgical scrub procedures;

(C) Housekeeping functions specific to operating room and operating room service areas before, between, and after cases;

(D) Cleaning, disinfecting, sanitizing, packaging, sterilizing, and storage of equipment and supplies;

(E) Disposal of wastes;

(F) Nonhospital and hospital-owned equipment that may be brought into the operating room or operating room service areas including requirements for cleaning and sterilization including, but not limited to, tools for repairing equipment and physician-owned instruments.

(G) People who may enter operating room areas including those who are not hospital personnel, such as repairmen and vendors.

(v) Written policies and procedures related to patient safety or protection shall address servicing, maintenance, and safety checks of electrical-electronic equipment and other patient care equipment including nonhospital-owned equipment.

(vi) Policies and procedures shall address and define responsibility for continuous patient care and documentation when a patient is transferred from one place to another in the course of performing a surgical or invasive procedure.

(4) Preoperative patient care shall be addressed in written hospital policies which shall define requirements for patient care during the preoperative period to include:

(a) A current patient history and report of physical examination by a practitioner, authorized by medical staff rule, included in the patient medical record prior to surgery. "Current," as used in this subsection, shall be defined by hospital policy.

(b) Documented assessment of patient needs for care including, but not limited to, allergies, fears, anxieties, changes in condition, vital signs.

(c) Written consent for procedure or surgery and anesthesia available in the medical record.

(d) Identification of patients by a secured name band.

(e) Test results available prior to surgery or procedure.

(5) Short stay or short term or ambulatory or one-day surgery services or special procedures, regardless of where performed, shall function according to written policies and procedures approved by representatives of hospital administration, medical staff, and nursing services and include:

(a) Patient identification system, patient consent, and preoperative patient assessment requirements.

(b) Provisions for appropriate monitoring or observation of patients undergoing procedures by at least one qualified person in addition to the medical staff authorized practitioner performing the procedure.

(c) Written approved infection control and equipment safety policies as specified in WAC 248-18-251 (3)(b).

(d) Emergency equipment as required for all operating rooms, available within sixty seconds as specified in WAC 248-18-251 (2)(b)(ii).

(e) Documentation of patient assessment prior to, during, and post procedure.

(f) Teaching protocols for post procedure period including what signs and symptoms the patient should report, who to contact, limitations on activities or diet, medication control, driving, operation of mechanical equipment, and instructions for follow-up.

(g) Patient evaluation prior to discharge.

[Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-251, filed 11/13/85.]

WAC 248-18-253 Anesthesia services. (1) Anesthesia facilities, equipment, personnel, staff, policies and procedures shall be appropriate to the scope of surgical, obstetrical, or other care offered in each hospital.

(2) There shall be a designated physician member of medical staff responsible for anesthesia services and for

establishing general policies for administration of anesthesia to patients throughout the hospital.

(3) Written policies and procedures shall be established to provide safety for all anesthetized patients to include:

(a) Provision for appropriate monitoring and attendance of all anesthetized patients.

(b) Qualifications and responsibilities of persons performing anesthesia services and care in compliance with applicable federal and state laws and rules.

(c) Evaluation of each patient prior to anesthesia.

(d) Pertinent information recorded in the medical record at the time of the preoperative anesthesia evaluation.

(e) Criteria or protocols for assessment of all patients by qualified persons prior to discharge from any post-anesthesia recovery area or the hospital.

(f) Precautions or procedures for safe administration of anesthetizing agents and other drugs consistent with hospital policy approved by the appropriate medical staff committee in accordance with WAC 248-18-190 (1)(n) and 248-18-190 (2)(f).

(g) Preparation, administration, and documentation of intravenous solutions, medications, and admixtures consistent with WAC 248-18-335 and 248-18-336.

(4) All information specific to condition and treatment of the patient occurring during anesthesia induction, anesthesia maintenance, or emergence from anesthesia shall be documented and retained in the medical record of the patient.

[Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-253, filed 11/13/85.]

WAC 248-18-256 Post-anesthesia recovery areas.

(1) Post-anesthesia facilities, equipment, personnel, staff, policies and procedures shall be appropriate to the scope of surgical, obstetrical, or other care offered in each hospital.

(2) Environment - facilities.

(a) A handwashing sink, soap dispenser, and towel dispenser shall be available within each post-anesthesia recovery room or area.

(b) There shall be provisions for visual privacy for patients.

(c) Suction and oxygen shall be available for each patient.

(d) Emergency equipment and supplies shall be appropriately maintained and available within sixty seconds, as specified in WAC 248-18-251 (2)(b)(ii).

(e) Adequate, easily cleanable storage facilities shall be provided.

(f) There shall be a soiled utility room available.

(g) An emergency signalling device registering at a location from or through which additional assistance is always available shall be available within recovery rooms or areas.

(3) Policies - procedures - responsibility.

(a) The organization plan of the hospital shall identify lines of authority, responsibility, and accountability within post-anesthesia recovery rooms or areas.

(i) There shall be a physician designated and responsible for implementation of hospital policy related to medical staff in post-anesthesia recovery rooms and areas. Policy shall specify amount and degree of physician availability to post-anesthesia recovery areas at all times when patients are present.

(ii) A designated registered nurse shall supervise personnel as specified in hospital policy in post-anesthesia recovery rooms and areas and shall be responsible for:

(A) Developing and implementing post-anesthesia recovery service staffing plans to maintain adequate and safe patient care, and

(B) Providing for orientation and ongoing training of personnel providing services within post-anesthesia recovery rooms or areas.

(b) There shall be criteria or protocols for assessment of all patients by qualified persons prior to discharge or release from any post-anesthesia recovery room or area.

(c) There shall be policies and procedures regarding management of infected or infectious cases, approved by the infection control committee.

(4) Nursing and other staff providing patient care in post-anesthesia recovery areas shall have documented orientation and demonstrated appropriate skills related to life support activities or functions.

(5) There shall be written orders authenticated by a physician for all drugs, intravenous solutions, blood, and medical treatments. Standing medical orders or protocols, when used, shall be in the patient medical record and authenticated by a physician.

[Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-256, filed 11/13/85.]

WAC 248-18-260 Processing and sterilizing services. (1) Hospitals shall make adequate provisions for proper cleaning, disinfection, and sterilization of supplies, equipment, utensils, and solutions.

(2) Processing and sterilizing services and areas shall have adequate space and equipment for sorting, processing, and storage.

(a) Separation between soiled and clean items shall be maintained during sorting, processing, transporting, and storage.

(b) Positive air pressure shall be maintained in clean areas in relation to adjacent areas.

(c) Negative air flow shall be maintained in soiled areas.

(d) Equipment including sterilizers of the proper type for adequate sterilization shall be provided and maintained in a satisfactory and safe condition.

(e) If ethylene oxide sterilizers are used, mechanical aerators shall be provided and maintained in a safe and satisfactory condition.

(3) Processing and sterilizing services shall be adequately staffed with trained personnel:

(a) Orientation and inservice, including infection control and safe practices, shall be provided.

(b) Written policies and procedures shall specify scheduled activities and routines of personnel.

(4) There shall be written policies and procedures, approved by the infection control committee or an

equivalent interdisciplinary group, for the activities performed in all processing and sterilizing areas in the hospital addressing:

(a) Collecting, receiving, decontaminating, packaging, sterilizing, and distributing of items;

(b) Aerating of items exposed to ethylene oxide;

(c) A recognized method of checking sterilizer performance by mechanical monitoring of time, temperature, and pressure as well as biological and chemical testing;

(d) Establishment of shelf life determined by packaging material and storage environment;

(e) Recall, disposal, and reprocessing of outdated, improperly sterilized, and limited-use items;

(f) Maintaining clean areas free of external shipping containers.

(5) There shall be written policies and procedures addressing emergency collection and disposition of supplies when special warnings have been issued by a manufacturer or safety agency.

(6) Processed and sterilized items shall be maintained as specified in WAC 248-18-190 (3)(a), (b), (c), (d), and (e).

[Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-034 (Order 281), § 248-18-260, filed 2/15/85; 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 arrhythmia, respiratory insufficiency or shock.

(c) Appropriate transfer or referral of a patient who needs medical care services not provided by the hospital. Prior to transfer of an emergency patient to another health care facility, the hospital shall:

(i) Perform the emergency procedures needed to minimize aggravation of the patient's condition during transport to the other health care facility; and

(ii) Ascertain that the means by which the patient is to be transported to the other health care facility are suitable for the patient.

(2) A hospital shall not be required to comply with WAC 248-18-285 (3)(h), 248-18-285 (4)(a) and (d), 248-18-285 (5)(a) and 248-18-285 (6)(a) if the hospital does not offer outpatient emergency care services regularly and only provides the outpatient emergency services required under WAC 248-18-285(1) to the occasional emergency patient who comes or is brought to the hospital by chance.

(3) The hospital shall have, in effect, written policies and procedures which supplement and are coordinated with the hospital's basic policies and are specific to emergency care services. These policies and procedures shall be: Reviewed and revised as necessary to keep them current and, in any case, at least annually; dated and approved in writing by appropriate representatives of the hospital's administrative, medical, and nursing staffs; and made known and readily available to physicians, nurses, and other persons having a responsibility for emergency care services. Policies and procedures pertaining to emergency care services shall include the following.

(a) Policies on the scope and extent of the emergency care services to be provided.

(i) The hospital shall establish the conditions under which treatment is to be provided in the emergency care area, the types of procedures that are to be performed in another area of the hospital (e.g., surgery) rather than the emergency area, the conditions under which a patient is to be admitted as an inpatient, the conditions under which a patient is to be transferred to another health care facility, the conditions under which a patient is to be referred to a private physician or another health care facility, and the conditions under which arrangements should be made for a patient to return to the hospital for treatment.

(ii) A patient shall not be transferred to another health care facility until the other health care facility has been contacted and has consented to accept the patient.

(iii) A record containing the following data shall be sent with an emergency patient who is transferred to another health care facility: Patient identification data, identification of the patient's illness or injury, treatment given to the patient, and an appraisal of the patient's condition upon transfer.

(b) Policies and procedures which prescribe the course of action to be taken when the number of emergency patients, who have arrived or are expected, constitute an overload for the emergency service facilities and staff on hand.

The hospital shall establish who is to be notified when an overload of emergency patients occurs, the conditions under which arrangements are to be made for care of some emergency patients at other hospitals, the conditions under which additional physicians, nurses, and other persons are to be summoned, the methods by which necessary, additional supplies and equipment are to be obtained, and the conditions under which rooms and areas outside the emergency service area of the hospital are to be used for emergency care and treatment.

(c) Medical policies, standing emergency medical orders, and written medical procedures to guide the action of nurses and other personnel when a person presents a medical emergency and a physician is not present.

(i) Medical policies shall delineate the circumstances under which particular medical policies are to be followed, provide for a physician to be called as rapidly as possible, and establish the minimum qualifications or training of persons who may execute particular emergency medical orders.

(ii) There shall be written procedures, approved in writing by a representative of the medical staff, for any use of defibrillators, respirators or other special medical equipment and for the performance of the special, emergency medical procedures listed in WAC 248-18-285 (4)(c).

(iii) A standing medical order for administration of a drug or other treatment during a medical emergency shall include: A description of the treatment which includes the name of any drug or other agent; the dosage, concentration or intensity of any drug or other agent; the route or method of administration; where pertinent, the time interval, frequency, or duration of administration;

and the signature of a representative of the medical staff.

(d) Policies which delineate medical staff responsibilities for emergency care services as related to assigned clinical privileges, physician coverage of emergency care services, and physician participation in the training of personnel.

(e) Policies regarding the notification of an emergency patient's next of kin or legal guardian.

(f) Policies relevant to obtaining consent for treatment from an emergency patient or other person who may legally give consent for treatment of the patient.

These shall include instructions regarding action to be taken when the condition of an emergency patient and the absence of another person legally able to act on behalf of the patient make it impossible to gain an informed consent for critically needed treatment or consent for critically needed treatment is refused.

(g) Policies and procedures pertaining to the care and handling of persons whose conditions require special medical or medico-legal consideration.

(i) Policies and procedures shall prescribe the course of action to be followed in the care of persons who manifest severe emotional disturbances, are under the influence of alcohol or other drugs, are victims of suspected child abuse, are victims of other suspected criminal acts, have a contagious disease, have been contaminated by radioactive material, are diagnosed dead on arrival, or present other conditions requiring special directions regarding action to be taken.

(ii) Definite provision shall be made for communications, as indicated, with health authorities, police or coroner relative to a person whose condition or its cause are reportable.

(h) Policies governing special diagnostic and therapeutic services (e.g., clinical laboratory, x-ray, pharmacy, surgery) to emergency patients.

These shall be designed to ensure prompt availability of necessary diagnostic and therapeutic services and establish the types, scope, and extent of the special diagnostic and therapeutic services to be provided for the care of emergency patients.

(i) Policies regarding notification of an emergency outpatient's personal physician and procedures for transfer of relevant reports to the personal physician.

(j) Policies regarding disclosure of information about an emergency patient.

(4) Organization and staffing for emergency care services shall be in accord with the anticipated patient load and the services provided by the hospital.

(a) There shall be a physician responsible for the medical direction of the hospital's emergency care services. This physician shall be a representative of the medical staff or a physician whose services the hospital has arranged on a regular basis. The functions and responsibilities of the physician responsible for medical direction of the emergency care services shall be delineated in writing and made known to members of the medical and nursing staffs.

(b) At all times, there shall be a physician on duty or call for emergency care services. A current schedule of

the names of on-call physicians and the telephone numbers of these physicians or the call service(s) through which they can be contacted rapidly shall be posted in the emergency care area.

(c) At all times, there shall be on duty within the hospital at least one registered nurse who is immediately available and responsible for emergency care services and who is qualified to perform the following: Administration of intravenous fluids, electrocardiography and defibrillation of life threatening arrhythmias, cardio-pulmonary resuscitation, control of hemorrhage, gastric lavage, and basic neurological evaluation. It is recommended that such a nurse also be qualified to perform endotracheal intubation and arterial puncture.

(d) There shall be additional nursing staff and other personnel for emergency care services as are necessary to provide the types and amount of care required by patients.

(i) Staffing for emergency care services shall be adequate to ensure that each applicant for emergency medical care is seen within a period of time commensurate with the nature, acuity and severity of his or her immediate medical need.

(ii) Each hospital employee engaged in the provision of emergency care shall have had the education and training necessary to perform the emergency medical procedures and other functions and duties for which he or she may be responsible.

(5) The physical plant facilities, equipment, and supplies for emergency care services shall be commensurate with the scope, types and volume of the services provided by the hospital.

(a) A hospital which regularly offers emergency care services shall maintain a distinct emergency service area.

(i) The emergency service area shall be in close proximity to an emergency entrance and separate from the surgery and delivery suites and inpatient nursing units.

(ii) The emergency service area shall provide adequate space for reception and screening of patients and have examination, treatment, and observation rooms in such numbers, sizes, and arrangements as are necessary to assure safe and effective treatment of patients.

(iii) There shall be some means of providing visual privacy to patients in all rooms or areas in which patients are examined or treated.

(iv) At the emergency entrance there shall be an outside night call bell which, when activated, sounds in an area of the hospital in which nursing personnel are always on duty.

(b) A hospital which limits its emergency care services to care of the occasional emergency patient shall not be required to maintain a distinct emergency service area, but shall designate the area(s) to be used for emergency care and provide the equipment, pharmaceuticals and other supplies essential to providing basic emergency care services required under WAC 248-18-285(1). Emergency equipment and supplies shall be maintained in such a location and manner (e.g., on a "crash" cart) that they may be brought into use immediately upon arrival of a person who presents a medical emergency.

(c) The equipment, pharmaceuticals and other supplies necessary to provide emergency care services shall be readily available at all times.

(i) There shall be specific, designated locations for storage of drugs, parenteral solutions, other supplies, instruments and special equipment so personnel can obtain them rapidly.

(ii) There shall be a system for regular inventory and replenishment of the stock of emergency supplies and equipment to ensure an adequate supply at all times.

(iii) There should be regular inspection and maintenance servicing of medical equipment to keep it in a safe and operable condition.

(d) Current references on toxicology, antidote information and the telephone number of the regional poison control center shall be readily available in the emergency care area.

(e) Telephone numbers of the pharmacist, the blood bank, the ambulance service, the Washington state patrol, Military Assistance Safety and Traffic (MAST), the fire department, the police department, local health authorities, the coroner and other persons or organizations emergency service personnel may need to contact rapidly shall be posted in the emergency service area.

(f) Hospital to ambulance radio communication compatible with the state-wide emergency communication system is recommended for any hospital which regularly provides emergency care services.

(6) The hospital shall maintain an emergency service register and a medical record for each person who has received emergency care service.

(a) There shall be a permanent, current register for all emergency patients.

(i) The register shall contain at least the following data for each person who comes or is brought to the hospital for immediate medical care services: Full name, age, date and time of arrival, the identifying number, the disposition of the patient and the time of the patient's departure from the emergency service area.

(ii) Data on patients shall be entered in the register in chronological order according to the dates and times of arrivals.

(iii) Identification data on a person who is dead on arrival shall be entered in the register.

(b) The hospital shall maintain a medical record for each person who receives emergency care services. Each medical record shall contain the following data.

(i) Patient identification data.

(ii) The date and time of arrival, the means by which the patient came to the hospital and by whom the patient was transported or accompanied.

(iii) Pertinent history of the patient's injury or illness which may include information on first aid or emergency care given the patient prior to his or her arrival.

(iv) Description of significant clinical findings derived from an assessment or examination of the patient.

(v) Any clinical laboratory or roentgenologic findings.

(vi) Diagnosis (tentative or definitive).

(vii) Treatment given.

(viii) Orders for administration of drugs or other treatments which are received by telephone, radio, or

verbally from a physician or other person legally authorized to prescribe and acting within the scope of his or her license.

Such a telephone or verbal order shall be received, entered in the patient's medical record and signed by a registered nurse. The counter-signature of the physician or other legally authorized practitioner who gave the order shall be obtained as soon as possible thereafter. This shall not be interpreted to include verbal orders which are received from a physician or other legally authorized practitioner to whom one is providing direct assistance in care of the patient or to include standing emergency medical orders which have been established in accordance with WAC 248-18-285 (3)(c)(iii).

(ix) Appraisal of the patient upon transfer or departure.

(x) Disposition of the patient, which shall include a resume of any instruction given to the patient or his family regarding necessary follow-up care.

Entries of data listed as (iv), (vi), (vii), (ix), and (x) above shall be authenticated by the signature of the person who rendered the service.

[Order 142, § 248-18-285, filed 2/8/77; Order 119, § 248-18-285, filed 5/23/75; Order 110, § 248-18-285, filed 3/14/75; Order 106, § 248-18-285, filed 1/13/75.]

WAC 248-18-290 Diagnostic and treatment facilities, outpatient services. If the hospital has an organized unit as an outpatient department or clinic, adequate waiting area, examining and treatment rooms, toilets and special rooms necessary for the services to be rendered, shall be provided.

[Order 119, § 248-18-290, filed 5/23/75; Order 106, § 248-18-290, filed 1/13/75; Regulation 18.290, effective 3/11/60.]

WAC 248-18-300 Laboratory. (1) Laboratory services shall be sufficient to provide adequate care of all patients.

(2) The hospital shall make satisfactory provision for the typing and cross matching of blood for transfusions.

(3) Bacteriological cultures that are contaminated shall be disposed of in a safe manner.

(4) The hospital shall make adequate provision for the examination of tissue specimens by a pathologist.

[Order 119, § 248-18-300, filed 5/23/75; Regulation 18.300, effective 3/11/60.]

WAC 248-18-310 X-ray. (1) Adequate radiologic service shall be provided.

(2) Rooms in which radiographic equipment is used shall have adequate shielding to protect personnel and patients.

[Order 119, § 248-18-310, filed 5/23/75; Regulation 18.310, effective 3/11/60.]

WAC 248-18-315 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, recordkeeping, 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.]

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WAC 248-18-331 Hospital pharmacy. Each hospital shall provide evidence of current approval by the Washington state board of pharmacy pursuant to chapter 18.64 RCW and chapter 360-17 WAC.

[Statutory Authority: RCW 43.20.050 and 70.41.030. 84-02-036 (Order 271), § 248-18-331, filed 12/30/83. Formerly WAC 248-18-330.]

WAC 248-18-335 Intravenous preparation. (1) There shall be written policies and procedures including:

(a) Preparation of intravenous solutions, medications, and admixtures. "Intravenous admixture" means a solution with addition of medication or an altered solution intended for intravenous use.

(b) Infection control policies and procedures approved by the infection control or an equivalent committee, and including:

(i) Aseptic preparation of intravenous admixtures and medications in a clean, low-traffic area, preferably under a clean air center.

(ii) Cleaning and preventive maintenance of clean air centers.

(c) Information required on all orders or prescriptions for intravenous solutions, admixtures, and medications, which shall minimally include identification of solution or medication, rate of flow or frequency, duration, strength of additive, dilution ratio of solution, identification of patient, and identification of prescribing practitioner.

(2) Individuals preparing intravenous solutions and admixtures shall be legally authorized, trained in procedures and equipment, and approved by the hospital.

(3) There shall be drug compatibility reference material readily available to those who prescribe, prepare, and administer intravenous admixtures.

(4) Intravenous solution containers shall be labeled to include patient name, identification of solution, identification and strength of additives, volume, rate of flow, expiration time and date of admixture, any special requirement for handling and storage, and identification of individual preparing admixture. There shall be procedures for appropriate labeling of precision volume chambers during times such are used for administering admixtures.

(5) There shall be policy and procedures for frequency of reordering intravenous solutions and admixtures.

[Statutory Authority: RCW 70.41.030. 83-13-061 (Order 261), § 248-18-335, filed 6/15/83.]

WAC 248-18-336 Intravenous administration. (1) There shall be written policies and procedures including:

(a) Administration of intravenous solutions, medications, admixtures, blood, and blood products.

(b) Infection control policies and procedures approved by the infection control or an equivalent committee, and including:

(i) Site preparation.

(ii) Tubing and dressing management.

(iii) Site assessment and rotation.

(c) Use and control of intravenously administered investigational drugs.

(d) Administration of parenterally administered drugs causing tissue necrosis upon extravasation.

(e) Documentation requirements.

(f) Patient teaching and discharge instruction.

(g) All orders or prescriptions for intravenous solutions, admixtures, and medications shall minimally include identification of solution or medication, rate of flow or frequency, duration, strength of additive, dilution ratio of solution, identification of patient, and identification of prescribing practitioner.

(h) Use of electronic infusion control devices.

(2) Personnel inserting intravenous devices shall be legally authorized and appropriately trained with demonstrated and documented skills in intravenous insertion techniques.

(3) Personnel administering intravenous solutions and admixtures shall be legally authorized to administer medications with appropriate training, demonstrated and documented skill in intravenous administration, procedures, equipment, and approval of the hospital.

(4) There shall be drug compatibility reference material readily available to individuals who administer intravenous medications and admixtures.

(5) Intravenous solutions shall be administered only upon the order of a legally authorized practitioner authorized by hospital policy to prescribe drugs in the hospital.

(6) Intravenous solution containers shall be labeled to include patient name, identification of solution, identification and strength of additives, volume, rate of flow, expiration time and date of admixture, any special requirement for handling and storage, and identification of individual preparing admixture. There shall be procedures for appropriate labeling of precision volume chambers during times such are used for administering admixtures.

(7) There shall be documentation in the medical record to include:

(a) Solution, medication or medications, time, date, amount administered, and rate;

(b) Site and site assessment;

(c) Date and time of insertion and removal of cannula;

(d) Device used, including gauge, length and type needle, or cannula;

(e) Condition of cannula and site at the time removed from patient;

(f) Use of electronic infusion devices;

(g) Observed complications and treatment of complications;

(h) Management of tubing and dressing; and

(i) Signature. An initial signature identification system is acceptable.

(8) Administration of intravenous preparations to pediatric patients shall comply with regulations in this section and WAC 248-18-215.

[Statutory Authority: RCW 70.41.030. 83-13-061 (Order 261), § 248-18-336, filed 6/15/83.]

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 or records in a manner that provides for ready identification, filing, and retrieval of all of the patient's record or records.

(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, 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 or names of the patient's attending physician or physicians; and the admitting (provisional) diagnosis or medical problem.

(b) A report on any medical history obtained from the patient.

(c) Report or reports on the findings of physical examination or examinations 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 or her 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 or her 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 or reports on all surgery performed upon the patient.

(n) An entry or report on each anesthetic administered to the patient.

(o) Report or reports on consultation or consultations concerning the patient.

(p) For any woman who gave birth to a child in the hospital, reports regarding her labor, delivery, and postpartum 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 forty-eight 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 signer 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 or registers 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 or records 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 or assistants, 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 or numbers, 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 or cards 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 or cards 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 or records, 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 or records of a patient who was a minor at a time when he or she 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 or records for the patient to whom the master patient index card (or equivalent) pertains.

(d) Data in the inpatient and outpatient register or registers 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 or records 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, the hospital 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.

[Statutory Authority: RCW 70.41.030, 85-23-020 (Order 2305), § 248-18-440, filed 11/13/85; 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 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.

(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 restricting services to legally allowable and customarily recognized limitations may be permitted to omit required facilities for the services not to be provided.

(c) Facilities provided, not specifically required by these regulations, must be adequate for the services to be performed and must meet the objectives of these regulations.

Note:

¹See WAC 248-18-001 for definition of "hospital."

[Statutory Authority: RCW 70.41.030 and 43.20.050, 83-19-058 (Order 269), § 248-18-500, filed 9/20/83. Statutory Authority: RCW 70.41.30 [70.41.030], 81-05-029 (Order 209), § 248-18-500, filed 2/18/81; 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 248-18-510 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.

(4) Department's reports on reviews or on-site construction inspections. The department shall identify the sections and items of chapter 248-18 WAC under which a requirement is stated or a deficiency noted in any written report on a review of a functional program, drawings or specifications and in any report on an on-site inspection of a construction project.

[Statutory Authority: RCW 70.41.30 [70.41.030], 81-05-029 (Order 209), § 248-18-510, filed 2/18/81. 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, substitutions, and interpretations. Exemptions, approval of substitutions, and interpretations related to design and construction standards may be obtained pursuant to the provisions of WAC 248-18-010.

(2) Industry standards, guides, and codes adopted by reference.

(a) At least annually, and no later than October 1st of each year, the department shall adopt an updated list of industry standards, guides, and codes which are adopted by reference in those sections of chapter 248-18 WAC which govern hospital construction.

(b) Preliminary drawings for a hospital construction project shall conform to the industry standards, guides, and codes which appear in the current chapter 248-18 WAC which shall constitute the applicable standards, guides, and codes for the duration of the construction project with the following exceptions:

(i) Upon written request of a hospital, the department may issue written approval of use of a more recent edition of an industry standard, guide, or code which has been adopted by the department since development of the preliminary drawings for a hospital construction project. The more recent edition of the standard, guide, or code shall then apply to the project.

(ii) The most recent edition of an industry standard, guide, or code which has been adopted by the department shall apply to a hospital construction project if the design of the project has not progressed to the point that construction has been authorized by the department in accordance with WAC 248-18-510 (3)(a) within two years after the first submission of the preliminary drawings for the project which were developed in accordance with an earlier edition of the standard, guide, or code.

(3) 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.

[Statutory Authority: 1985 c 213, 86-08-002 (Order 2348), § 248-18-515, filed 3/20/86. Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-515, filed 2/18/81; 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 one hundred percent expansion in building area.

Four acres for twenty-five beds, six acres for fifty beds, nine acres for one hundred beds, sixteen acres for two hundred 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 ONE IN TEN. A slope not exceeding one in twenty 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 SIZED TO ACCOMMODATE AT LEAST ONE VEHICLE TWENTY-TWO FEET LONG, ONE HUNDRED THIRTY INCHES HIGH AND EIGHT 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:

²See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(6), PLUMBING AND SEWERAGE.

³Not applicable to alterations and additions to existing hospitals.

⁴See requirements for "windows," WAC 248-18-718(4) and see WAC 248-18-001 for definition of "grade."

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-520, filed 9/20/83; 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 TWENTY-FIVE 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 FIFTY INPATIENT RECORDS PER BED PER YEAR, NOT LESS THAN THREE SQUARE FEET FLOOR SPACE PER BED.

(b) ADDITIONAL SPACE FOR OUTPATIENT RECORDS.

(c) INACTIVE RECORDS STORAGE.

(i) SPACE FOR FIFTY 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 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 FACILITIES⁵

Suitable combination with other housekeeping facilities permitted if convenient to administration facilities.

Note:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-525, filed 9/20/83; 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 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 AREA. INTENSIVE CARE UNITS, AND PSYCHIATRIC NURSING UNITS IN A LOCATION WITH NO THROUGH TRAFFIC TO ANY OTHER AREA OF THE HOSPITAL. For nursery or neonatal intensive care unit, refer to WAC 248-18-015 and 248-18-636.

(b) ALL ROOMS AND AREAS WITHIN A NURSING UNIT ON THE SAME FLOOR.

(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 hospital to provide for flexible overlap of postpartum rooms with surgical rooms.

(3) CAPACITY.

(a) Bed capacity of a nursing unit, twenty to thirty-five beds, except where necessary to provide separation of units, such as units for special care.²⁴

(b) Additional service facilities may be required in units of more than thirty-five beds.²⁴

(4) SEPARATION OF CLINICAL SERVICES.²⁴

Suitable combinations of ancillary administrative and service facilities between or among units may be permitted.²⁴

(a) BEDS FOR POSTPARTUM PATIENTS GROUPED TOGETHER AND LOCATED TO AVOID INTERMIXING WITH BEDS FOR OTHER TYPES OF PATIENTS.

(b) ROOMS WITH PEDIATRIC BEDS LOCATED TOGETHER OR IN CLOSE PROXIMITY TO EACH OTHER.²⁴ Refer to WAC 248-18-539.

(c) WHEN A SEPARATE PSYCHIATRIC UNIT IS PLANNED, WAC 248-18-534 APPLIES. WHEN TEN OR MORE PSYCHIATRIC BEDS ARE PLANNED, A PSYCHIATRIC UNIT SHALL BE PROVIDED. Refer to WAC 248-18-534.

(d) SEGREGATED INTENSIVE CARE PATIENT BEDS.²⁴ SEPARATE INTENSIVE CARE NURSING UNIT WHERE FIVE OR MORE BEDS ARE PLANNED. Refer to WAC 248-18-555.

(e) SEPARATE NURSING HOME OR LONG-TERM CARE UNIT WHERE TEN OR MORE BEDS ARE PLANNED FOR NURSING HOME OR LONG-TERM CARE PATIENTS.

(5) SPECIAL DESIGN FEATURES OF SPECIALIZED FACILITIES.

(a) Facilities for psychiatric patients. Refer to WAC 248-18-530 (6)(c) and 248-18-534.

(b) Facilities for pediatric patients. Refer to WAC 248-18-530 (6)(d) and 248-18-539.

(c) Facilities for intensive care. Refer to WAC 248-18-555. Relites between corridors and rooms.

(6) PATIENT ROOM.

(a) DIRECTLY ACCESSIBLE FROM CORRIDOR OF NURSING UNIT. LOCATED TO PREVENT TRAFFIC THROUGH ROOMS AND TO MINIMIZE ENTRANCE OF ODORS, NOISE, AND OTHER NUISANCES.

(b) ISOLATION ROOM(S), ONE OR MORE PER HOSPITAL, FOR AIRBORNE COMMUNICABLE DISEASE WITH ADJOINING TOILET, BEDPAN FLUSHING EQUIPMENT, AND BATHING FACILITY. LAVATORY LOCATED IN ROOM AT ENTRY. AIR CHANGES AND AIR PRESSURE GRADIENTS AS DESCRIBED IN WAC 248-18-718 (8)(o) TABLE B. ULTRAVIOLET GENERATOR IRRADIATION IN ROOMS DESIGNATED FOR ISOLATION OF TUBERCULOSIS PATIENTS AS DESCRIBED IN WAC 248-18-245 (1)(a)(iii).^{6, 24} Mirror, shelf, and towel bar or hook not required if provided with lavatory in adjoining toilet room.

(c) Rooms for disturbed medical or psychiatric patients. At least one seclusion or security room with adjoining toilet for the care of seriously disturbed patients on an appropriate nursing unit or near emergency rooms unless a separate psychiatric unit is provided, as described in WAC 248-18-534.

(d) CAPACITY AND AREA.

(i) MAXIMUM CAPACITY OF FOUR BEDS PER PATIENT ROOM. Maximum patient room capacity of two beds recommended. At least twenty-five percent of beds in one-bed rooms.

(ii) AT LEAST EIGHTY SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTIBED ROOMS. One hundred square feet of usable floor space per bed in multibed rooms recommended.

(iii) AT LEAST ONE HUNDRED SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOMS. One hundred twenty-five square feet usable floor space in one-bed rooms recommended.

(iv) AT LEAST FORTY SQUARE FEET PER BASSINET IN PATIENT ROOM FOR INFANT

PEDIATRIC PATIENTS. ADULT REQUIREMENTS APPLY TO ROOMS FOR YOUTH CRIBS AND BEDS. Refer to WAC 248-18-539.

(c) DIMENSIONS.

(i) MINIMUM WIDTH OF ELEVEN FEET FOR MULTIBED ROOMS. Minimum recommended dimensions of twelve feet by sixteen feet for two-bed rooms.

(ii) MULTIBED ROOMS ARRANGED TO ALLOW SPACING OF BEDS AT LEAST TWO FEET FROM WALL (EXCEPT AT HEAD) AND AT LEAST THREE FEET APART. CLEARANCE AT LEAST THREE FEET EIGHT INCHES AT FOOT OF BED to permit passage of large equipment and beds.

(f) 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 CURTAIN TRACKS OR RAILS TO PROVIDE COMPLETE SCREENING OF EACH BED OR AN EQUIVALENT MEANS FOR PROVIDING PRIVACY FOR EACH PATIENT IN ALL MULTIBED PATIENT ROOMS EXCEPT PSYCHIATRIC. Refer to WAC 248-18-534. TRACKS OR EQUIVALENT SCREENING SHALL PROVIDE ACCESS TO TOILET, LAVATORY, WARDROBE, AND ENTRY WITHOUT INTERFERENCE WITH PRIVACY OF OTHER PATIENTS.

(iii) WARDROBE, CLOSET OR LOCKER PER BED FOR HANGING FULL LENGTH GARMENTS AND STORAGE OF PERSONAL EFFECTS, extra pillows, and other equipment.⁶

(iv) SEPARATE OXYGEN OUTLET LOCATED AT HEAD OF EACH BED. (See exception for psychiatric unit WAC 248-18-534 (4)(c)). Alcoholism units may be excepted.

(v) SEPARATE SUCTION OR VACUUM OUTLET LOCATED AT HEAD OF EACH BED. (See exception for psychiatric unit WAC 248-18-534 (4)(c)). Alcoholism units may be excepted.

(vi) NURSE CALL SYSTEM. Refer to WAC 248-18-718 (11)(b).

(g) DOORS AND WINDOWS. Refer to WAC 248-18-718(4).

(h) ELECTRICAL REQUIREMENTS. Refer to WAC 248-18-718(10).

(7) PATIENT TOILET.

(a) TOILET EQUIPPED WITH BEDPAN FLUSHING EQUIPMENT ADJOINING EACH PATIENT ROOM. Exceptions: Refer to WAC 248-18-534 PSYCHIATRIC NURSING UNIT, WAC 248-18-539 PEDIATRIC NURSING UNIT, WAC 248-18-555 INTENSIVE CARE.

(b) WATER CLOSETS IN RATIO OF AT LEAST ONE PER FOUR BEDS OR MAJOR FRACTION THEREOF ON EACH NURSING UNIT. For alteration projects, ratio of one per six acceptable.

(c) AT LEAST ONE TOILET, DESIGNED AND ARRANGED FOR USE BY INDIVIDUALS IN

WHEELCHAIRS, OPENING DIRECTLY FROM A MAIN CORRIDOR ON EACH FLOOR. For use by patients, public, and staff. May be used by either sex.

(8) PATIENT BATHING FACILITIES.

(a) SHOWERS OR TUBS IN THE RATIO OF AT LEAST ONE BATHING FACILITY PER EIGHT BEDS OR MAJOR FRACTION THEREOF ON EACH NURSING UNIT.²⁴ BEDS HAVING A BATHING FACILITY ADJOINING THE PATIENT ROOM SHALL BE EXCLUDED FROM THE RATIO. For alteration projects, one bathing facility per twelve beds or major fraction thereof may be acceptable.

(b) AT LEAST ONE COMMUNAL BATHING FACILITY ON EACH FLOOR TO BE AN "ISLAND" TUB (ACCESSIBLE ON TWO SIDES AND ONE END), OR ROLL-IN SHOWER OR EQUIVALENT, (shower in which a chair on wheels may be used). SPACE PROVIDED FOR WHEELCHAIR WITH ASSISTING ATTENDANT. Elevation of island tub on pedestal not recommended.

(c) PROPERLY LOCATED GRAB BARS AT EACH BATHTUB, SHOWER, AND WATER CLOSET FOR PATIENT USE. Refer to WAC 248-18-718 (6)(g)(viii).

(9) MISCELLANEOUS FACILITIES AND EQUIPMENT.

(a) NURSES' STATION OR EQUIVALENT.²⁴

(i) STATION FOR EACH NURSING UNIT OR SHARED WITH ADJACENT UNIT.²⁴

(ii) EQUIPMENT.²⁴

CHARTING SURFACE.⁶

STORAGE FOR PATIENT CHARTS.^{6, 24}

TELEPHONE.

NURSE CALL ANNUNCIATOR.

Storage for charting supplies.

Clock.

(b) UTILITY OR MATERIALS ROOM.⁷ May be shared if adequate size and convenient to units served.²⁴

(i) AT LEAST ONE CLEAN UTILITY ROOM OR A CLEAN MATERIALS ROOM ON EACH NURSING UNIT. Refer to WAC 248-18-710 (2)(a) and (b).

(ii) AT LEAST ONE SOILED UTILITY ROOM OR A SOILED MATERIALS ROOM ON EACH NURSING UNIT. Refer to WAC 248-18-710 (2)(c) and (d).

(c) MEDICINE DISTRIBUTION FACILITIES.⁷ AT LEAST ONE ON EACH NURSING UNIT OR SHARED WITH ADJACENT UNIT(S).²⁴ Convenient to beds served.

(d) LINEN STORAGE.¹⁸ IN CLEAN AREA ON EACH NURSING UNIT (SHELVING, CART, OR EQUIVALENT). OR SHARED WITH OTHER UNIT(S), if adequate size and convenient to units.

(e) ICE FACILITIES.

(i) ON OR ADJACENT TO EACH NURSING UNIT. LOCATED IN AREA SERVING CLEAN FUNCTIONS ONLY, EXCEPT SELF-DISPENSING ICE MACHINES may be in alcove on corridor.

(ii) EQUIPMENT: May be combined with nourishment facilities.

WORK COUNTER.⁶

ICE MACHINE OR ADEQUATE STORAGE UNIT.

(Self-dispensing types recommended.)

(f) **DRINKING FACILITIES ACCESSIBLE IN PUBLIC AREA ON EACH FLOOR TO PROVIDE WATER:** (Fountain, disposable drinking cups or equivalent dispensing system accessible to individuals using wheelchairs).

(g) **NOURISHMENT 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:**

REFRIGERATOR.⁶

WORK COUNTER.⁶

SINK OR LAVATORY.

STORAGE FOR UTENSILS AND FOODSTUFFS.⁶

Cooking unit.⁶

DISHWASHING MACHINE (OR THREE-COMPARTMENT SINK) IF DISHES, GLASSES OR PITCHERS ARE TO BE WASHED ON THE UNIT.

(iv) **ADDITIONAL FACILITIES MAY BE REQUIRED DEPENDING UPON DEGREE OF DECENTRALIZATION OF FOOD SERVICE.** Refer to chapter 248-84 WAC.

(h) **EQUIPMENT STORAGE.¹⁸ ON OR ADJACENT TO EACH NURSING UNIT. FOR NURSING AND MEDICAL EQUIPMENT.** Centralized equipment storage area may be acceptable.²⁴

(i) **WHEELCHAIR AND STRETCHER STORAGE ON OR ADJACENT TO EACH NURSING UNIT.¹⁸**

(j) **HOUSEKEEPING FACILITIES.⁵ ON OR ADJACENT TO EACH NURSING UNIT.**

(k) **PERSONNEL FACILITIES.**

(i) **TOILET ON OR ADJACENT TO EACH NURSING UNIT.**

(ii) **STORAGE FOR PURSES AND PERSONAL EFFECTS APART FROM STORAGE FOR PATIENT CARE SUPPLIES AND EQUIPMENT ON OR ADJACENT TO EACH NURSING UNIT.**

(l) **Treatment and examination room.²⁴ REQUIRED FOR HOSPITALS WITH PSYCHIATRIC AND PEDIATRIC UNITS.** Refer to WAC 248-18-534 (8)(e), 248-18-539.

(i) **MINIMUM DIMENSION, EIGHT FEET, AT LEAST EIGHTY SQUARE FEET EXCLUSIVE OF CABINETS, SINK, WORK COUNTER, DESK AND VESTIBULE.**

(ii) **EQUIPMENT:**

EMERGENCY SIGNAL DEVICE.

LAVATORY OR SINK.

Clock.

Oxygen outlet.

Suction outlet.

WORK SURFACE.⁶

STORAGE CABINET.⁶

(m) **Patient activity areas.²⁴ Optional except where mandated in this section.**

(i) **Adequate facilities to accommodate the maximum number of patients to be cared for.**

(ii) **PLAYROOM OR AREA FOR PEDIATRIC PATIENTS.** Refer to WAC 248-18-539.

(iii) **DAYROOM WITH WINDOWS OR SOLARIUM ON PSYCHIATRIC NURSING UNITS AND NURSING HOME OR LONG-TERM CARE UNITS.** Refer to WAC 248-18-534.

(iv) **RECREATION ROOM ON PSYCHIATRIC NURSING UNITS AND NURSING HOME OR LONG-TERM CARE UNITS.²⁴ Refer to WAC 248-18-534.**

(v) **DINING AREA ON OR AVAILABLE TO PSYCHIATRIC NURSING UNITS AND NURSING HOME OR LONG-TERM CARE UNITS.²⁴ Refer to WAC 248-18-534.**

(vi) **OCCUPATIONAL THERAPY AREA ON OR AVAILABLE TO PSYCHIATRIC NURSING UNITS AND NURSING HOME OR LONG-TERM CARE UNITS.²⁴ Refer to WAC 248-18-534.**

(vii) **Above areas may be combined in one room.²⁴**

(viii) **Suitable outdoor recreational space for patients on nursing home or long-term care units and psychiatric units.** Refer to WAC 248-18-534.

(ix) **Barber and beauty shop facilities available for psychiatric and nursing home or long-term care units.** Refer to WAC 248-18-534.

(n) **Patient laundry facilities.²⁴**

(i) **REQUIRED ON PSYCHIATRIC UNITS.** Refer to WAC 248-18-534. Recommended on nursing home or long-term care units.²⁴

(ii) **EQUIPMENT:**

SINK AND COUNTER.⁶

Drying facilities.^{6, 24}

STORAGE CABINET.⁶

Ironing facilities.^{6, 24}

(o) **Interview room. REQUIRED ON OR ACCESSIBLE TO PSYCHIATRIC UNITS.** Refer to WAC 248-18-534. Recommended on nursing home or long-term care units. May be combined with private office.

(p) **Patient classroom.** Recommended availability for obstetric, psychiatric, and pediatric units and other units where group instruction to patients may be given. Refer to WAC 248-18-539.

(q) **OFFICE FOR HEAD NURSE OR NURSING SUPERVISOR ON OR CONVENIENT TO UNITS OF TWENTY BEDS OR MORE.²⁴ AT LEAST ONE NURSING OFFICE PER HOSPITAL.**

(r) **CONFERENCE ROOM FOR CONFIDENTIAL STAFF COMMUNICATION.²⁴ Combined with rooms for other nursing functions as appropriate.**

(s) **AT LEAST ONE WAITING ROOM OR AREA PER FLOOR.²⁴**

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁷See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴In accordance with program.

[Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-530, filed 10/23/81; Order 119, § 248-18-530, filed 5/23/75; Regulation 18.560, §§ 1, 2 and 3, filed 1/25/62.]

WAC 248-18-532 Alcoholism and substance abuse nursing unit. Optional. SHALL MEET REQUIREMENTS IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS—See WAC 248-18-515)

(1) WHEN SEPARATE ALCOHOLISM AND/OR SUBSTANCE ABUSE UNIT IS PLANNED, WAC 248-18-532 SHALL APPLY. When ten or more alcoholism treatment beds in the hospital are planned, a separate alcoholism unit is recommended.

(2) DETOXIFICATION AREA.

(a) PATIENT ROOMS, TOILET ROOMS, AND BATHING FACILITIES SHALL MEET REQUIREMENTS UNDER WAC 248-18-530 (6), (7), and (8).

(b) May be located on an acute care nursing unit.

(c) Security or seclusion rooms. Refer to WAC 248-18-534 (6) and (7).

(3) ALCOHOLISM AND SUBSTANCE ABUSE AREA OTHER THAN DETOXIFICATION.

(a) DESIGNED FOR CARE OF AMBULATORY AND HANDICAPPED PATIENTS.

(b) PROVISION FOR FLEXIBILITY IN ARRANGEMENT FOR VARIOUS TYPES OF THERAPIES.

(c) PATIENT ROOMS SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(6) WITH EXCEPTIONS:

(i) SEVENTY SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTI-BED ROOMS PERMITTED IN EXISTING PATIENT ROOMS.

(ii) EIGHTY SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOMS PERMITTED IN EXISTING PATIENT ROOMS.

(iii) IN MULTI-BED ROOMS: BEDS SPACED AT LEAST THREE FEET APART WITH THREE-FOOT AISLE MINIMUM WIDTH TO ALLOW TRAFFIC FLOW WITHIN THE ROOM.

(iv) Lavatory in each room optional.

(d) PATIENT TOILET ROOMS SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(7). AT LEAST ONE TOILET OPENING DIRECTLY FROM THE MAIN CORRIDOR OF THE NURSING UNIT IS DESIGNED TO ACCOMMODATE PATIENTS IN WHEELCHAIRS. May be used by either sex.

(i) EXCEPTIONS FOR ALTERATIONS OF EXISTING FACILITIES, REFER TO WAC 248-18-530 (7)(b).

(ii) SEPARATE TOILETS FOR EACH SEX UNLESS A TOILET ADJOINS EACH PATIENT ROOM.

(iii) Bedpan flushing devices, optional.

(e) BATHING FACILITIES SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(8).

(f) SERVICE AND SUPPORT FACILITIES.

(i) NURSES STATION OR EQUIVALENT SPACE FOR CLERICAL FUNCTIONS, TELEPHONE, NURSE CALL ANNUNCIATOR, AND MEDICAL RECORDS.

(ii) STANDARDS FOR NURSING UNIT IN WAC 248-18-530 (9)(b), (c), (d), (e), (f), (g), (h), (i), (j), (k), and (r) APPLY.

(g) SOCIAL FACILITIES.

(i) AT LEAST TWO SEPARATE ROOMS.²⁴

(ii) COMBINED ROOMS AND SOCIAL AREAS NOT LESS THAN FOUR HUNDRED SQUARE FEET FOR UNIT OF TEN BEDS OR LESS. FOR EVERY ADDITIONAL BED, ADD TWENTY SQUARE FEET PER BED.

(h) EXAMINATION AND TREATMENT ROOM SHALL MEET REQUIREMENTS IN WAC 248-18-530 (9)(l). LOCATED ON UNIT OR ELSEWHERE WITHIN HOSPITAL.

(i) Patient laundry facilities.²⁴ See WAC 248-18-534(13).

(j) OFFICES FOR ALCOHOLISM TREATMENT STAFF, INTERVIEWING ROOMS, COUNSELING ROOMS.²⁴

Note:

²⁴In accordance with program.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 84-22-003 (Order 277), § 248-18-532, filed 10/26/84.]

WAC 248-18-534 Psychiatric nursing unit. Optional, SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS—SEE WAC 248-18-515.)

(1) WHEN A SEPARATE PSYCHIATRIC UNIT IS PLANNED, WAC 248-18-534 SHALL APPLY. WHEN TEN OR MORE BEDS ARE PLANNED, A PSYCHIATRIC UNIT SHALL BE PROVIDED.

(2) DESIGNED FOR CARE OF AMBULATORY AND/OR NONAMBULATORY INPATIENTS.

(a) PROVISION FOR FLEXIBILITY IN ARRANGEMENT FOR VARIOUS TYPES OF PSYCHIATRIC THERAPIES.

(b) Design should present as noninstitutional an appearance as possible or practicable.

(c) FACILITIES SHALL BE SAFE FOR PATIENTS AND STAFF.

(3) WINDOWS AND RELITES IN ALL ROOMS ON PSYCHIATRIC UNITS SHALL MEET REQUIREMENTS OF WAC 248-18-718 (4)(b) EXCEPT THAT ALL WINDOWS SHALL BE SECURITY OR MAXIMUM SECURITY WINDOWS OR EQUIVALENT.²⁴

(4) PATIENT ROOMS SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(6) EXCEPTIONS:

(a) WINDOWS AND RELITES, refer to WAC 248-18-534(3).

(b) NURSE CALL SYSTEM. Optional in ambulatory patient room.²⁴

(c) Oxygen and suction outlets at head of each bed.²⁴

(d) Lavatory, Optional.²⁴

(e) Cubicle curtain tracks or rails in multibed rooms not required, PROVIDED OTHER EQUIVALENT MEANS OF INSURING PATIENT PRIVACY SHALL BE AVAILABLE, WHEN REQUIRED.

(f) CEILINGS SHALL MEET REQUIREMENTS UNDER WAC 248-18-718 (5)(c)(viii).

(5) TOILET AND BATHING FACILITIES SHALL MEET REQUIREMENTS UNDER WAC 248-18-530 (7) AND (8).

(a) Bedpan flushing devices optional in patient toilet rooms.

(b) WAC 248-18-530 (8)(b) shall not apply to ambulatory psychiatric units.²⁴

(6) SECURITY ROOM(S).

(a) DESIGNED TO MINIMIZE POTENTIAL FOR ESCAPE, HIDING, INJURY OR SUICIDE. If more than one psychiatric nursing unit, the rooms may be centralized on one nursing unit or decentralized on each nursing unit.²⁴

(b) MAXIMUM CAPACITY, TWO-BED ROOM.

(c) DOORS SHALL HAVE PROVISION TO OPEN OUTWARD.

(d) AT LEAST EIGHTY SQUARE FEET FLOOR SPACE PER BED IN MULTIBED ROOMS. AT LEAST ONE HUNDRED SQUARE FEET FLOOR SPACE IN ONE-BED ROOMS.

(e) WARDROBE, CLOSET OR LOCKER. May be located in adjoining anterooms, or nearby.

(f) TOILET WITH LOCK ON DOOR, STAFF CONTROLLED AND OPERABLE FROM BOTH SIDES OF DOOR, ADJOINING SECURITY ROOM. May serve more than one room and maximum of four patients.

(g) BATHING FACILITY MEETING MAXIMUM SAFETY AND SECURITY REQUIREMENTS. Refer to WAC 248-18-530(8) and definition of security room.

(h) SPECIAL FIXTURES AND HARDWARE INCLUDING DUPLEX RECEPTACLES. Refer to WAC 248-18-718 (10)(c)(ix).

(7) Seclusion room(s).

(a) DESIGNED TO MINIMIZE POTENTIAL FOR STIMULATION, ESCAPE, HIDING, INJURY OR SUICIDE for short periods of time generally not to exceed twenty-four hours. If more than one psychiatric nursing unit, the rooms may be centralized on one nursing unit or decentralized on each nursing unit.²⁴

(b) MAXIMUM CAPACITY, ONE PATIENT.

(c) MAXIMUM SECURITY WINDOW IF USED AS ASSIGNED PATIENT ROOM, IN ACCORDANCE WITH WAC 248-18-718 (4)(b), 248-18-534(3), and 248-18-530(6).

(d) DOORS SHALL HAVE PROVISION TO OPEN OUTWARD.

(e) AT LEAST EIGHTY SQUARE FEET AND MINIMUM DIMENSION OF EIGHT FEET. Ceiling height ten feet recommended.

(f) STAFF CONTROLLED, LOCKABLE TOILET ROOM ADJOINING SECLUSION ROOM(S). May

be entered through an adjoining anteroom. One toilet may serve more than one and maximum of four patients.

(g) SPECIAL FIXTURES AND HARDWARE. Refer to WAC 248-18-718. Receptacles and other electrical devices other than ceiling lights not recommended.

(8) SERVICE AND SUPPORT FACILITIES.

(a) NURSES STATION OR CONTROL FACILITIES WITH SPACE FOR CLERICAL FUNCTIONS, TELEPHONES, confidential staff communication.²⁴

(b) STANDARDS FOR NURSING UNIT IN WAC 248-18-530 (9)(b), (d), (e), (g), (h), (i), (j), and (k) apply.

(c) MEDICINE DISTRIBUTION OR STORAGE FACILITIES WITH PROVISIONS FOR SECURITY AGAINST UNAUTHORIZED ACCESS. Refer to WAC 248-18-710(1).

(d) Time out room, optional. SHALL MEET REQUIREMENTS OF SECLUSION ROOM IF INCLUDED.

(e) EXAMINATION AND TREATMENT ROOM SHALL MEET REQUIREMENTS IN WAC 248-18-530 (9)(l). LOCATED ON UNIT OR WITHIN SAME BUILDING.

(9) Treatment room for electroconvulsive therapy (ECT) REQUIRED WHEN ECT PERFORMED UNLESS SURGERY, RECOVERY OR OTHER ROOM(S) MEETING FOLLOWING REQUIREMENTS ARE AVAILABLE.²⁴

(a) MINIMUM DIMENSION OF TWELVE FEET AND MINIMUM AREA OF ONE HUNDRED FIFTY SQUARE FEET.

(b) EQUIPMENT:

EMERGENCY CALL.

LAVATORY OR SINK.

TREATMENT LIGHT.⁶

STORAGE FOR SUPPLIES AND EQUIPMENT.^{6, 18}

ROBE HOOK AND SHELF.

SPACE AND ELECTRICAL RECEPTACLE(S) FOR ECT MACHINE.

OXYGEN OUTLET.

SUCTION OUTLET.

STRETCHER OR TREATMENT TABLE OR EQUIVALENT.²⁴

SPACE FOR EMERGENCY MEDICAL SUPPLIES AND EQUIPMENT (CRASH CART).²⁴

SPACE FOR ANESTHESIA MACHINE OR CART AND EQUIPMENT.

SPACE FOR EKG MONITOR.²⁴

CLOCK WITH SWEEP SECOND HAND.

(10) RECOVERY FACILITY^{14, 24}: REQUIRED IF ECT IS PROVIDED.²⁴ May use post anesthesia recovery room or other room provided with following:

(a) Located near ECT treatment facilities.

(b) OXYGEN OUTLET FOR EACH BED, STRETCHER OR CART. SUCTION OUTLET FOR EACH BED, STRETCHER OR CART.

(c) Clean and soiled utility or material rooms may be combined with other suitable facilities, if properly located.

(11) SOCIAL FACILITIES.

- (a) AT LEAST TWO SEPARATE ROOMS.
- (i) QUIET ACTIVITY ROOM.
- (ii) NOISY RECREATION/ACTIVITY ROOM.
- (b) DINING AREA²⁴ - may be shared with other areas. Centralized or decentralized.
- (c) COMBINED ROOMS AND AREAS NOT LESS THAN FOUR HUNDRED SQUARE FEET.²⁴ FOR EVERY PLANNED PATIENT OCCUPANCY OF UNIT OVER EIGHT, ADD TWENTY SQUARE FEET PER PATIENT.

(d) Outside court or activity area, recommended.

(12) OTHER TREATMENT FACILITIES.

(a) GROUP ROOM MINIMUM AREA OF TWO HUNDRED FIFTY SQUARE FEET.

(b) INTERVIEW AND CONSULTATION ROOM(S).

(i) May be within psychiatric unit or immediately accessible to it.

(ii) Eighty square feet in each room.

(iii) ONE ROOM FOR EACH TWELVE PSYCHIATRIC BEDS OR MAJOR FRACTION THEREOF.

(iv) May be combined with examination and treatment room.

(c) OCCUPATIONAL THERAPY SPACE(S) and/or recreational therapy space(s):

(i) LOCATED WITHIN PSYCHIATRIC UNIT OR IN AN ACCESSIBLE AREA. One room of at least three hundred square feet recommended.

(ii) May serve more than one nursing unit if properly located.

(iii) May be combined with a social activity area.

(iv) EQUIPMENT:

SINK plaster trap recommended.

WORK COUNTER(S).⁶

STORAGE CABINETS.⁶

DISPLAY CABINETS⁶ AND AREAS.

(13) PATIENT LAUNDRY FACILITIES OR EQUIVALENT.²⁴

EQUIPMENT:

AUTOMATIC WASHER AND DRYER.

SINK AND COUNTER.⁶

Drying facilities.

Storage cabinet⁶, including storage for ironing equipment.

Ironing facilities.⁶

Notes:

⁶ May be moveable equipment.

⁷ See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(1).

¹⁴ See RECOVERY UNIT, WAC 248-18-560.

¹⁸ See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴ In accordance with program.

[Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-534, filed 10/23/81.]

WAC 248-18-539 Pediatric nursing unit. Optional, SHALL MEET REQUIREMENTS, IF INCLUDED, AS WELL AS REQUIREMENTS OF WAC 248-18-

530, 248-18-710, AND 248-18-718. (REQUIREMENTS IN CAPITAL LETTERS—SEE WAC 248-18-515.)

(1) SEPARATE, IDENTIFIED, AND STAFFED UNIT OR UNITS PLANNED FOR PEDIATRIC PATIENTS SHALL MEET REQUIREMENTS HEREIN.

WHEN SIXTEEN OR MORE PEDIATRIC BEDS ARE PLANNED, THERE SHALL BE A SEPARATE PEDIATRIC UNIT.

(2) ELECTRICAL OUTLETS,³⁶ EQUIPMENT, FIXTURES, AND OPERABLE WINDOWS IN PEDIATRIC ROOMS AND ACTIVITY AREAS OF A TYPE TO AVOID OPPORTUNITY FOR INJURY TO PATIENTS.

(3) DIRECT VISUALIZATION INTO ALL NURSERY ROOMS.²⁴ Recommended between corridors and rooms with cribs.

(4) PATIENT ROOMS AND EQUIPMENT.

(a) ADULT REQUIREMENTS FOR CAPACITY AND AREA APPLY TO ROOMS FOR YOUTH CRIBS AND BEDS.

(b) Nursery rooms and rooms for infants. AT LEAST FIFTY SQUARE FEET PER BASSINET.

(c) AT LEAST ONE ISOLATION ROOM FOR AIRBORNE COMMUNICABLE DISEASE WITH ADJOINING TOILET, BEDPAN FLUSHING EQUIPMENT, AND BATHING FACILITY. LAVATORY LOCATED IN ROOM AT ENTRY. Refer to WAC 248-18-718 (8)(b) Table B.

(d) MAXIMUM CAPACITY OF TEN INFANT CRIBS AND/OR BASSINETS PER ROOM.

(5) PATIENT TOILET ROOMS SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(7) EXCEPT ADJOINING TOILETS MAY BE OMITTED FROM NURSERY ROOMS.

(6) BATHING FACILITIES. SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(8).

(a) One elevated pediatric tub recommended.

(b) Infant cribs or bassinets excluded from ratio of one to eight required in WAC 248-18-530 (8)(a).

(7) TREATMENT AND EXAMINATION ROOM may be shared with other units.

(a) ONE ROOM REQUIRED. Two rooms recommended (one for examinations and one for treatments).²⁴

(b) SHALL MEET REQUIREMENTS UNDER WAC 248-18-530 (9)(1).

(c) Walls, ceilings, and doors constructed to minimize sound transmission.

(d) Additional radiant heat source such as panels in ceiling, sidewalls or equivalent.²⁴

(8) MULTIPURPOSE ROOM OR ROOMS.

(a) At least one activity space designed for playing and dining. Individual space recommended. Educational facilities (classrooms, etc.) may be located in other convenient areas.

(b) Separate activity room for adolescents when routinely admitted to the unit.

(c) WALLS, CEILINGS, AND DOORS CONSTRUCTED TO MINIMIZE SOUND TRANSMISSION.

(9) STORAGE.²⁴

(a) CLOSET OR CABINETS FOR TOYS, RECREATIONAL EQUIPMENT, AND EDUCATIONAL MATERIAL.

(b) SPACE FOR CRIBS AND ADULT BEDS TO PROVIDE FLEXIBILITY FOR INTERCHANGE OF PATIENT ACCOMMODATIONS. May be located elsewhere, in readily accessible area of hospital.

Notes:

²⁴In accordance with program.

³⁶Refer to WAC 248-18-718 (10)(c)(ix)

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-539, filed 9/20/83. Statutory Authority: RCW 43.20.050. 82-06-031 (Order 227), § 248-18-539, filed 2/26/82.]

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 SIX 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 ONE HUNDRED FIFTY SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOM AND ONE HUNDRED THIRTY-FIVE SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTIBED ROOMS. ARRANGEMENT OF ROOMS SHALL ALLOW SPACING OF AT LEAST FOUR FEET BETWEEN SIDE OF A BED AND WALL AND AT LEAST SIX FEET BETWEEN THE FOOT OF A BED AND A WALL. MULTIBED ROOMS SHALL BE ARRANGED TO PROVIDE AT LEAST EIGHT 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: ONE HUNDRED THIRTY-FIVE SQUARE FEET USABLE FLOOR SPACE IN EACH ONE-BED ROOM; ONE HUNDRED TWENTY-FIVE SQUARE FEET PER BED IN MULTIBED ROOMS; FOUR FEET SPACE BETWEEN SIDE OF A BED AND A WALL; FIVE FEET SPACE BETWEEN THE FOOT OF A BED AND A WALL; AND SIX FEET SPACE BETWEEN BEDS IN A MULTIBED 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 MULTIBED 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 FIVE-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 SIX 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 FIVE BEDS OR MORE. For subsidiary unit of less than five 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 ONE NURSE PER TWO PATIENT BEDS AND ONE PHYSICIAN PER FOUR 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 FIVE BEDS OR MORE. For subsidiary unit of less than five 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 five 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 five 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 (9)(e), (g), (h), (i), (j), and (k) APPLY TO OTHER FACILITIES OF THE CORONARY CARE UNIT.

Notes:

⁷See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Statutory Authority: RCW 43.20.050 and 70.41.030. 83-19-056 (Order 267), § 248-18-555, filed 9/20/83; 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 THROUGH TRAFFIC.

(b) LOCATED in or near clinical department assuming responsibility.

(2) PATIENT CARE AREA.

(a) ROOM OR ROOMS WITH AT LEAST EIGHTY SQUARE FEET PER BED, STRETCHER, OR CART.

(b) CUBICLE CURTAIN TRACKS OR EQUIVALENT.

(c) EQUIPMENT FOR EACH PATIENT STATION:

(i) OXYGEN OUTLET. Two recommended.

(ii) TWO SUCTION OUTLETS.

(iii) MEDICAL EMERGENCY SIGNALLING DEVICE.⁵⁶

(iv) SIX SINGLE OR THREE DUPLEX ELECTRICAL RECEPTACLES.

(v) OVERHEAD LIGHTING.

(vi) Medical air.

(d) LAVATORY LOCATED CONVENIENT TO EVERY SIX PATIENT STATIONS.

(e) STORAGE, SHELVES, DRAWERS, OR EQUIVALENT AND CHARTING SURFACE AT EACH PATIENT STATION.⁶

(f) Isolation room.

(i) LAVATORY OR SINK.

(ii) ONE OXYGEN OUTLET.

- (iii) TWO SUCTION OUTLETS.
- (iv) MEDICAL EMERGENCY SIGNALLING DEVICE.⁵⁶
- (v) ONE HUNDRED TWENTY SQUARE FEET. One hundred fifty square feet recommended.
- (vi) CLOCK.
- (vii) Access from both outside and inside recovery unit.
- (viii) Relites from isolation room into recovery unit.
- (ix) Capability to change or switch from negative to positive pressure gradient.
- (x) Curtain tracks or equivalent.
- (xi) Medical air.
- (xii) LIGHTING OVER PATIENT STATION.
- (xiii) SIX SINGLE OR THREE DUPLEX ELECTRICAL RECEPTACLES.
- (xiv) CLINIC SERVICE SINK OR WATER CLOSET WITH BEDPAN RINSING/FLUSHING ATTACHMENT ADJOINING ROOM.
- (3) SERVICE FACILITIES.
 - (a) ADEQUATE SPACE, IN ADDITION TO REQUIRED PATIENT CARE AREA, IF LOCATED IN SAME ROOM AS PATIENT CARE AREA.
 - (b) CLEAN UTILITY OR MATERIALS. May be located in patient care room or adjoining room or rooms.
 - (i) WORK SURFACE.
 - (ii) SINK.
 - (iii) LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED STORAGE FOR CONTROLLED SUBSTANCES - See WAC 248-18-710 (1)(b).
 - (iv) STORAGE UNIT.^{6, 18}
 - (v) REFRIGERATOR. Ice dispenser.⁶
 - (vi) LINEN STORAGE.^{6, 18}
 - (vii) EQUIPMENT STORAGE.^{6, 18}
 - (viii) Warmer for blankets and solutions.
 - (c) SOILED UTILITY OR SOILED MATERIALS ROOM⁷, LOCATED WITH DIRECT ENTRY FROM RECOVERY UNIT. May be shared with clean-up facilities of the surgical suite or combined surgical/obstetrical suite provided there is a direct entry from each.
 - (d) CHARTING SURFACE.⁶ May be shelf, desk, or equivalent.
 - STAFF TOILET. May be in or convenient to unit.
 - (f) HOUSEKEEPING FACILITIES.⁵
 - [(e)] Suitable combination with other housekeeping facilities permitted if convenient to recovery unit.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁷See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710 (2)(c) AND (d), SOILED UTILITY OR MATERIALS ROOM.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

⁵⁶See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718 (11)(b)(iii).

[Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-560, filed 11/13/85. Statutory Authority: RCW 70.41.030

and 43.20.050. 83-19-058 (Order 269), § 248-18-560, filed 9/20/83; Order 119, § 248-18-560, filed 5/23/75; Regulation 18.580, filed 1/25/62.]

WAC 248-18-565 Surgery suite. ⁸ Optional. SHALL MEET REQUIREMENTS IF INCLUDED. (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, 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 processing service facilities) SERVING OTHER AREAS OF THE HOSPITAL AND THEREBY CREATING 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 PLANNED TO SERVE FOR OUTPATIENT SURGERY LOCATED SO PENETRATION OF THE SUITE BY THE PUBLIC IS LIMITED.

(g) CONDUCTIVITY METER WITHIN SUITE REQUIRED ONLY IF OPERATING ROOMS DESIGNED FOR USE OF FLAMMABLE ANESTHETICS.⁶

(h) MEDICAL EMERGENCY SIGNALLING DEVICE - SEE WAC 248-18-718 (11)(b).

(2) MAJOR OPERATING ROOM.

(a) AT LEAST ONE MAJOR OPERATING ROOM.

(b) MINIMUM DIMENSION AT LEAST EIGHTEEN FEET.²⁴ Twenty feet or more recommended.

MINIMUM CLEAR AREA AT LEAST THREE HUNDRED SIXTY SQUARE FEET EXCLUSIVE

OF FIXED AND MOVABLE CABINETS AND SHELVES.²⁴

(c) EQUIPMENT:

(i) OVERHEAD SURGERY LIGHT.

(ii) TWO X-RAY FILM ILLUMINATORS.⁶

(iii) ELECTRIC CLOCK WITH SWEEP SECOND HAND OR EQUIVALENT AND INTERVAL TIMER.

(iv) STORAGE FOR SURGICAL SUPPLIES.^{6, 18}

(v) TWO SUCTION OUTLETS.

(vi) TWO OXYGEN OUTLETS.

(vii) SEPARATE WASTE GAS EVACUATION SYSTEM.

(viii) Work surface.⁶

(ix) Medical gases and medical air.²⁴

(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 FIFTEEN FEET.

MINIMUM CLEAR AREA AT LEAST TWO HUNDRED SEVENTY SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(c) EQUIPMENT:

(i) OVERHEAD SURGERY LIGHT OR EQUIVALENT.²⁴

(ii) TWO X-RAY ILLUMINATORS.⁶

(iii) ELECTRIC CLOCK WITH SWEEP SECOND HAND OR EQUIVALENT AND INTERVAL TIMER.²⁴

(iv) STORAGE FOR SURGICAL SUPPLIES.^{6, 18}

(v) TWO SUCTION OUTLETS.

(vi) TWO OXYGEN OUTLETS.

(vii) SEPARATE WASTE GAS EVACUATION SYSTEM.

(viii) Work surface.⁶

(ix) Medical gases and medical air.²⁴

(4) Cystoscopy facilities.

(a) Cystoscopy operating room.

(i) May be in suitable location outside surgery suite.

(ii) MINIMUM DIMENSION AT LEAST FIFTEEN FEET.

MINIMUM CLEAR AREA OF TWO HUNDRED SEVENTY SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.²⁴

(iii) IF LOCATED OUTSIDE SURGERY SUITE, PROVIDE ONE SCRUB SINK OUTSIDE THE ENTRANCE AND FACILITIES FOR CLEANING AND STERILIZATION IN SOILED AND CLEAN UTILITY ROOMS.

(iv) EQUIPMENT:

(A) SURGERY LIGHT.²⁴

(B) TWO X-RAY FILM ILLUMINATORS.⁶

(C) Work surface.⁶

(D) STORAGE FOR SURGICAL SUPPLIES.^{6, 18}

(E) ELECTRIC CLOCK WITH SWEEP SECOND HAND OR EQUIVALENT AND INTERVAL TIMER.²⁴

(F) X-RAY UNIT⁶ - preferably mounted on urological table.

(G) TWO OXYGEN OUTLETS.

(H) TWO SUCTION OUTLETS.

(I) Flushing rim type floor drain may be permitted; PROVIDED DRAIN SYSTEM IS SPECIFICALLY DESIGNED FOR EASY ACCESS FOR CLEANING DRAIN AND TRAP.

(J) SEPARATE WASTE GAS EVACUATION SYSTEM.

(b) Darkroom or equivalent.

(c) Adjoining toilet, wheelchair accessible, if outside surgery suite.

(5) SEPARATE PATIENT HOLDING AREA.²⁴

(a) May be omitted in hospitals with only one operating room.

(b) ROOM OR ALCOVE OUT OF TRAFFIC.

(c) LOCATED FOR DIRECT VISIBILITY OF EACH PATIENT.²⁴

(d) IF SURGICAL PREPS AND INDUCTIONS DONE, PROVIDE LAVATORY OR SINK, WORK COUNTERS, AND CUBICLE CURTAINS OR EQUIVALENT.

(e) OXYGEN AND SUCTION OUTLETS.

(f) MEDICAL EMERGENCY SIGNALLING DEVICE - SEE WAC 248-18-718 (11)(b).

(6) SCRUB-UP AREA.

(a) ADJACENT TO EACH OPERATING ROOM.

(b) DIRECT ACCESS TO EACH OPERATING ROOM.

(c) EQUIPMENT:

(i) AT LEAST THREE SCRUB SINKS FOR EACH TWO OPERATING ROOMS, BUT IN NO CASE LESS THAN TWO SCRUB SINKS.

(ii) DETERGENT DISPENSER OR EQUIVALENT.⁶ FOOT CONTROL OR EQUIVALENT IF LIQUID DISPENSER.

(iii) BRUSH DISPENSER OR EQUIVALENT.²⁴

(iv) SHELF.

(v) TOWEL DISPENSER OR EQUIVALENT.²⁴

(vi) CLOCK WITHIN VIEW FROM SCRUB SINKS.

(7) CLEAN-UP FACILITIES WITH A SINK WITH ACCESSIBLE PLASTER TRAP. Sink with plaster trap may be in other appropriate soiled area.¹⁰

(8) CLEAN WORKROOM.

(a) May be omitted if written program defines a supply and equipment system eliminating need for preparation and assembly within the suite.

(b) EQUIPMENT:

(i) Lavatory.

(ii) WORK COUNTERS OR TABLES OR EQUIVALENT.⁶

(iii) STORAGE FOR SUPPLIES AND SMALL EQUIPMENT.^{6, 18}

(9) STERILIZING FACILITIES.

(a) HIGH SPEED STERILIZERS WITH RECORDING THERMOMETERS AND AUTOMATIC

CONTROLS OF SUFFICIENT CAPACITY TO ACCOMMODATE SUPPLIES AND EQUIPMENT TO BE STERILIZED IN SUITE.

(b) MINIMUM OF ONE STERILIZER¹¹ IN EACH SURGERY SUITE.

(c) IF PRACTICE OF STERILIZING UNWRAPPED SETS OF INSTRUMENTS IS TO BE FOLLOWED, A SUFFICIENT NUMBER OF STERILIZERS¹², ACCESSIBLE FOR MAINTENANCE, SHALL BE LOCATED TO PROVIDE DIRECT ACCESS TO EACH OPERATING ROOM AND OBSTETRICAL DELIVERY ROOM FROM A STERILIZING FACILITY.

(10) SOLUTION WARMER.^{6, 24}

(11) STORAGE FACILITIES.¹⁸

(a) CLEAN SUPPLY ROOM;

(b) INSTRUMENTS. May be located in clean supply room;

(c) DRUGS - SEE WAC 248-18-710(1). May be located in anesthesia work room or in clean supply room;

(d) LINEN.⁹ May be located in clean supply room;

(e) BLOOD REFRIGERATION unless satisfactory provision elsewhere;

(f) SOLUTIONS;

(g) STERILE SUPPLIES;

(h) LARGE AND SMALL EQUIPMENT;

(i) STRETCHERS. Space for one stretcher per operating room or delivery room;

(j) PORTABLE X-RAY unless suitable provision for storage elsewhere.

(12) ANESTHESIA STORAGE - MACHINES AND CARTS¹³ unless satisfactory provision elsewhere.

(13) Anesthesia workroom.

(a) IF CLEANING OF ANESTHESIA EQUIPMENT TO BE DONE, DESIGNED FOR SEPARATION OF SOILED AND CLEAN FUNCTIONS. Soiled room may be omitted if cleaning function to occur in clean-up or decontamination room in central processing.

(b) CLEAN ROOM.

(i) WORK COUNTERS.⁶

(ii) STORAGE FOR ANESTHESIA SUPPLIES AND SMALL EQUIPMENT.⁶

(iii) SPACE FOR TESTING AND STORAGE OF ANESTHESIA MACHINES AND EQUIPMENT WITH ADEQUATE ELECTRICAL OUTLETS.²⁴

(iv) LAVATORY OR SINK FOR HANDWASHING.

(c) SOILED ROOM. May be omitted if cleaning to be done in clean-up or decontamination room or soiled processing areas elsewhere in the hospital.

(i) WORK COUNTERS.

(ii) DOUBLE COMPARTMENT SINK.

(iii) STORAGE FOR CLEANING SUPPLIES AND EQUIPMENT.

(iv) Space for anesthesia carts.²⁴

(14) ADMINISTRATIVE FACILITIES.

(a) CONTROL STATION.²⁴

(i) LOCATED TO PERMIT COORDINATION OF FUNCTIONS AMONG OPERATING ROOMS and to permit visual surveillance of traffic entering suite.

(ii) TELEPHONE.

(iii) ANNUNCIATOR FOR EMERGENCY SIGNALING DEVICE UNLESS LOCATED IN ALTERNATE LOCATION FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE.⁵⁶

(b) SUPERVISOR'S OFFICE PROVIDING PRIVACY. May be combined with control station.²⁴

(c) Surgery schedule board or equivalent.

(d) Dictating facilities.

(e) CONFERENCE ROOM FOR CONFIDENTIAL COMMUNICATION.²⁴ May be combined with other facilities, as appropriate.

(15) STAFF FACILITIES.

(a) LOCATED AND ARRANGED FOR ACCESS FROM OUTSIDE SUITE TO CLOTHING CHANGE AREA PRIOR TO ENTERING SUITE.

(b) LOCKER ROOM OR ROOMS, TOILET OR TOILETS, SHOWER OR SHOWERS, AND LOUNGE OR LOUNGES.

(i) Lockers, secured spaces, or equivalent predicated upon daily average volume or flow of personnel, medical staff, and others to and from surgical suite.²⁴

(ii) STORAGE SPACE FOR SCRUB CLOTHING.^{6, 18}

(iii) SPACE FOR COLLECTION RECEPTACLES FOR SOILED SCRUB CLOTHING.

(16) HOUSEKEEPING FACILITIES.⁵

(17) RECOVERY OR POST ANESTHESIA CARE UNIT.²⁴

(18) 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.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁸Where 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).

¹⁰See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

¹¹May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

¹²May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

¹³See RECEIVING, STORES, AND DISTRIBUTION, WAC 248-18-700(10), FLAMMABLE ANESTHETIC STORAGE.

¹⁴See Recovery Unit, WAC 248-18-560.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴In accordance with program.

⁵⁶See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718 (11)(b)(iii).

[Statutory Authority: RCW 70.41.030, 85-23-017 (Order 2302), § 248-18-565, filed 11/13/85. Statutory Authority: RCW 70.41.030 and 43.20.050, 83-19-058 (Order 269), § 248-18-565, filed 9/20/83; 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 248-18-568 Facilities for one-day patient care. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED.

(1) LOCATED FOR CONVENIENT TRANSFER TO AND FROM A SURGICAL SUITE.²⁴

(2) WAITING ROOM OR AREA FOR FAMILY MEMBERS. May be combined with other waiting areas, if in close proximity.

(3) PATIENT CARE ROOM OR ROOMS.

(a) DIRECTLY ACCESSIBLE FROM CORRIDOR.

(b) ONE-BED ROOM OR ROOMS WITH ONE HUNDRED SQUARE FEET PER ROOM.

(c) MULTI-BED ROOM OR ROOMS WITH AT LEAST EIGHTY SQUARE FEET PER EACH BED, STRETCHER, OR EQUIVALENT. THIS SPACE MAY INCLUDE SUPPORT FACILITIES PERMITTED WITHIN THE ROOM, THREE FEET CLEAR SPACE BETWEEN EACH BED, STRETCHER, OR EQUIVALENT.

(d) EQUIPMENT.

(i) OXYGEN OUTLET AT HEAD OF EACH BED, STRETCHER, OR EQUIVALENT.

(ii) SUCTION OUTLET AT HEAD OF EACH BED, STRETCHER, OR EQUIVALENT.

(iii) NURSE CALL SIGNAL DEVICE AT EACH BED, STRETCHER, OR EQUIVALENT. SEE WAC 248-18-718 (11)(b)(i) and (ii).

(iv) CLOSET, LOCKER, OR EQUIVALENT PER EACH BED, STRETCHER, OR EQUIVALENT FOR PATIENT CLOTHING. May be in or adjacent to the patient care room or rooms.

(v) LAVATORY.

(vi) MEDICAL EMERGENCY SIGNALLING DEVICE.⁵⁶

(vii) CUBICLE CURTAIN TRACKS OR RAILS OR EQUIVALENT TO PROVIDE COMPLETE SCREENING OF EACH BED, STRETCHER, OR EQUIVALENT TO PROVIDE VISUAL PRIVACY FOR EACH PATIENT IN MULTI-BED ROOMS.

(4) SERVICE FACILITIES LOCATED IN PATIENT CARE ROOM OR ROOMS OR ADJOINING ROOM OR ROOMS OR AREAS.

(a) SINK OR LAVATORY if service facility outside patient care room.

(b) WORK COUNTER.⁶

(c) LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED STORAGE FOR CONTROLLED SUBSTANCES.^{6, 24}

(d) STORAGE UNIT.^{6, 18, 24}

(e) REFRIGERATOR.⁶

(f) LINEN STORAGE.⁶

(g) CHARTING SURFACE OR DESK.⁶

(h) TELEPHONE.

(5) SOILED UTILITY OR SOILED MATERIALS ROOM. REFER TO WAC 248-18-710 (2)(c) and (d).

(6) PATIENT TOILET DESIGNED AND ARRANGED TO ACCOMMODATE A PATIENT IN A WHEELCHAIR.

(7) HOUSEKEEPING FACILITIES.⁵ Suitable combination with other housekeeping facilities permitted, if convenient to one-day patient care facilities.

(8) Predischarge area or lounge.

(a) Multipatient accommodation.

(b) Seventy square feet per patient space.

(c) Curtain tracks or equivalent to provide for visual privacy for patients.

(d) Access to toilet.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710 (5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴In accordance with program.

⁵⁶See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718 (11)(b)(iii).

[Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-568, filed 11/13/85.]

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 SUBSECTION (1) OR (2) OF THIS SECTION.

(1) Separate, segregated, obstetrical delivery suite.

(a) DELIVERY SUITE - GENERAL.

(i) SEPARATE, SEGREGATED UNIT INCLUDING 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 POSTPARTUM PATIENT ROOMS AND NEWBORN NURSERY TO FACILITATE TRANSFER OF MOTHER AND INFANT FOLLOWING DELIVERY.

(iv) In small obstetrical departments located adjacent to postpartum 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 ONE FOR EACH ANTICIPATED SEVEN

HUNDRED DELIVERIES OR FRACTION THEREOF PER YEAR.

(ii) MINIMUM DIMENSION AT LEAST SIXTEEN FEET. MINIMUM CLEAR AREA AT LEAST THREE HUNDRED 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 ONE 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 eliminating 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 ONE AUTOCLAVE¹¹ 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 AUTOCLAVES¹² 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 STORAGE¹³ unless satisfactory provision elsewhere.

(i) HOUSEKEEPING FACILITIES.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 eight postpartum beds. May serve personnel of delivery suite, newborn nursery, and postpartum 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 INCLUDING 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) SERVING OTHER AREAS OF THE HOSPITAL AND THEREBY CREATING 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 OR UNITS OR OTHER APPROPRIATE NURSING UNITS.

(d) DELIVERY ROOM OR ROOMS AND SCRUB-UP AREA OR AREAS TO COMPLY WITH WAC 248-18-600 (1)(b) and(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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁸Where 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).

¹⁰See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

¹¹May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

¹²May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

¹³See RECEIVING AND STORES, WAC 248-18-700(5), FLAMMABLE ANESTHETIC STORAGE.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-600, filed 9/20/83; 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 POSTPARTUM 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 TWO BEDS. One-bed rooms recommended.

OTHER STANDARDS FOR TYPICAL PATIENT ROOM APPLY.¹⁵

(c) ONE LABOR BED FOR EVERY ESTIMATED THREE HUNDRED FIFTY DELIVERIES OR FRACTION THEREOF, PER YEAR.

(2) TOILETS AND BATHING FACILITIES.¹⁶

(a) WATER CLOSETS IN RATIO OF AT LEAST ONE TO EVERY SIX LABOR BEDS OR FRACTION THEREOF.

(b) SHOWERS IN THE RATIO OF AT LEAST ONE TO EVERY EIGHT LABOR BEDS OR FRACTION THEREOF, EXCEPT, IN HOSPITALS WITH LESS THAN EIGHT POSTPARTUM BEDS, ONE SHOWER MAY SERVE BOTH POSTPARTUM 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 postpartum unit. Not required if labor rooms are within delivery suite or combined surgery/delivery suite having adequate service facilities for necessary functions in properly segregated clean and soiled rooms.

(4) BEDPAN ROOM.

(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:

⁷See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

¹⁵See NURSING UNIT, GENERAL, WAC 248-18-530.

¹⁶See PATIENT TOILET AND BATHING FACILITIES, WAC 248-18-530(7) and (8) for additional requirements.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-605, filed 9/20/83; 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) NUMBER.

DEPENDENT UPON ANTICIPATED PATIENT DEMAND AND USE.

(2) 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 ACCESS⁴⁷ TO NEWBORN NURSERY.

(3) CAPACITY.

MAXIMUM CAPACITY, ONE WOMAN, HER NEWBORN, AND HER SUPPORT PEOPLE.

(4) SPACE.

MINIMUM DIMENSION OF ELEVEN FEET AND MINIMUM AREA OF AT LEAST ONE HUNDRED SIXTY 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 FOUR FEET OF SPACE AT ONE SIDE AND FOOT END OF THE BED. One hundred eighty square feet of usable floor space recommended.

(5) Window.⁵³ REQUIRED IF ROOM IS TO BE USED AS A PATIENT ROOM FOR POSTPARTUM CARE FOLLOWING RECOVERY, FOR A PERIOD OF TWENTY-FOUR HOURS OR LONGER.

(6) 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 OR INFANTS. For alteration projects, may use portable oxygen tanks.

(e) CLOCK⁶ WITH SWEEP SECOND HAND.

(f) CURTAIN OR EQUIVALENT MEANS FOR PROVIDING VISUAL PRIVACY AT CORRIDOR DOOR OPENINGS, INTERIOR RELITE PARTITIONS, AND EXTERIOR WINDOWS.

(g) EMERGENCY SIGNAL DEVICE FOR USE OF THE STAFF TO REGISTER AT LOCATION FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE.

(7) TOILETS AND BATHING FACILITIES.

(a) TOILET ROOM SERVING ONE ADJOINING BIRTHING ROOM EXCLUSIVELY PROVIDED WITH WATER CLOSET (EQUIPPED WITH BED-PAN FLUSHING ATTACHMENT) FOR USE BY THE PATIENT AND HER SUPPORT PERSON OR PERSONS. 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 OR PERSONS.

(b) Support person's or persons' toilet and dressing room. REQUIRED ONLY IF TOILET AND DRESSING FACILITIES ARE REQUIRED BY PROGRAM AND FACILITIES ARE NOT AVAILABLE ADJOINING BIRTHING ROOM OR ROOMS 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.

(8) NURSES' STATION, MEDICINE AREA,⁷ CLEAN AND SOILED UTILITY ROOMS,⁷ AND HOUSEKEEPING FACILITIES.⁵

Not required if birthing room or rooms 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 having adequate service facilities for necessary functions in properly segregated clean and soiled rooms.

(9) STORAGE FOR LARGE EQUIPMENT.

May be within the birthing room or in a clean room conveniently located to the birthing room.

(10) WHEELCHAIR AND STRETCHER STORAGE.

Not required if birthing room or rooms are 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.

(11) 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 having adequate staff facilities.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5) HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁷See GENERAL DESIGN REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

²⁴In accordance with the program.

⁴⁷"Easy access" means on the same floor or readily accessible to elevator services.

⁵³See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718 (4)(b), WINDOWS.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-607, filed 9/20/83. 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:

¹⁴See 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 COATS⁶ 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 OR ROOMS.

(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 REFRIGERATOR⁶ - 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 UNITS¹⁸ (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 five prematures is anticipated. REQUIREMENTS FOR NURSERY ROOMS AND ANCILLARY FACILITIES SAME AS FOR FULL-TERM NURSERY UNIT, EXCEPT THAT MINIMUM OF THIRTY 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 - TWO BASSINETS.**

(c) **NURSERY ROOM.**

REQUIREMENTS SAME AS FULL-TERM NURSERY ROOM EXCEPT MINIMUM OF FORTY 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 REFRIGERATOR⁶ - 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 UNITS¹⁸ (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 UNITS¹⁸ (FOR: GENERAL CLEANING SUPPLIES AND EQUIPMENT).

(5) **FACILITIES FOR JANITORS, MAIDS, AND NURSERY PERSONNEL.**

(a) **HOUSEKEEPING FACILITIES.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 eight 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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Statutory Authority: RCW 70.41.030 and 43.20.050, 83-19-058 (Order 269), § 248-18-615, filed 9/20/83; 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 OR ROOMS 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 ACCESS⁴⁷ 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 SEVENTY-TWO 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 Five feet 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 EQUIVALENT⁴¹ FAUCET CONTROLS.

(v) CLEAN STORAGE for clean gowns, masks, and nail cleaners.

(vi) WALL CLOCK⁶ 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 AIR⁴⁹ OUTLETS PER STATION.

(d) MINIMUM OF TWO SUCTION OUTLETS PER STATION, three recommended.

(e) CLOSED STORAGE⁶ FOR INDIVIDUAL SUPPLIES AND EQUIPMENT WITHIN EACH INFANT STATION.

(f) ONE LAVATORY WITH GOOSENECK SPOUT AND KNEE OR FOOT FAUCET CONTROL OR EQUIVALENT⁴¹ FOR EVERY FOUR

INFANT STATIONS. LOCATED CONVENIENT TO EACH INFANT STATION. DETERGENT DISPENSER.

(g) WORK COUNTER⁶ FOR EACH INFANT STATION WITH PROVISION FOR WRITING SURFACE.

(h) SPACE TO ACCOMMODATE MONITORS.⁶

(i) LIGHTING,⁶ AT LEAST SEVENTY FOOT-CANDLES MEASURED AT THE HEIGHT OF THE INFANT STATION OR TREATMENT TABLE.

(j) CLOCK OR CLOCKS WITH SWEEP SECOND HAND FOR VIEWING FROM EACH INFANT STATION.

(k) X-RAY RECEPTACLE OUTLET OR OUTLETS OR EQUIVALENT²⁴ and ⁵⁰ AVAILABLE IN EACH NURSERY ROOM.

(7) Isolation Facilities. Optional.²⁴

IF PROVIDED, ALL STANDARDS IN WAC 248-18-636 (6)(a) THROUGH (k) FOR NEONATAL INFANT STATIONS 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 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 EIGHT FEET.

MINIMUM OF EIGHTY SQUARE FEET EXCLUSIVE OF DOOR SWING AND FIXED AND MOVABLE CABINETS AND SHELVES.

(c) FOUR FOOT 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 HEATER⁶ 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 LIGHT⁶ 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 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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-718(5) HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁷See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

²⁴In accordance with program.

⁴¹Equivalent 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.

⁴⁸May be combined with obstetrical service facilities or other facilities convenient to the Neonatal Intensive Care Unit.

⁴⁹Compressed air is filtered air free of oil and other substances, particles, or contaminants.

⁵⁰Equivalent for x-ray receptacle outlet or outlets refers to a battery-operated, self-contained, x-ray machine.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-636, filed 9/20/83. 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 SUBSECTION (1) OR (2) OF THIS SECTION 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 six 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.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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-640, filed 9/20/83; Order 119, § 248-18-640, filed 5/23/75; Regulation 18.620, filed 1/25/62.]

(1986 Ed.)

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 MULTIROOM 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 WHERE 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 WHERE EXAMINATION, TREATMENT, AND OBSERVATION ROOMS ARE LOCATED.

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(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 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 or rooms.

(a) OUTSIDE AREA OF MAIN TRAFFIC FLOW IN EMERGENCY DEPARTMENT.

(b) Equipped with desk and telephone.

(8) MAJOR EMERGENCY TREATMENT ROOM OR ROOMS.

(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 FOUR 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 KEPT IN THE ROOM: PROVIDED HOWEVER, THE CLEAR SPACE BETWEEN TREATMENT TABLES (OR CARTS) SHALL BE AT LEAST EIGHT FEET WIDE. THE FLOOR SPACE ALLOWED FOR A TREATMENT TABLE SHALL BE AT LEAST EIGHTY INCHES BY THIRTY 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 - EIGHT 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 TO BE KEPT IN ROOM.

SPACE FOR LINEN HAMPERS AND TRASH CONTAINERS.

(9) Minor treatment and examination room or rooms.

(a) At least one minor treatment and examination room.

(b) DIMENSIONS AND ARRANGEMENT OF EXAMINATION ROOM OR ROOMS TO PROVIDE AT LEAST EIGHTY 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 SIX FEET BY TWO FEET EXAMINATION TABLE WITH AT LEAST THREE FEET WIDE CLEAR SPACE ON EACH SIDE OF THE TABLE AND FOUR 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 or rooms.

(a) NEAR TO NURSES' STATION OR OTHER CONTROL STATION TO PERMIT CLOSE OBSERVATION OF PATIENTS.

(b) AT LEAST ONE HUNDRED TWENTY-FIVE SQUARE FEET IN ONE-BED ROOM.

(c) MINIMUM DIMENSION OF TEN FEET FOR ONE-BED ROOM.

(d) EACH MULTIPLE-BED ROOM DESIGNED TO PROVIDE AT LEAST FOUR 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 FIVE 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 or rooms.

SEPARATE STORAGE PER BED FOR EXTRA PILLOWS AND BLANKETS. May be combined with closet or locker.

(11) PATIENT TOILET OR TOILETS.

(a) CONVENIENT TO EXAMINATION AND TREATMENT ROOMS.

(b) TOILET OR TOILETS 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 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.⁵

Suitable combination with other housekeeping facilities permitted if convenient to emergency department.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁷See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

⁸Where 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).

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-645, filed 9/20/83; 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 EIGHT FEET AND MINIMUM AREA OF EIGHTY 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 FIFTEEN 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 OR ILLUMINATORS.⁶

(6) UTILITY ROOM.⁷

Located close to examination and treatment rooms.

(7) MEDICINE FACILITIES.⁷

(8) HOUSEKEEPING FACILITIES.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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁷See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

¹⁴See Recovery Unit, WAC 248-18-560.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-650, filed 9/20/83; 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 twenty-five beds.

(4) RADIOGRAPHIC ROOM.

(a) AT LEAST ONE FOR EVERY HOSPITAL. IN HOSPITALS OF ONE HUNDRED FIFTY 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) DARKROOM.

(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.⁵

Suitable combination with other housekeeping facilities permitted if convenient to radiology facilities.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²¹Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-655, filed 9/20/83; 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 COUNTER²⁰ 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 COUNTER²⁰ 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 COUNTER²⁰ 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 SINK¹⁹ (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:

SINK¹⁹ - May be omitted if combined with other facilities.

WORK COUNTER²⁰ 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 STERILIZER⁶ unless adequate provision elsewhere.

Suction outlet.

Clinic service sink (siphon jet).

(11) HOUSEKEEPING FACILITIES.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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

¹⁹CORROSION RESISTANT - Stainless steel recommended.

²⁰IMPERMEABLE SURFACE.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-660, filed 9/20/83; Order 119, § 248-18-660, filed 5/23/75; § 248-18-660, 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 CONTROL²² (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 unit⁶ 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:

⁶May be movable equipment.

²¹Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.

²²May 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) LOCATED IN A CLEAN, SECURE ROOM.

(b) ALL ENTRANCES EQUIPPED WITH CLOSERS.

(c) LOCKING MECHANISMS ON ALL ENTRANCE DOORS.

(d) ALL PERIMETER WALLS OF THE PHARMACY AND VAULT SHALL BE CONSTRUCTED FULL HEIGHT FROM FLOOR TO UNDERSIDE OF STRUCTURE ABOVE.

(e) ACCESSIBLE WINDOWS AND RELITES SUPPLIED WITH SECURITY DEVICES OR ALARM SYSTEMS.

(f) EMERGENCY SIGNAL DEVICE TO SECURE EMERGENCY ASSISTANCE.

(2) GENERAL COMPOUNDING AND DISPENSING UNIT OR AREA.

(a) Dispensing window. If provided, equipped with appropriate security device.

(b) Instruction area to allow for patient privacy while receiving instructions regarding drug usage.

(c) EQUIPMENT:

(i) WORK COUNTER.²⁰

(ii) SINK¹⁹ (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

(iii) STORAGE UNIT⁶ - Drawers, cupboards, and shelves to accommodate different size containers.

(iv) REFRIGERATOR.⁶

(v) Freezer.⁶

(vi) SPACE FOR TRANSPORTATION EQUIPMENT.²⁴

(vii) Telephone.

(viii) Bulletin board.

(3) Manufacturing and unit dose packaging area.

(a) Located in a work area separate from other functions.

(b) EQUIPMENT:

(i) WORK COUNTER.²⁰

(ii) SINK¹⁹ (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

(iii) STORAGE UNITS⁶

(4) Parenteral. Admixtures, Radiopharmaceuticals, and Other Sterile Compounding Area.

(a) LOW TRAFFIC, CLEAN AREA. May be located in other suitable, clean area outside pharmacy.

(b) PREPARATION AREA.

EQUIPMENT:

(i) WORK COUNTER.²⁰

(ii) Laminar flow unit.

(iii) SINK¹⁹ (MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER).

(iv) SPACE FOR PARKING OF PORTABLE EQUIPMENT.²⁴

(v) STORAGE UNITS.⁶

(5) LOCKED STORAGE FOR SCHEDULE II CONTROLLED SUBSTANCES.

(6) SPACE FOR FILES AND CLERICAL FUNCTIONS. May be located in another suitable area outside the pharmacy. Office and library.

(7) Waiting room or area. Located outside the physical boundaries of the pharmacy.

(8) Conference room.

(9) BREAKOUT AREA SEPARATE FROM CLEAN AREAS.

(10) HOUSEKEEPING FACILITIES.

Suitable combination with other housekeeping facilities permitted if convenient to pharmacy.

Notes:

⁶May be movable equipment.

¹⁹CORROSION RESISTANT - Stainless steel recommended.

²⁰IMPERMEABLE SURFACE.

²⁴In accordance with program.

[Statutory Authority: RCW 70.41.030. 83-13-067 (Order 262), § 248-18-670, filed 6/16/83; 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 OR SINKS.

(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 five hundred 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 thirty-six square feet of floor area per patient for the maximum number to be in therapy at any one time.

(ii) Divided and equipped for diversified work.

(iii) EQUIPMENT:

SINK WITH SLUDGE TRAP.

(d) Facilities for teaching activities of daily living.

(5) Psychological facilities.

Office space for psychological testing, evaluation, and counseling.

(6) Social service facilities.

Office space for private interview and counseling.

(7) Vocational facilities.

Office and work space for counseling, evaluation, pre-vocational program, and placement.

(8) Special education facilities.

Schoolroom for children if children are to be included in program.

(9) TOILET, LOCKER, AND SHOWER FACILITIES.

(a) LOCKER, TOILET, AND SHOWER FACILITIES FOR PATIENTS.

(b) PATIENT TOILET OR TOILETS 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.⁵

Suitable combination with other housekeeping facilities permitted if convenient to rehabilitation facilities.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

²³For construction and ventilation requirements for areas in which flammable agents are to be handled or stored, refer to standards of the State Fire Marshal.

²⁴In accordance with program.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-675, filed 9/20/83; Order 119, § 248-18-675, filed 5/23/75; Regulation 18.690, filed 1/25/62.]

WAC 248-18-680 Central sterilizing and processing service facilities. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS. SEE WAC 248-18-515.)

(1) GENERAL.

(a) A SEGREGATED UNIT DESIGNED AND LOCATED:

- (i) TO PREVENT THROUGH TRAFFIC,
- (ii) TO AVOID CONTAMINATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT,
- (iii) TO PREVENT OBJECTIONABLE HEAT AND NOISE IN PATIENT CARE AREAS,
- (iv) TO FACILITATE DELIVERY AND RETURN OF SUPPLIES AND EQUIPMENT TO AND FROM OTHER SERVICES,²⁴
- (v) Near or adjacent to central stores and distribution services.

(b) AREAS WITHIN THE UNIT ADEQUATE TO PROVIDE FOR PROPER HANDLING OF SUPPLIES AND EQUIPMENT.²⁴

(c) WORK FLOW:

(i) EQUIPPED AND ARRANGED TO PROVIDE WORK FLOW MAINTAINING PROPER SEPARATION OF CLEAN OR STERILE ITEMS FROM SOILED OR CONTAMINATED ITEMS.

(ii) DESIGNED FOR CONTINUOUS OR SEQUENTIAL WORK FLOW FROM RECEIVING TO ISSUING.

(d) SEPARATE RECEIVING AND DECONTAMINATION ROOM.

(e) SEPARATE CLEAN EQUIPMENT STORAGE ROOM.²⁴

(f) ADEQUATE SPACE FOR CIRCULATION AND PARKING OF CARTS.²⁴

(2) SOILED RECEIVING AND DECONTAMINATION ROOM OR ROOMS.

(a) FACILITIES FOR RECEIVING, DISASSEMBLING, AND CLEANING OF SUPPLIES AND EQUIPMENT PHYSICALLY SEPARATED FROM ALL OTHER AREAS OF CENTRAL PROCESSING SERVICE.

(b) LOCATED TO FACILITATE RETURN OF SOILED OR CONTAMINATED ITEMS WITHOUT TRANSPORTING THE ITEMS THROUGH OTHER AREAS OF CENTRAL PROCESSING SERVICE.

(c) SPACE FOR PARKING OF SOILED COLLECTION CARTS, IF USED.

(d) PROVISIONS FOR CLEANING AND DISINFECTING CARTS AND LARGE EQUIPMENT

UNLESS CART WASH FACILITIES PROVIDED ELSEWHERE. Refer to WAC 248-18-710(6).

(e) WORK FLOW FROM DECONTAMINATION ROOM DIRECTLY INTO CLEAN PREPARATION ROOM AND/OR CLEAN CART STORAGE/PARKING AREA OR AREAS.

(f) EQUIPMENT:

(i) AT LEAST ONE DOUBLE-COMPARTMENT SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER.

(ii) ADDITIONAL SINKS OR MECHANICAL WASHERS AS REQUIRED BY TYPES AND VOLUME OF ITEMS TO BE PROCESSED.²⁴

(iii) Washer-sterilizer or sterilizer, pass-through type.

(iv) WORK COUNTER OR EQUIVALENT SPACE FOR COLLECTION EQUIPMENT ADJACENT TO EACH SINK OR MECHANICAL WASHER FOR COLLECTION OF SOILED OR CONTAMINATED ITEMS.

(v) WORK COUNTER OR EQUIVALENT SPACE FOR COLLECTION EQUIPMENT ADJACENT TO EACH SINK OR MECHANICAL WASHER FOR COLLECTION OF ITEMS WHICH HAVE BEEN WASHED.

(vi) STORAGE FOR CLEANING AGENTS AND OTHER CLEANING SUPPLIES AND EQUIPMENT.

(vii) FLUSH OR RECESSED FLOOR DRAIN.

(viii) Pressure systems such as air, water, steam, vacuum.

(ix) Deionized or distilled water system.

(3) CLEAN WORKROOM, PREPARATION, AND REPACKAGING AREAS.

(a) SPACE AND FACILITIES ARRANGED FOR ASSEMBLING AND PACKAGING SUPPLIES AND EQUIPMENT FOR STERILIZATION.

(b) WORK SURFACES OF SUFFICIENT SIZE AND QUANTITY TO FACILITATE ASSEMBLY OF MATERIALS AND EQUIPMENT.²⁴

(c) STORAGE FOR CLEAN ITEMS AND MATERIALS USED IN PACKAGING.

(d) SPACE FOR PARKING OF CARTS AND OTHER MOVABLE EQUIPMENT.

(e) HANDWASHING LAVATORY LOCATED TO PREVENT SPLASH OR SPRAY ON CLEAN ITEMS.²⁴

(f) WHEN PREPARATION OF LINEN IS A FUNCTION IN CENTRAL PROCESSING, A SEPARATE ROOM IS REQUIRED TO AVOID ACCUMULATION AND SPREAD OF LINT.²⁴

(4) FACILITIES FOR STERILIZING.

(a) LOCATED BETWEEN FACILITIES FOR ASSEMBLING AND PACKAGING AND FACILITIES FOR STORAGE OF CLEAN AND STERILE SUPPLIES.

(b) EQUIPMENT:

(i) AT LEAST ONE PRESSURE STERILIZER OF ADEQUATE SIZE.

(ii) ADDITIONAL PRESSURE STERILIZERS AS REQUIRED BY VOLUME OF ITEMS TO BE PROCESSED.

(iii) PRESSURE STERILIZERS TO HAVE RECORDING THERMOMETERS AND AUTOMATIC CONTROLS.

(iv) Ethylene oxide sterilizer with automatic controls. MECHANICAL AERATOR REQUIRED WHEN ETHYLENE OXIDE STERILIZER INSTALLED.⁶

(v) Dry heat sterilizer.

(5) STORAGE OF CLEAN AND STERILE ITEMS FOR ISSUE/DISTRIBUTION FROM CENTRAL PROCESSING SERVICE.^{6, 18}

(a) SEPARATE ROOM OR AREA LOCATED TO FACILITATE ISSUE WITHOUT TRANSPORT OF CLEAN AND STERILE ITEMS THROUGH OTHER AREAS OF CENTRAL PROCESSING AND STERILIZING SERVICE.

(b) IF STORAGE AREA IS PART OF THE PREPARATION AREA, ENCLOSED SHELVING IN CABINETS, CARTS, OR EQUIVALENT SHALL BE PROVIDED.⁶ Open shelving permitted if separate room provided.⁶

(6) CLEAN EQUIPMENT STORAGE ROOM, AREA, OR AREAS.¹⁸ Also refer to WAC 248-18-700.

(a) LOCATED TO FACILITATE ISSUE OF LARGE AND SMALL PATIENT CARE EQUIPMENT. SEPARATED FROM OTHER AREAS OF CENTRAL PROCESSING SERVICE. May be centralized in one room or area or decentralized on each nursing unit or within each department.²⁴

(b) AREA SUFFICIENT TO PROVIDE FOR PROPER HANDLING OF EQUIPMENT IN ACCORDANCE WITH PLANNED SYSTEM.²⁴

(c) PROVISION FOR CLEANING THE EQUIPMENT IN THE DECONTAMINATION ROOM, CART-WASH ROOM OR AREA OR OTHER SUITABLE FACILITIES IN THE HOSPITAL WITH SINK OR EQUIVALENT.

(7) DISTRIBUTION/ISSUE AREA OR AREAS. Also refer to WAC 248-18-700.

(a) LOCATED TO FACILITATE ISSUE OF CLEAN AND STERILE ITEMS WITHOUT BACKTRACKING THROUGH OTHER AREAS OF CENTRAL PROCESSING SERVICE.

(b) SPACE FOR MOVEMENT AND PARKING OF CARTS.²⁴

(c) SPACE FOR EQUIPMENT; e.g., communication system, files, labeling.

(8) PERSONNEL FACILITIES.

(a) TOILET, SHOWER ROOM OR AREA, CHANGE AND LOCKER AREA AS CLOSE AS POSSIBLE TO ENTRANCE OF CENTRAL PROCESSING/STERILIZING UNIT WITH STORAGE FOR CLEAN WORK ATTIRE. May be combined with other facilities if close by and adequate for both.

(b) LOCKER ROOM with storage²⁴ or equivalent for clean attire LOCATED TO ALLOW SEPARATE ACCESS TO AND FROM CLEAN AND SOILED ROOMS.

(9) OFFICE ROOM OR SPACE WITH COMMUNICATION DEVICE.

(a) LOCATED TO PERMIT ACCESS FROM PUBLIC AREAS WITHOUT ENTERING PROCESSING AREAS.

(b) Located to allow observation of activities within central processing service.

(c) May be desk and file space in suitable location within workroom.

(10) HOUSEKEEPING FACILITIES.⁵

Combination with other housekeeping facilities permitted only if suitable and convenient to central sterilizing and processing service facilities.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴In accordance with program.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-034 (Order 281), § 248-18-680, filed 2/15/85; 83-19-058 (Order 269), § 248-18-680, filed 9/20/83; 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) OFFICE SPACE - may be limited to desk and file space.²⁴

(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 TWELVE INCHES OFF FLOOR AND AT LEAST EIGHTEEN 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 TWELVE 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 BOX⁶ 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 thirty inches above floor if utensils are to be reused within twenty-four 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 TWELVE 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** (twenty-four square feet of floor area plus five 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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES (JANITORS' AND MAIDS').

⁶May be movable equipment.

²⁴In accordance with program.

²⁶See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718 (11)(e)(iii), EQUIPMENT AND CASEWORK.

²⁷See RECEIVING AND STORES, WAC 248-18-700.

²⁸May be combined with ranges.

²⁹May be combined with cooking areas.

³⁰May be combined with other refrigeration.

³¹See HOUSEKEEPING DEPARTMENT, WAC 248-18-690(4), WASTE DISPOSAL FACILITIES.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-07-048 (Order 257), § 248-18-685, filed 3/18/83; 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.**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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

²⁴In accordance with program.

³²See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(9), INCINERATION FACILITIES.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-690, filed 9/20/83; 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 SUBSECTION (1) OR (2) OF THIS SECTION 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 THREE 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.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 THREE 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 SEVEN 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 OR WASHERS LOCATED TO AVOID THE SPREAD OF CONTAMINANTS IN THE LOADING OF SOILED LINEN.

COMMERCIAL EXTRACTOR OR EXTRACTORS.

COMMERCIAL TUMBLER OR TUMBLERS.

Commercial ironer or ironers.

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.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:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

³³See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718(8), VENTILATION.

[Statutory Authority: RCW 70.41.030 and 43.20.050, 83-19-058 (Order 269), § 248-18-695, filed 9/20/83; Order 119, § 248-18-695, filed 5/23/75; Regulation 18.730, filed 1/25/62.]

WAC 248-18-700 Receiving, storage and distribution. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.)

(1) CENTRAL STORAGE FACILITIES, IN ADDITION TO THE SUPPLY FACILITIES IN INDIVIDUAL DEPARTMENTS, SHALL BE PROVIDED.

(2) AT LEAST TWENTY SQUARE FEET FLOOR AREA STORAGE PER BED OR EQUIVALENT.²⁴

(3) OFFICE.

(4) GENERAL STORAGE SHALL:

(a) BE DESIGNED AND LOCATED FOR MINIMUM DISTURBANCE TO THE OPERATION OF THE HOSPITAL.

(b) BE LOCATED TO PREVENT CONTAMINATION OR DAMAGE DURING MOVEMENT OF GOODS TO AND FROM STORAGE.

(c) BE DESIGNED AND CONSTRUCTED TO PREVENT ENTRANCE AND HARBORAGE OF RODENTS AND INSECTS, AND SPOILAGE, CONTAMINATION, AND CORROSION OF GOODS STORED THEREIN.

(d) PROVIDE FOR PROTECTION AGAINST INCLEMENT WEATHER DURING TRANSFER OF SUPPLIES WHEN GENERAL STORAGE FACILITIES ARE LOCATED IN SEPARATE BUILDING.

(e) If pharmaceuticals are stored, PROVIDE SECURED SPACES WITH APPROPRIATE ENVIRONMENTAL CONDITIONS AS APPROVED BY DIRECTOR OF HOSPITAL PHARMACY²⁴ AND IN ACCORDANCE WITH FEDERAL AND STATE LAWS AND RULES ON DRUG STORAGE.

(5) RECEIVING AREA OR AREAS.

(a) UNLOADING FACILITIES LOCATED TO PROVIDE PROTECTION FOR SUPPLIES AND TO PREVENT AUTOMOTIVE EXHAUST FROM ENTERING AIR INTAKES OF HOSPITAL.²⁴ Offstreet, raised platform at truck bed height with roof cover allowing fourteen feet vertical clearance.

(b) ADMINISTRATIVE WORK SPACE FOR RECEIVING NEAR TO RECEIVING AND BREAK-OUT AREAS. May be combined with distribution and issue area.

(c) Floor scales.

(6) BULK STORAGE ROOM OR ROOMS WITH STORAGE OFF FLOOR.

(7) BREAK-OUT AREA.

(a) INDOOR SPACE WITHIN THE HOSPITAL TO ALLOW FOR REMOVAL AND DISPOSAL OF OUTSIDE SHIPPING CONTAINERS PRIOR TO STORAGE OR TRANSPORT WITHIN CLEAN AREAS.

(b) PHYSICALLY SEPARATED FROM CLEAN STORAGE ROOMS.

(c) SHALL NOT RESTRICT REQUIRED MEANS OF EGRESS.

(8) CLEAN STORAGE ROOMS.

(a) DESIGNED AND EQUIPPED FOR STORAGE OF ITEMS REMOVED FROM ORIGINAL SHIPPING CONTAINERS INCLUDING PROCESSED AND STERILIZED ITEMS THAT ARE PACKAGED.

(b) May be centralized in one storage room or decentralized according to areas or rooms for grouping of different types of items according to use.

(c) SPACE FOR SHELVING AND/OR CART STORAGE.²⁴

(d) LOCATION AND DESIGN OF STORAGE UNITS⁶ TO ALLOW FOR CLEANING OF WALLS, SHELVES, AND FLOORS.²⁴

(e) ALL FIXED SHELVING AT LEAST SIX INCHES ABOVE FLOOR.

(9) DISTRIBUTION OR ISSUE AREA OR AREAS (also see WAC 248-18-680).

(a) LOCATED CONVENIENT TO THE EXIT FROM CLEAN STORAGE ROOMS. May be combined with office for receiving area or with issue area from central processing service.

(b) EQUIPMENT FOR ADMINISTRATIVE FUNCTIONS,²⁴ e.g., desk, communication system, files.

(10) FLAMMABLE AND COMBUSTIBLE LIQUID STORAGE FACILITIES SHALL MEET REQUIREMENTS OF FLAMMABLE AND COMBUSTIBLE LIQUIDS CODE NFPA 30. SEE WAC 248-18-99902(15) (e.g., alcohol, acetone, paint thinners, oils, and chemicals used in laboratory).

(a) SEPARATE STORAGE ROOM OR ROOMS SIZED IN ACCORDANCE WITH QUANTITY TO BE STORED.²⁴

(b) LOCATED TO MINIMIZE HAZARD TO THE HOSPITAL.

(c) APPROVED CONTAINERS, VENTILATED STORAGE CABINETS, AND APPROVED FLAMMABLE STORAGE REFRIGERATORS.

(d) CHEMICALS USED IN LABORATORY STORED IN ACCORDANCE WITH NFPA 99, CHAPTER 7. SEE WAC 248-18-99902(16).

(11) GASEOUS OXIDIZING MATERIALS INCLUDING BUT NOT LIMITED TO OXYGEN, NITROUS OXIDE, NITROGEN TRIOXIDE, FLUORINE, CHLORINE, AND CHLORINE TRIFLUORIDE SEGREGATED IN ACCORDANCE WITH REQUIREMENTS OF STORAGE OF GASEOUS OXIDIZING MATERIALS NFPA 43C. SEE WAC 248-18-99902(17).

(a) SEGREGATED EITHER BY SPACE OR IN A SEPARATE ROOM OR IN A SEPARATE BUILDING.

(b) SPACE SIZED TO ACCOMMODATE QUANTITY TO BE STORED.²⁴

(c) NONFLAMMABLE MEDICAL GAS SYSTEMS INCLUDING OXYGEN, NITROUS OXIDE, AND MEDICAL COMPRESSED AIR SHALL MEET THE STANDARD NFPA 56F. SEE WAC 248-18-99902(4).

(12) FLAMMABLE ANESTHETIC STORAGE, when flammable anesthetics to be used in hospital. SEE WAC 248-18-99902(1).

(a) LOCATED TO MINIMIZE HAZARD AND DISTURBANCE TO THE HOSPITAL.

(b) SIZED TO ACCOMMODATE QUANTITY REQUIRED BY PROGRAM.

(c) FOR USE OF FLAMMABLE ANESTHETICS, NFPA 99, CHAPTER 3, APPLIES. SEE WAC 248-18-99902(1).

(13) BULK FOOD STORAGE ROOM.

(a) May be combined with day storage in room adjacent to kitchen.

(b) ACCESSIBLE FROM AN OUTSIDE DELIVERY ENTRANCE.²⁴

(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 SIX INCHES ABOVE FLOOR.

(h) LOCATION AND DESIGN OF STORAGE UNITS⁶ TO ALLOW FOR EASY AND REGULAR CLEANING OF SHELVES, WALLS, AND FLOORS.²⁴

Note:

⁶May be movable equipment.

²⁴In accordance with program.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-034 (Order 281), § 248-18-700, filed 2/15/85; 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:

³⁵See 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 DISTRIBUTION FACILITIES.

(a) PREPARATION OF MEDICATIONS FOR ADMINISTRATION SHALL BE ON A CLEAN SURFACE. INTRAVENOUS ADMIXTURES PREPARED FOR ADMINISTRATION IN AN AREA OF A CLEAN ROOM DESIGNED TO MINIMIZE TRAFFIC.

(b) SPACE PROVIDED FOR MEDICATIONS TO BE SECURED. Practice may consist of a system with closed storage provided in locked medication carts, cabinets or patient rooms.

(c) EQUIPMENT:
WORK COUNTER⁶

LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED STORAGE FOR CONTROLLED SUBSTANCES⁶

SINK OR LAVATORY IN PREPARATION AREA.²⁴ (Sink in clean utility room may serve if properly located.)

SPACE AND ELECTRICAL RECEPTACLE FOR REFRIGERATOR.

(2) UTILITY OR MATERIALS ROOMS.

FACILITIES FOR CLEAN FUNCTIONS SHALL BE SEPARATE FROM FACILITIES FOR SOILED FUNCTIONS. LOCATED FOR DIRECT ACCESS FROM CORRIDOR.

Size of rooms, work surfaces and storage space dependent upon volume of work. May be shared with other units.²⁴

(a) CLEAN UTILITY ROOM.

(i) EQUIPMENT:
WORK COUNTER,⁶
SINK OR LAVATORY.
STORAGE UNITS,^{6,18}

AUTOClave OF ADEQUATE SIZE WITH RECORDING THERMOMETER (OR EQUIVALENT), EXCEPT IF ALL STERILIZATION IS TO BE DONE ELSEWHERE.

(b) CLEAN MATERIALS ROOM SHALL BE PART OF A SYSTEM FOR STORAGE AND DISTRIBUTION OF CLEAN AND STERILE SUPPLIES AND MATERIALS. SUFFICIENT SPACE FOR PARKING OF CLEAN SUPPLY CARTS, (i.e., linen, medical, and nursing supplies, sterile items, etc.)

(c) SOILED UTILITY ROOM.

(i) ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPERS, AND OTHER LARGE EQUIPMENT.

(ii) EQUIPMENT:
WORK COUNTER

DOUBLE COMPARTMENT SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER IF WASHING OF UTENSILS OR OTHER EQUIPMENT IN THIS AREA, SINGLE COMPARTMENT SINK IF RINSING OF SOILED ITEMS ONLY.²⁴

STORAGE CABINETS,^{6,18}

CLINIC SERVICE SINK (SIPHON JET OR EQUIVALENT) WITH BEDPAN FLUSHING ATTACHMENT

(d) SOILED MATERIAL ROOM SHALL BE PART OF A SYSTEM FOR COLLECTION AND DISPOSAL OF SOILED MATERIALS.

(i) ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPER, CARTS, AND OTHER LARGE EQUIPMENT.

(ii) EQUIPMENT:

HAND WASHING FACILITY,

CLINIC SERVICE SINK (SIPHON JET OR EQUIVALENT) UNLESS A TOILET CONTAINING A BEDPAN FLUSHING ATTACHMENT ADJOINS EACH PATIENT ROOM OR A SOILED UTILITY ROOM IS ON THE SAME NURSING UNIT.

(3) STORAGE FACILITIES.

(a) LOCATED AND ARRANGED TO PROVIDE SEPARATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT FROM USED OR SOILED ITEMS.

(b) ALL STORAGE TO BE OUTSIDE REQUIRED CORRIDOR WIDTHS.

(c) STORAGE UNITS OR CARTS⁶ (SHELVES, DRAWERS) FOR CLEAN AND STERILE SUPPLIES SHALL BE ENCLOSED.

(d) SEPARATE ROOM OR DUST-PROOF CLOSED STORAGE CARTS⁶ (SHELVES, DRAWERS, BINS) FOR ALL CLEAN AND STERILE SUPPLIES AND EQUIPMENT, EXCEPT OPEN STORAGE UNITS MAY BE USED IN CLEAN ROOMS WHERE STERILE SUPPLIES AND EQUIPMENT WILL BE USED OR EXCHANGED WITHIN EVERY TWENTY-FOUR HOUR PERIOD.

(e) 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.²⁴ Alcove space acceptable for equipment, e.g., stretchers, wheelchairs, walkers, and lifts.

(4) CLEAN-UP FACILITIES (FOR SURGICAL OR DELIVERY SUITE OR EQUIVALENT).

(a) SHALL BE IN A ROOM SEPARATE FROM CLEAN ROOMS.

(b) ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPER, CARTS, AND OTHER SIMILAR LARGE EQUIPMENT.

(c) EQUIPMENT:

CLINIC SERVICE SINK (SIPHON JET OR EQUIVALENT)

WORK COUNTER

SINK - TO BE DOUBLE COMPARTMENT SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER IF INSTRUMENTS AND UTENSILS OR OTHER EQUIPMENT ARE TO BE WASHED IN CLEAN-UP FACILITIES. The sink should be of sufficient size and depth to accommodate the largest instruments and utensils, e.g., basins and trays.

ADEQUATE STORAGE SPACE FOR CLEANING SUPPLIES AND EQUIPMENT.

Washer - sterilizer, recommended.

(5) HOUSEKEEPING FACILITIES.

(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, CARTS, AND SUPPLIES.

(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.

SOAP AND TOWEL DISPENSERS OR EQUIVALENT FOR HANDWASHING PURPOSES WHEN NO LAVATORY OR SINK LOCATED IN ROOM.

MOP RACK²⁴

WORK SURFACE⁶ (IF FACILITIES ARE ALSO TO SERVE FOR FLOWER CARE).

(6) CENTRALIZED OR DEPARTMENTALIZED FACILITIES FOR CLEANING AND SANITIZING CARTS AND LARGE EQUIPMENT. In alteration projects, recommended.

(a) LOCATED IN AREA FOR SOILED FUNCTIONS ONLY.

(b) PLUMBING:

(i) HOT AND COLD RUNNING WATER, steam recommended;

(ii) FLOOR DRAIN CONNECTED TO SANITARY SEWAGE SYSTEM.

Notes:

⁶May be movable equipment.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴In accordance with program.

[Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-710, filed 10/23/81; 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 CONVENIENTLY ACCESSIBLE FROM GROUND LEVEL IN ALL HOSPITALS WITH PATIENT CARE AND/OR DIAGNOSTIC AREAS ON OTHER THAN GROUND LEVEL OR ON MORE THAN ONE LEVEL. IF ELEVATOR REQUIRED,

(i) AT LEAST TWO ELEVATORS IN ALL HOSPITALS WITH A CAPACITY OF MORE THAN SIXTY BEDS;

(ii) AT LEAST THREE ELEVATORS IN ALL HOSPITALS WITH A CAPACITY OF OVER TWO HUNDRED BEDS ON OTHER THAN THE GROUND LEVEL.

(b) A GREATER NUMBER OF ELEVATORS MAY BE REQUIRED BECAUSE OF THE HOSPITAL PLAN, VOLUME OF VISITOR TRAFFIC, AND FOOD AND SUPPLY DISTRIBUTION SYSTEM.²⁴

(c) SIZE OF REQUIRED PATIENT TRANSPORT ELEVATORS: AT LEAST ONE ELEVATOR OF FIVE FOOT FOUR INCH WIDTH BY EIGHT FEET SIX INCHES LENGTH INSIDE DIMENSIONS WITH DOOR OPENING OF FOUR FEET. In alteration projects where the elevator shaft is existing, elevators of lesser inside dimensions may be permitted.

(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) A CORRIDOR SYSTEM ESTABLISHED THROUGHOUT HOSPITAL. CORRIDORS SHALL PROVIDE A METHOD OF TRAFFIC CIRCULATION DESIGNED FOR PATIENT PRIVACY, TO PREVENT THROUGH TRAFFIC IN EXAMINATION, OBSERVATION, TREATMENT, AND DIAGNOSTIC AREAS.

(ii) CORRIDORS AT LEAST EIGHT FOOT ZERO INCHES WIDE WITH NO RESTRICTION MORE THAN SEVEN INCH TOTAL. EXISTING SEVEN FOOT ZERO INCH CORRIDORS ACCEPTABLE FOR ALTERATION PROJECTS. FIVE FOOT ZERO INCH MINIMUM CORRIDOR WIDTH FOR AMBULATORY PATIENT TRAFFIC WITHIN A SINGLE DEPARTMENT; FOUR FOOT ZERO INCH MINIMUM CORRIDOR FOR NON-PATIENT AREAS AND DEPARTMENTS PROVIDED THERE IS A FIVE-BY-FIVE FOOT TURNAROUND AT LEAST EVERY SEVENTY-FIVE FEET.

(iii) HANDRAILS BOTH SIDES OF CORRIDORS USED BY PATIENTS ON REHABILITATION NURSING UNITS, NURSING HOME UNITS, AND OTHER LONG-TERM CARE NURSING UNITS.

(iv) DOORS, EXCEPT THOSE TO SMALL UNOCCUPIED SPACES, SHALL NOT SWING INTO REQUIRED CORRIDOR WIDTH.

(c) AISLES.

SUFFICIENTLY WIDE TO ALLOW FOR UNIMPEDED MOVEMENT OF EQUIPMENT AND PERSONNEL.

(4) DOORS, WINDOWS, AND SCREENS.

(a) DOORS.

(i) FOUR FOOT ZERO INCH MINIMUM WIDTH IN OPERATING ROOM, DELIVERY

ROOM, BIRTHING ROOM, RECOVERY ROOM, MAJOR EMERGENCY TREATMENT ROOM, FRACTURE ROOM, X-RAY ROOM, COMPUTERIZED AXIAL TOMOGRAPHY ROOMS, TO ALL TYPES OF INTENSIVE CARE UNITS AND TREATMENT ROOMS IN INTENSIVE CARE.

(ii) THREE FOOT TEN INCH MINIMUM WIDTH FOR PATIENT ROOMS, NEWBORN NURSERIES, ULTRASOUND ROOMS, NUCLEAR MEDICINE TREATMENT ROOMS, PHYSICAL THERAPY TREATMENT ROOMS, HORIZONTAL EXITS, AND OTHER DOORS THROUGH WHICH PATIENTS ARE TRANSPORTED IN STRETCHERS OR BEDS. Four foot zero inch doors recommended.

(iii) EXISTING THREE FOOT EIGHT INCH DOORS ACCEPTABLE IN ALTERATIONS EXCEPT IN ALTERATIONS OF OPERATING ROOMS, MAJOR EMERGENCY TREATMENT ROOMS, DELIVERY ROOMS, RECOVERY ROOMS, INTENSIVE CARE ROOMS, FRACTURE ROOMS OR X-RAY.

(iv) THREE FOOT ZERO INCH 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 TWO FOOT SIX INCHES IN WIDTH.

(v) Doors to toilets adjoining patient rooms should not swing into toilet rooms.

(vi) Adequate width for receiving entrance doors, storeroom 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-TENTH 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 THREE FOOT ZERO INCHES FROM THE FLOOR. GRADE³⁷ ADJACENT TO REQUIRED WINDOWS IN PATIENT ROOMS TO BE BELOW WINDOW SILL.

(c) SCREENS.

SIXTEEN 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 OR USE WHILE WET.

(iii) COVED BASES INTEGRAL WITH FLOORS OR TOPSET BASE TIGHT TO FLOORS AND WALLS.

(iv) ELECTRICALLY CONDUCTIVE IN AREAS WHERE FLAMMABLE ANESTHETIC GASES ARE TO BE USED PER NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 99. SEE WAC 248-18-99902(1).

(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 SIXTY-FOUR 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 SIXTY-FOUR 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. IF BROADLOOM CARPET IS USED, 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 FOOT MINIMUM HEIGHT, EXCEPTIONS MAY BE PERMITTED IN MINOR AUXILIARY ROOMS.

(ii) NINE FOOT 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) FINISH THAT MINIMIZES REFLECTION OF ULTRAVIOLET RADIATION IN TUBERCULOSIS ISOLATION ROOMS.

(viii) CEILINGS OF PATIENT ROOMS IN PSYCHIATRIC NURSING UNITS, SECURITY, AND

SECLUSION ROOMS SHALL BE OF MONOLITHIC OR BONDED CONSTRUCTION.

(ix) 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, OR EQUIVALENT LOCAL CODE. SEE WAC 248-18-99902(3).

(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 ONE HUNDRED TWENTY DEGREES FAHRENHEIT.

(iii) THERMOSTATICALLY CONTROLLED HOT WATER HEATING EQUIPMENT OF SUFFICIENT CAPACITY TO SUPPLY SIX AND ONE-HALF GALLONS OF ONE HUNDRED TWENTY DEGREE FAHRENHEIT WATER PER HOUR PER BED FOR GENERAL USE, MEASURED AT POINT OF USE. AN ADEQUATE AMOUNT OF WATER AT NOT LESS THAN ONE HUNDRED SIXTY DEGREES FAHRENHEIT FOR LAUNDRY, MECHANICAL DISHWASHERS, AND OTHER SPECIAL MECHANICAL WASHERS. TEMPERATURE MEASURED AT POINT OF USE.

(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 FOR 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.

(i) SEWAGE DISPOSAL SYSTEM IN CONFORMANCE WITH CHAPTER 248-92 OR 248-96 WAC CODIFIED RULES, REGULATIONS AND STANDARDS OF THE STATE BOARD OF HEALTH.

(ii) FLOOR DRAINS IN AREAS WITHOUT DAILY WASHDOWN SHALL HAVE TRAP PRIMERS.²⁴

(e) PLUMBING FIXTURES.

(i) Bedpan lugs or slot fixtures on water closets not recommended.

(ii) DESIGNED AND INSTALLED TO BE EASILY CLEANED, MAINTAINED, AND SUITABLE TO THE INTENDED USE.²⁴ ADEQUATE SUPPORT FOR FIXTURES.

(iii) LAVATORIES PROVIDED IN EACH TOILET ROOM EXCEPT WHERE PROVIDED IN

CONNECTING PATIENT ROOM, DRESSING ROOM, OR LOCKER ROOM.

(iv) DRINKING FOUNTAINS OR EQUIVALENT AT SUITABLE LOCATIONS.²⁴

(v) 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

(vi) EACH FIXTURE, EXCEPT WATER CLOSETS AND SPECIAL USE FIXTURES, PROVIDED WITH HOT AND COLD WATER THROUGH A MIXING OUTLET.

(vii) 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.

(viii) NONSKID FLOOR SURFACES IN TUBS AND SHOWERS.

(f) FITTINGS.

(i) WRIST, KNEE, OR FOOT FAUCET CONTROLS AND GOOSENECK SPOUTS OR THE EQUIVALENT ON LAVATORIES IN PATIENT ROOMS AND IN 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 EQUIVALENT⁴¹ 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 EQUIVALENT⁴¹ 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 Wrist blades permitted at lavatory when handwashing facility with foot, knee, or equivalent faucet control is located close to birthing room or rooms.

(iii) WRIST CONTROLS TO HAVE A MINIMUM OF FOUR INCH SPACE BETWEEN BACK SPLASH AND ENDS OF CONTROLS AT FULL CLOSED POSITION AND A MINIMUM OF FOUR INCH SPACE BETWEEN THE END OF CONTROLS AND THE WATER SPOUT IN THE FULL OPEN POSITION.

(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 BATHING FACILITY. Optional in psychiatric unit.²⁴

(iv) ROBE HOOK AT EACH BATHING FACILITY, WATER CLOSET, DRESSING ROOM, AND EXAMINATION ROOM. Optional in psychiatric unit.²⁴

(v) TOILET PAPER HOLDER PROPERLY LOCATED AT EACH WATER CLOSET.

(vi) WHEN PROGRAM INCLUDES BEDPAN BRUSHES, PROVISION FOR KEEPING BEDPAN BRUSH OFF THE FLOOR.

(vii) PROVISION FOR OFF THE FLOOR PLACEMENT OF SUPPLIES AND EQUIPMENT IN PATIENT TOILETS. THIS PROVISION SHALL BE SEPARATE AND DISTINCT FROM LAVATORY SHELF.

(viii) AT LEAST ONE GRAB BAR OF SUITABLE STRENGTH, EASILY CLEANABLE, RESISTANT TO CORROSION, AND FUNCTIONAL DESIGN SECURELY MOUNTED AND PROPERLY LOCATED AT EACH ISLAND TUB AND WATER CLOSET FOR PATIENTS. Horizontal grab bars should extend at least eighteen inches in front of water closet. WHEN A LAVATORY IS LOCATED ADJACENT TO A WATER CLOSET AND WITHIN EIGHTEEN INCHES OF THE CENTER LINE OF THE WATER CLOSET, IT SHALL BE MOUNTED TO SUPPORT A THREE HUNDRED POUND LIVE LOAD WITHOUT PERMANENT DEFLECTION. GRAB BAR OR BARS OF SUITABLE STRENGTH, EASILY CLEANABLE, RESISTANT TO CORROSION, OF FUNCTIONAL DESIGN, SECURELY MOUNTED, AND PROPERLY LOCATED AT EACH STANDARD BATHTUB AND SHOWER ON TWO SIDES. May be omitted at water closets and bathing facilities for seclusion and security rooms.

(ix) DISPENSERS FOR SINGLE USE TOWELS AT ALL LAVATORIES AND SINKS MOUNTED TO AVOID CONTAMINATION FROM SPLASH AND SPRAY.

(x) SUITABLE PROVISION FOR SOAP AT EACH LAVATORY, SINK, AND BATHING FACILITY.

(xi) Paper cup dispensers at all lavatories except in soiled areas, lavatories in patient rooms, and toilet rooms adjoining patient rooms.

(xii) Properly located dispenser for seat covers at each water closet.

(xiii) Sanitary napkin dispenser and disposer or covered waste container (step-on-can) in each women's toilet room except inpatient toilets.

(h) NONFLAMMABLE MEDICAL GAS SYSTEMS IN ACCORDANCE WITH THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) STANDARD 56F. SEE WAC 248-18-99902(4).

(i) Clinical vacuum (suction) systems in accordance with the recommendations of Compressed Gas Association, Inc., Pamphlet Number P-2.1, except the zone valves may be omitted. See WAC 248-18-99902(11).

(7) HEATING. Recommend use of ASHRAE Handbook series. See WAC 248-18-99902(2).

(a) A HEATING SYSTEM ADEQUATE TO MAINTAIN SEVENTY-FIVE DEGREES FAHRENHEIT MINIMUM TEMPERATURE IN EACH ROOM AND OCCUPIED SPACE.

(b) 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.

(c) Standby heat supply to operating rooms, delivery rooms, birthing rooms, recovery rooms, nurseries, all intensive care units, and other selected areas so that they may be heated at times when the general building heating system is not operating.

(d) PIPING THROUGHOUT BUILDING INSULATED AS REQUIRED TO CONTROL EXCESSIVE HEAT TRANSFER AND TO PROVIDE FOR SAFETY.

(8) VENTILATION AND AIR CONDITIONING. USE ASHRAE HANDBOOK SERIES REFERRED TO IN WAC 248-18-99902(2).

(a) ALL ROOMS AND AREAS ADEQUATELY VENTILATED BY MECHANICAL MEANS. (Refer to Table B) DESIGN OF SYSTEM TO PREHEAT COLD OUTSIDE AIR MAKEUP. Gravity 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: 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. Balance for appropriate positive and negative gradients should 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.)

(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. See WAC 248-18-99902(7) for recommended publications.

(A) MINIMUM FACE VELOCITY OF SEVENTY-FIVE 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 PERCENT EFFICIENCY (DIOCTYL-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 ONE HUNDRED FEET PER MINUTE AT MAXIMUM OPERATING LEVEL OF SASH.

(B) SERVED BY INDEPENDENT EXHAUST SYSTEM WITH EXPLOSION PROOF 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 COMPLETE COVERAGE WASHDOWN FACILITIES.

(iv) HOODS WHERE RADIOACTIVE PARTICULATE AEROSOLS MAY BE RELEASED.

(A) MINIMUM FACE VELOCITY OF ONE HUNDRED FEET PER MINUTE AT MAXIMUM OPERATING LEVEL OF SASH.

(B) SERVED BY INDEPENDENT EXHAUST SYSTEM WITH THE 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 PERCENT EFFICIENCY (DIOCTYL-PHTHALATE, (DOP) TEST METHOD) IN THE EXHAUST STREAM.

(E) DESIGNED AND EQUIPPED FOR THE SAFE REMOVAL OF CONTAMINATED FILTERS.

(f) ALL CENTRAL VENTILATION OR AIR CONDITIONING SYSTEMS EQUIPPED WITH FILTERS.

(i) NUMBER OF FILTER BEDS AND FILTER EFFICIENCIES 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 SUBSECTION (8)(g) OF THIS SECTION) 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	FILTER EFFICIENCIES (Percent)***		
	MINIMUM NUMBER OF FILTER BEDS	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. Birthing, labor, and postpartum rooms not within the delivery suite are excluded.

** May be reduced to eighty percent for systems using all-outdoor air.

*** PER REQUIREMENTS OF ASHRAE STANDARD 52 IN WAC 248-18-99902(14).

****99.97 PERCENT EFFICIENCY FOR RECIRCULATING AIR IN OPERATION ROOMS - REFERENCE TABLE B.

(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., fan coil units or equivalent 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 90A. SEE WAC 248-18-99902(5).

(ii) BUILDING CEILING SPACES USED FOR EXHAUST PLENUMS SHALL BE RESTRICTED TO ADMINISTRATIVE, PUBLIC WAITING, AND PUBLIC MEETING AREAS. May be permitted in other areas only upon written approval of such use by the department.

(iii) NONEROSIVE WEARING SURFACES ARE REQUIRED FOR FIBERGLASS SUPPLY DUCTS (PER UL STANDARDS 181-15 IN WAC 248-18-99902(9)) AND/OR "DUCT LINER APPLICATION STANDARD" PER SMACNA. SEE WAC 248-18-99902(10), 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 SUBSECTION (8)(h)(iii) of this section.

(i) AIR SUPPLY AND EXHAUSTS LOCATIONS CONFORM TO UNIFORM MECHANICAL CODE WITH ADDITIONAL REQUIREMENTS. SEE WAC 248-18-99902(8).

(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 EXCEPT AS PROVIDED IN TABLE B. 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), 99. SEE WAC 248-18-99902(1).

(l) AIR CONDITIONING TO ADEQUATELY CONTROL TEMPERATURE, AIR CHANGES AND

AIR MOTION OF OPERATING ROOMS, DELIVERY ROOMS, SPECIAL PROCEDURE ROOMS, RECOVERY ROOM, NEWBORN NURSERY FACILITIES, NEONATAL INTENSIVE CARE NURSERY ROOMS, INTENSIVE CARE, AND CARDIAC INTENSIVE CARE UNITS. Recommended in all patient care areas.

(m) RELATIVE HUMIDITY.

(i) OPERATING ROOMS, DELIVERY ROOMS, SPECIAL PROCEDURE ROOMS, ANESTHETIZING LOCATIONS, INTENSIVE CARE PATIENT ROOMS, AND RECOVERY ROOMS, FORTY PERCENT MINIMUM TO SIXTY PERCENT MAXIMUM AT SEVENTY-TWO DEGREES FAHRENHEIT.

(ii) NEWBORN NURSERY FACILITIES AND NEONATAL INTENSIVE CARE ROOMS, FORTY-FIVE PERCENT MINIMUM TO SIXTY PERCENT MAXIMUM AT SEVENTY-FIVE DEGREES FAHRENHEIT.

(n) FIRE SHUTDOWN, AS REQUIRED BY NATIONAL FIRE PROTECTION ASSOCIATION 90A, BY BOTH MANUAL CONTROL AND EITHER OF THE FOLLOWING OPTIONS FOR AUTOMATIC SHUTDOWN (SEE WAC 248-18-99902(5)):

(i) TOTAL SHUTDOWN BY AUTOMATIC CONTROLS FOR SOUNDING FIRE ALARM, CLOSING SMOKE DOORS AND SMOKE DAMPERS IN VENTILATION SYSTEM, AND SHUTTING DOWN SUPPLY FAN OR FANS AND EXHAUST FAN OR FANS.

(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 VENTILATION⁶
OF CERTAIN HOSPITAL AREAS

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS ¹⁰	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM ⁸	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
A. ANESTHETIZING AREAS					
1. Delivery and Operating Rooms	PP ¹	15	15 ⁵	Yes	No ⁹
2. Dental Operating Rooms	P	8	8	Yes	No
3. Endoscopy Room	P	8	8	Yes	No
4. Emergency Major Treatment Rooms	N	5	12	Yes	No
5. Outpatient Operating and/or Treatment Rooms	PP ¹	5	15 ⁴	Yes	No
6. Special Procedures Rooms (Cardiac Catheterizations)	PP ¹	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. Clean Work Room	P	2	4	Optional	No ³
4. Clean Equipment Storage Room	P	2	2	Optional	Optional
5. Decontamination Area or Room	NN	2	12	Yes	No
6. Sterilizer Access Service Room	NN	Optional	12	Yes	No
7. Sterilizing Area	P	2	4	Optional	No ³
C. GENERAL					
1. Administrative Areas: i.e., Offices, Admitting Facilities, Registration, Staff On-Call Rooms, 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.	P and N ²	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

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS ¹⁰	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM ⁸	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
D. KITCHEN AND DIETARY					
1. Bulk Day Food Storage Room	E or P	Optional	2	Optional	Optional
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., Hematology, 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, Folding & 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, 7}
2.a Birthing Room, High Risk ²⁴	P	6	6 ⁴	Optional	No ⁷
2.b Birthing Room, Low Risk ²⁴	P	2	2 ⁴	Optional	No ⁷
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
7. Isolation Anteroom	NN	2	10	Yes	No
8. Isolation Room with Anteroom	Optional	2	6	Yes	No ⁷
9. Labor Room	E or P	2	2 ⁴	Optional	No ³
10. Neonatal Intensive Care Room	PP ¹	6	6 ⁵	Optional	No
11. Newborn Nursery Room	PP ¹	6	6 ⁵	Optional	No
12. Observation Rooms (Outpatient & Emergency Departments)	N	2	6	Yes	No
13. Patient Rooms	E or P	2	2	Optional	Optional
14. Recovery Rooms	PP ¹	2	6 ⁴	Optional	No
15. Physical Therapy Treatment Rooms	N	2	6	Optional	Optional
Hydrotherapy	N	2	10	Yes	No
16. Pulmonary & Inhalation Therapy Treatment Rooms	E or P	2	2	Yes	No

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS ¹⁰	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM ⁸	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
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 & Ultrasound Rooms	E or P	2	6	Optional	Optional
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, NEONATAL INTENSIVE CARE UNIT, 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 induction type 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.
- ⁷ MAY BE VENTILATED BY TERMINAL REHEAT UNITS IF THE UNITS CONTAIN ONLY A REHEAT COIL AND ONLY THE PRIMARY AIR (SUPPLIED FROM A CENTRAL SYSTEM) PASSES THROUGH THE REHEAT COIL.
- ⁸ INCLUDES ONLY THE QUANTITIES OF AIR WHICH PASS THROUGH A FILTER BED LISTED IN TABLE A. DOES NOT INCLUDE THE QUANTITY OF SECONDARY AIR ENTERING AN INDUCTION UNIT.
- ⁹ UNIDIRECTIONAL FLOW RECIRCULATING AIR SYSTEMS CONTAINED WITHIN ROOM UNITS AND MEETING THE FILTERING REQUIREMENTS FOR SENSITIVE AREAS (TABLE A) MAY BE USED.
- ¹⁰ Balance for appropriate positive and negative gradients should 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.)
- ¹² In accordance with program.

(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, codes adopted by the Washington state department of labor and industries should be consulted.

(b) ELECTRICAL SYSTEMS AND EQUIPMENT IN CONFORMANCE WITH NFPA, 99, (SEE WAC

248-18-99902(1)) IN AREAS WHERE INHALATION ANESTHETICS ARE TO BE USED (such as operating rooms, delivery rooms, and major emergency treatment rooms).

(c) RECEPTACLE OUTLETS AND CIRCUITS. Placement of convenient receptacle outlets to avoid a need for the use of extension cords.

(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 available wall; ADDITIONAL AS REQUIRED.²⁴

(ii) AT LEAST TWO DUPLEX ELECTRICAL RECEPTACLES (OR EQUIVALENT) AT THE HEAD OF EACH BED, IN PATIENT ROOMS (INCLUDING LABOR, BIRTHING ROOMS, AND RECOVERY), three duplex receptacles at head of each bed recommended. ONE DUPLEX RECEPTACLE AT HEAD OF EACH BED IN PSYCHIATRIC UNITS.²⁴

(iii) FOUR DUPLEX ELECTRICAL RECEPTACLES (OR EQUIVALENT) AT THE HEAD OF EACH BED IN INTENSIVE CARE⁴³ 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.

(A) AT LEAST ONE INFANT STATION EQUIPPED WITH THREE DUPLEX RECEPTACLES except when premature nursery provided.

(B) AT LEAST TWO DUPLEX RECEPTACLES FOR EACH BASSINET AND INCUBATOR FOR PREMATURE INFANTS.

(v) CIRCUITS SERVING RECEPTACLES AT THE HEAD OF EACH BED IN ALL INTENSIVE CARE UNITS⁴³ SHALL SERVE NO OTHER RECEPTACLES OR OUTLETS.

(vi) LIMITED TO SIX DUPLEX RECEPTACLES PER TWENTY AMP CIRCUIT IN ALL PATIENT CARE AREAS, INCLUDING OUTPATIENT CARE AREAS. LIMITED TO THREE DUPLEX RECEPTACLES PER TWENTY 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, OTHER THAN HAZARDOUS ANESTHETIZING LOCATIONS, AND ALL INTENSIVE CARE PATIENT ROOMS AND

TREATMENT AREAS. Recommended in other patient care areas.

(ix) RECEPTACLES IN ROOMS USED BY PEDIATRIC OR PSYCHIATRIC PATIENTS SHALL BE A TAMPER-PROOF OR SAFETY TYPE DEVICE. RECEPTACLES IN PSYCHIATRIC SECLUSION AND SECURITY ROOMS PROTECTED BY GROUND FAULT CIRCUIT INTERRUPTERS AND TAMPER-PROOF SCREWS. Receptacles in seclusion rooms not recommended.

(x) ONE RECEPTACLE OVER OR ADJACENT TO LAVATORY FOR INPATIENT USE, PROTECTED BY GROUND FAULT CIRCUIT INTERRUPTER.

(xi) AT LEAST ONE DUPLEX RECEPTACLE (OR EQUIVALENT)⁴² PER FOUR 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 PER IES HANDBOOK: APPLICATION VOLUME. SEE WAC 248-18-99902(12).

(ii) READING LIGHT⁶ CONVENIENTLY LOCATED FOR USE BY THE PATIENT AT EACH BED IN PATIENT ROOMS. CONTROL CONVENIENT FOR PATIENT USE. Freestanding bedside lamps not recommended.

(iii) SUITABLE LIGHT AT LAVATORIES IN PATIENT ROOMS AND PATIENT TOILET ROOMS. See "toilet" in IES Handbook: Application Volume, per WAC 248-18-99902(12).

(iv) NIGHT LIGHT FOR EACH BED LOCATED BELOW LEVEL OF BED TO DIMLY LIGHT PATHWAY IN ROOM. NIGHT LIGHTS OR EQUIVALENT LOCATED AT PROPER INTERVALS IN CORRIDOR CEILINGS OR WALLS IN NURSING UNITS. Additional night lights appropriately located in patient rooms installed to avoid discomfort to patients.²⁴

(v) SWITCHES FOR NIGHT LIGHTS AND GENERAL ILLUMINATION ADJACENT TO OPENING SIDE OF DOORS TO PATIENT ROOMS. SWITCHES LOCATED OUTSIDE PSYCHIATRIC PATIENT SECURITY AND SECLUSION ROOMS.

(vi) LIGHTING FIXTURES IN PSYCHIATRIC SECURITY AND SECLUSION ROOMS OF TAMPER-PROOF DESIGN. Recessed type recommended.

(e) BRANCH CIRCUIT PANELS FOR ROOMS IN ALL INTENSIVE CARE UNITS⁴³ TO BE LOCATED IN EACH PATIENT ROOM OR OTHER LOCATION WITHIN THE UNIT PROVIDING READY ACCESSIBILITY TO CIRCUIT BREAKERS FOR STAFF CARING FOR PATIENTS IN THESE ROOMS. CIRCUIT BREAKER AND/OR

OUTLET COORDINATION APPROPRIATELY AND CLEARLY IDENTIFIED.

(f) EMERGENCY ELECTRICAL SERVICE. PER NFPA-70. SEE WAC 248-18-99902(13).

(g) Adequate filter protection for electrical generator or generators (e.g., protection from volcanic ash or dust storms).

(11) MISCELLANEOUS.

(a) FILM ILLUMINATORS. AT LEAST TWO X-RAY FILM ILLUMINATORS⁶ 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 SIGNALING DEVICE AT THE HEAD OF EACH BED IN PATIENT ROOMS (INCLUDING LABOR ROOMS AND BIRTHING ROOMS), except optional in ambulatory psychiatric patient rooms, AT EACH WATER CLOSET AND BATHING FACILITY FOR PATIENTS, AT EACH TREATMENT AREA IN PHYSICAL THERAPY DEPARTMENTS, AT EACH PATIENT TREATMENT TABLE, CART, OR BED IN EMERGENCY DEPARTMENTS, and in each dayroom, solarium, dining room or rooms, recovery room, and patient dressing areas.⁵⁵

(ii) EACH CALL SIGNAL TO REGISTER BY LIGHT AT THE CORRIDOR DOOR, AND BY LIGHT AND AUDIBLE SIGNAL AT THE NURSES' STATION, AND AT OTHER NURSES' WORK STATIONS SUCH AS UTILITY ROOMS, MEDICATION ROOMS, NOURISHMENT ROOMS, and nurses' lounges. 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 STAFF IN EACH PSYCHIATRIC PATIENT, ACTIVITY, SECURITY, AND SECLUSION ROOM; EACH OPERATING, DELIVERY, BIRTHING, AND NURSERY ROOM; RECOVERY ROOMS; EACH PATIENT AND TREATMENT ROOM IN ALL INTENSIVE CARE UNITS; IN EACH EMERGENCY TREATMENT, EXAMINATION, AND OBSERVATION ROOM. TO REGISTER BY DISTINCTIVE LIGHT AT THE CORRIDOR DOOR, BY DISTINCTIVE VISUAL AND AUDIBLE SIGNALS AT LOCATIONS FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE; WHEN CORRIDOR LIGHT NOT VISIBLE FROM NURSES' STATION, ANNUNCIATOR OR EQUIVALENT SHALL IDENTIFY POINT OF ORIGIN. SIGNAL DEVICE TO BE RESET ONLY BY STAFF AT POINT OF ORIGIN.

(iv) A CALL SIGNAL FOR NIGHT USE SHALL BE PROVIDED AT LOCKED EMERGENCY ENTRANCES.

(c) TELEPHONES.

(i) ON EACH NURSING UNIT, SURGICAL SUITE, OBSTETRICAL DELIVERY SUITE, AND RECOVERY ROOM. 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 suites.

(d) CLOCKS. May be battery powered, solid state type.

(i) WALL MOUNTED CLOCKS PROPERLY LOCATED IN OPERATING ROOMS, DELIVERY ROOMS, RECOVERY ROOMS, BIRTHING ROOMS, EMERGENCY TREATMENT ROOMS, NURSERIES, INTENSIVE CARE UNITS, AND LABORATORIES.

(ii) CLOCKS IN OPERATING ROOMS, DELIVERY ROOMS, RECOVERY ROOMS, EMERGENCY TREATMENT ROOMS, AND ALL INTENSIVE CARE UNITS TO HAVE SWEEP SECOND HANDS OR EQUIVALENT. 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, OR EQUIVALENT. SEE WAC 248-18-99902(6).

(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 OR DOORS IN SEPARATE ENCLOSED ROOM OR ROOMS OR SEPARATE AREA OF SOILED UTILITY OR CLEAN-UP ROOM USED FOR SOILED FUNCTIONS ONLY OR OTHER SIMILAR ROOM.

(viii) CHUTES TO DISCHARGE INTO SEPARATE ENCLOSED TRASH AND SOILED LINEN COLLECTION ROOMS.

(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 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 EGRESS, QUIETNESS, AND SANITATION.

(ii) PATIENT ROOM DOORS DESIGNED TO HOLD AT FULL OPEN POSITION.

(iii) PROVISION FOR IMMEDIATE EMERGENCY ACCESS TO PATIENT ROOMS AND PATIENT TOILETS, SHOWERS, AND BATHROOMS.

(iv) HARDWARE OF EXTERIOR DOORS DESIGNED TO PREVENT ENTRY OF UNAUTHORIZED PERSONS.

(h) IDENTIFICATION OF DOORS, ROOMS, AND SPACES.²⁴

Notes:

⁶ May be movable equipment.

²⁴ In accordance with program.

³⁷ See definition of "grade," WAC 248-18-001.

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 248-18-001(26), acute cardiac care unit WAC 248-18-001(3), and neonatal intensive care unit WAC 248-18-223 (1)(c) and (d), and 248-18-001(37).

⁴⁹ Compressed air is filtered air free of oil and other substances, particles, or contaminants.

⁵⁰ Equivalent for x-ray receptacle outlet or outlets refer to a battery-operated, self-contained x-ray machine.

⁵⁵ A PROPERLY LOCATED SIGNAL DEVICE WITHIN REACH OF STAFF, MOUNTED NO HIGHER THAN SIX FEET ABOVE THE FLOOR AND ACTIVATED BY A NONCONDUCTIVE PULL CORD AT WATER CLOSETS AND BATHING FACILITIES. AT BATHING FACILITIES, SIGNAL DEVICE CORD LOCATED FOR EASY GRASP BY PATIENT IN OR ON FLOOR BESIDE BATHING FACILITY. AT WATER CLOSET, SIGNAL DEVICE PULL CORD LOCATED FOR EASY GRASP BY PATIENT SLUMPED FORWARD ON WATER CLOSET OR ON FLOOR NEARBY.

[Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-18-718, filed 3/20/86. Statutory Authority: RCW 70.41.030 and 43.20.050. 85-10-001 (Order 283), § 248-18-718, filed 4/18/85; 83-03-026 (Order 252), § 248-18-718, filed 1/14/83. 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 department. See RCW 70.41.030.

[Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-18-999, filed 3/20/86; Order 119, § 248-18-999, filed 5/23/75; Regulation 18.999, effective 3/11/60.]

(1986 Ed.)

WAC 248-18-99902 Appendix B--Dates of documents adopted by reference in chapter 248-18 WAC. (1) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 99, Chapter 3, 1984.

(2) 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. ASHRAE Handbook series - four volumes: 1982 Applications; 1983 Equipment; 1984 Systems; 1981 Fundamentals.

(3) UNIFORM PLUMBING CODE, International Association of Plumbing and Mechanical Officials (IAPMO), 1982 edition.

(4) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 56F, 1983.

(5) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 90A-1981.

(6) Food Service Equipment Standards of the National Sanitation Foundation, 1984, NSF Bldg., P.O. Box 1468, Ann Arbor, Michigan 48106.

(7) Recommend use of the following standards:

(a) "Classification of Etiologic Agents on the Basis of Hazard"

United States Department of Health and Human Services Publication

Public Health Service

Centers for Disease Control

Office of Biosafety

Atlanta, Georgia 30333

(b) "Selecting a Biological Safety Cabinet"

United States Department of Health and Human Services

Public Health Service

National Institutes of Health

National Cancer Institute

Office of Research Safety

Bethesda, Maryland 20014

(c) For the design, construction, and performance of "Class II Biohazard Cabinetry NSF No. 49"

National Science Foundation

NSF Building

Ann Arbor, Michigan 48105

(8) UNIFORM MECHANICAL CODE (UMC), International Association of Plumbing and Mechanical Officials (IAPMO), 1982 edition.

(9) UNDERWRITERS LABORATORIES (UL), 181-15 Standard for Safety Air Ducts, 1974 edition.

(10) SHEET METAL AND AIR CONDITIONING CONTRACTORS' NATIONAL ASSOCIATION, INC., (SMACNA), Duct Liner Application Standard, Second edition, 1975.

(11) Compressed Gas Association, Inc., Pamphlet Number P-2.1-1983, "Recommendations for Medical-Surgical Vacuum Systems," 1983 edition.

(12) Illuminating Engineers Lighting Handbook (IES), 1981 Application Volume.

(13) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 70-1984.

(14) METHOD OF TESTING AIR-CLEANING DEVICES USED IN GENERAL VENTILATION FOR REMOVING PARTICULATE MATTER,"

American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE), Standard 52-76, 1976 edition.

(15) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 30-1981.

(16) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99, CHAPTER 7, 1984.

(17) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 43C-1980.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-033 (Order 280), § 248-18-99902, filed 2/15/85; 82-24-001 (Order 248), § 248-18-99902, filed 11/18/82.]

Chapter 248-19 WAC

CERTIFICATE OF NEED--HOSPITALS AND NURSING HOMES

WAC

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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.]

248-19-025	Repealed by 79-12-079 (Order 188), filed 11/30/79. Statutory Authority: Chapter 70.38 RCW. 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.
248-19-200	Purpose of chapter 248-19 WAC. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-

19-200, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-200, filed 11/30/79.] Repealed by 86-06-030 (Order 2344), filed 2/28/86. Statutory Authority: RCW 70.38.135.

248-19-290 Concurrent review of selected applications. [Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-290, filed 11/30/79.] Repealed by 86-06-030 (Order 2344), filed 2/28/86. Statutory Authority: RCW 70.38.135.

248-19-325 Prohibition of ex parte contacts. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-325, filed 4/9/81, effective 5/20/81.] Repealed by 86-06-030 (Order 2344), filed 2/28/86. Statutory Authority: RCW 70.38.135.

WAC 248-19-210 Purpose of certificate of need program. The purpose of the certificate of need program has been established by the legislature in RCW 70.38-.015.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-210, filed 2/28/86; 81-09-012 (Order 210), § 248-19-210, filed 4/9/81, effective 5/20/81. 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 chapter 248-19 WAC, 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) "Advisory review agencies" means the appropriate regional health council and, in the case of hospital projects, the hospital commission.

(3) "Affected persons" means the applicant, the regional health council for the health service area where the proposed project is to be located, regional health council serving contiguous health service areas, health care facilities and health maintenance organizations located in the health service area where the project is proposed to be located providing services similar to the services under review, health care facilities and health maintenance organizations, which, prior to receipt by the department of the proposal being reviewed, have formally indicated an intention to provide similar services in the future, third-party payers reimbursing health care facilities for services in the health service area where the project is proposed to be located, any agency establishing rates for health care facilities or health maintenance organizations located in the health service area where the project is proposed to be located, any person residing within the geographic area served or to be served by the applicant, and any person regularly using health care facilities within that geographic area.

(4) "Ambulatory care facility" means any place, building, institution, or distinct part thereof not a health care facility as defined in this section and operated for the purpose of providing health services to individuals without providing such services with board and room on a continuous twenty-four-hour basis. The term "ambulatory care facility" includes the offices of private physicians, whether for individual or group practice.

(5) "Ambulatory surgical facility" means a facility, not a part of a hospital, providing 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.

(6) "Applicant," except as used in WAC 248-19-390, means any person proposing to engage in any undertaking subject to review under the provisions of chapter 70.38 RCW and federal law.

"Applicant," as used in WAC 248-19-390, means any person or individual with a ten percent or greater financial interest in a partnership or corporation or other comparable legal entity engaging in any undertaking subject to review under the provisions of chapter 70.38 RCW and federal law.

(7) "Annual implementation plan" means a description of objectives which will achieve goals of the regional health 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.

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

(9) "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. Capital expenditures include donations of equipment or facilities to a health care facility, which if acquired directly by such facility, would be subject to review under the provisions of this chapter and transfer of equipment or facilities for less than fair market value if a transfer of the equipment or facilities at fair market value would be subject to such review.

(10) "Certificate of need" means a written authorization by the secretary's designee for a person to implement a proposal for one or more undertakings.

(11) "Certificate of need program" means that organizational program of the department responsible for the management of the certificate of need program.

(12) "Commencement of the project" means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. In the case of major medical equipment, installation. In the case of other projects, initiating a new institutional health service.

(13) "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.

(14) "Council" means the state health coordinating council established under the provisions of chapter 70.38 RCW and federal law.

(15) "Days," except when called "working days," means calendar days counted by beginning with the day after the date of the act, event, or occurrence from which the designated period of time begins to run. If the last day of the period so counted should fall on a Saturday, Sunday, or legal holiday observed by the state of Washington, a designated period shall run until the end of the first working day following the Saturday, Sunday, or legal holiday.

"Working days" exclude all Saturdays and Sundays, January 1st, February 12th, the third Monday in February, the last Monday of May, July 4th, the first Monday in September, November 11th, the fourth Thursday in November, the day immediately following Thanksgiving day, and December 25th. Working days are counted by beginning with the first working day after the date of the act, event, or occurrence from which a designated period of time begins to run.

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

(17) "Ex parte contact" means any oral or written communication between any person in the certificate of need program or any person involved in the decision respecting an application for or the withdrawal of a certificate of need and the applicant for or holder of a certificate of need, a person acting on behalf of the applicant or holder, or any person with an interest regarding issuance or withdrawal of a certificate of need.

(18) "Expenditure minimum" means one million dollars for the twelve-month period beginning with July 24, 1983, adjusted annually by the department according to the provisions of chapter 248-156 WAC, or a lesser amount as required by federal law as necessary to the receipt of federal funds by the state.

(19) "Federal law" means P.L. 93-641 as amended or its successor.

(20) "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 dialysis units, ambulatory surgical facilities, rehabilitation facilities, hospices 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 federal law and implementing regulations, but does not include Christian Science sanatoriums operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts. In addition, the term does not include any nonprofit hospital:

(a) Operated exclusively to provide health care services for children;

(b) Which does not charge fees for such services;

(c) Whose rate reviews are waived by the state hospital commission; and

(d) If not contrary to federal law as necessary to the receipt of federal funds by the state.

(21) "Health maintenance organization" means a public or private organization, organized under the laws of the state, which:

(a) Is a qualified health maintenance organization under Title XIII, Section 1310(d) of the Public Health Service Act; or

(b)(i) 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;

(ii) Is compensated (except for copayments) for the provision of the basic health care services listed in subsection (21)(b)(i) of this section to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided; and

(iii) Provides physicians' services primarily:

(A) Directly through physicians who are either employees or partners of such organization, or

(B) Through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis).

(22) "Health service area" means a geographic region appropriate for effective health planning including a broad range of health services and a population of at least four hundred fifty thousand persons and is the basic subdivision for regional health councils.

(23) "Health services" means clinically related (i.e., preventive, diagnostic, curative, rehabilitative, or palliative) services and includes alcoholism, drug abuse, and mental health services.

(24) "Health systems agency" means a regional health council as defined in subsection (43) of this section. This term is defined in RCW 70.38.025.

(25) "Health systems plan" means a regional health plan as defined in subsection (44) of this section. This term is defined in RCW 70.38.025.

(26) "Home health agency" means an entity providing home health services as defined in subsection (27) of this section.

(27) "Home health services" means the provision of nursing services along with at least one other therapeutic service¹ or with a supervised home health aide service to ill or disabled persons in their residences, as approved by a physician. The term does not include:

(a) Therapeutic services not in conjunction with nursing services, and nursing services not in conjunction with therapeutic services.

(b) A registry or referral service for nurses not acting in conjunction with therapists or others, or for therapists or others not acting in conjunction with nurses.

(c) Essentially nonhealth services, such as chore services, homemaking services, sitting services, and social services.

(d) The services provided by a hospice as defined in subsection (28) of this section.

(28) "Hospice" means any public or private entity, center, institution, or distinct part or parts thereof certified or to be certified as a hospice provider in the Medicare program or licensed or certified by the state of Washington to provide hospice services or providing a coordinated program of home and inpatient services for the terminally ill. Services provided by a hospice are primarily palliative and supportive rather than curative in nature, including bereavement care to the family after the patient's death, and provided by an interdisciplinary team. The services are designed to meet the physiological, psychological, social, and spiritual needs of the patient and his or her family.

(29) "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 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.

(30) "Hospital commission" means the Washington state hospital commission established pursuant to chapter 70.39 RCW.

(31) "Inpatient" means a person receiving health care services with board and room in a health care facility on a continuous twenty-four-hour-a-day basis.

(32) "Institutional health services" means health services provided in or through health care facilities and entailing "annual operating costs" of at least five hundred thousand dollars for the twelve-month period beginning with July 24, 1983, and adjusted annually by the department according to the provisions of chapter 248-156 WAC, or a lesser amount as required by federal law and established by the department by rule; the "annual operating costs" are to include all additional costs that will be incurred as a result of the initiation of the service. This would include all direct costs and any incremental increases in ancillary and support services.

(33) "Intermediate care facility" means any institution or distinct part thereof certified as an intermediate care facility for participation in the Medicaid (Title XIX of the Social Security Act) program.

(34) "Kidney disease treatment center" means any place, institution, building or agency or a distinct part thereof equipped and operated to provide services, including dialysis and/or kidney transplantation, to persons who have end-stage renal disease.

(35) "Major medical equipment" means a single unit of medical equipment or a single system of components used for the provision of medical and other health services and costing in excess of one million dollars, adjusted by the department according to the provisions of chapter 248-156 WAC, or a lesser amount as required by federal law and established by the department by rule. Such term does not include dental equipment or

medical equipment acquired by or on behalf of a clinical laboratory to provide clinical laboratory services if the clinical laboratory is independent of a physician's office and a hospital, and the clinical laboratory has been determined under Title XVIII of the Social Security Act to meet the requirements of paragraphs (10) and (11) of section 1861(s) of such act. If the equipment is acquired for less than fair market value, the term "cost" includes the fair market value.

(36) "May" means an act is permitted, but not required.

(37) "Nursing home" means any home, place, institution, building or agency or distinct part thereof operating or maintaining 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. The term "nursing home" includes any such entity owned and operated by the state or 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. The term "nursing home" does not include: General hospitals or other places providing care and treatment for the acutely ill and maintaining and operating facilities for major surgery or obstetrics or both; psychiatric hospitals as defined in this section; private establishments, other than private psychiatric hospitals, licensed or required to be licensed under the provisions of chapter 71.12 RCW; boarding homes licensed under the provisions of chapter 18.20 RCW; or any place or institution operated to provide only board, room, and laundry to persons not in need of medical or nursing treatment or supervision.

(38) "Obligation," when used in relation to a capital expenditure, means the following has been incurred by or on behalf of a health care facility:

(a) An enforceable contract has been entered into by a health care facility or by a person proposing such capital expenditure on behalf of the health care facility for the construction, acquisition, lease, or financing of a capital asset; or

(b) A formal internal commitment of funds by a health care facility for a force account expenditure constituting a capital expenditure; or

(c) In the case of donated property, the date on which the gift is completed in accordance with state law.

(39) "Offer," when used in connection with health services, means the health facility provides or holds itself out as capable of providing or as having the means for the provision of one or more specific health services.

(40) "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.

(41) "Predevelopment expenditures" means capital expenditures, the total of which exceeds the expenditure minimum, made for architectural designs, plans, drawings, or specifications in preparation for the acquisition or construction of physical plant facilities. "Predevelopment expenditures" exclude any obligation of a capital expenditure for the acquisition or construction of physical plant facilities and any activity which may be considered the "commencement of the project" as this term is defined in this section.

(42) "Project" means any and all undertakings which may be or are proposed in a single certificate of need application or for which a single certificate of need is issued.

(43) "Psychiatric hospital" means any institution or distinct part thereof 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 and licensed or required to be licensed under the provisions of chapter 71.12 RCW, or is owned and operated by the state or by a political subdivision or instrumentality of the state.

(44) "Regional health council" means a public or private nonprofit corporation organized in a manner consistent with the laws of the state and capable of performing each of the functions described in RCW 70.38.085. This term includes health systems agencies.

(45) "Regional health plan" means a document providing at least a statement of health goals and priorities for the health service area. In addition, the plan sets forth the number, type, and distribution of health facilities, services, and manpower needed within the health service area to meet the goals of the plan. The regional health plan is produced by the regional health council.

(46) "Rehabilitation facility" means an inpatient facility operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other health services provided under competent professional supervision.

(47) "Secretary" means the secretary of the Washington state department of social and health services or his or her designee.

(48) "Shall" means compliance is mandatory.

(49) "Skilled nursing facility" means any institution or distinct part thereof certified as a skilled nursing facility for participation in the Medicare (Title XVIII) or Medicaid (Title XIX) program.

(50) "State health plan" means a document, described in Title XV of the Public Health Service Act, developed by the department and the council in accordance with RCW 70.38.065.

(51) "State Health Planning and Resources Development Act" means chapter 70.38 RCW.

(52) "Undertaking" means any action which, according to the provisions of chapter 248-19 WAC, is subject to the requirements for a certificate of need or an exemption from the requirements for a certificate of need.

Note:

¹Therapeutic services include medical social services, home health aide services, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-220, filed 2/28/86; 84-07-014 (Order 2082), § 248-19-220, filed 3/14/84; 81-09-012 (Order 210), § 248-19-220, filed 4/9/81, effective 5/20/81. 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) The following undertakings shall be subject to the provisions of chapter 248-19 WAC, with the exceptions provided for in this section.¹

(a) The construction, development, or other establishment of a new health care facility.

(b) Any capital expenditure by or on behalf of a health care facility which substantially changes the services of the facility.

(i) The specific services subject to review under this subsection are limited to:

(A) Air ambulance services licensed under chapter 18.73 RCW including a change between fixed wing and rotor aircraft. This includes, but is not limited to, acquisition of aircraft or construction of landing facilities.

(B) Land ambulance services licensed under chapter 18.73 RCW.

(C) Brain electrical activity mapping.

(D) Burn services meaning a portion of an acute care facility equipped, organized, and assigned the function of the complete care, including rehabilitation, of persons suffering from a burn injury.

(E) Cardiac catheterization.

(F) Extracorporeal shock wave lithotripsy/extracorporeal pressure wave lithotripsy.

(G) Inpatient psychiatric services.

(H) Level II inpatient rehabilitation service. Patients treated in a Level II service should have moderate to severe impairment in two or more functional areas. Disability is frequently permanent and requires adjustments in lifestyle through intervention of at least two rehabilitation disciplines. Patients are treated in a separate unit, wing, or section staffed by nurses with specialized training and/or experience in rehabilitation. Care is provided by a rehabilitation team consisting of at least a rehabilitation nurse and physical, occupational, and speech therapists and headed by either a physiatrist or a physician with specialized training and/or experience in rehabilitation medicine. These services must have access to social, psychological, and/or prosthetic-orthotic services.

(I) Level III inpatient rehabilitation service. Level III rehabilitation services are those services for persons with usually nonreversible, multiple functional impairments of a moderate-to-severe complexity resulting in major changes in patient's lifestyle and require intervention by several rehabilitation disciplines. Services are provided by a multidisciplinary team, including those listed in subsection (1)(b)(i)(H) of this section and vocational counseling and managed by a physiatrist. The service is provided in a dedicated unit with a separate nurses station staffed by nurses with specialized training and/or experience in rehabilitation nursing. While the service

may specialize (i.e., spinal cord injury, severe head trauma, etc.), it is able to treat all persons within the designated diagnostic specialization regardless of level of severity or complexity of the impairments.

(J) Basic inpatient pediatric services. These are services for uncomplicated pediatric cases and for pediatric cases requiring specialized equipment and personnel with specialty, but not subspecialty, skills and training. These services are not provided in a separate unit, but are in designated pediatric beds distinct from medical/surgical beds.

(K) Specialized inpatient pediatric services. These are services for complex pediatric cases requiring specialized equipment as well as specialty and subspecialty personnel. These services are provided in dedicated pediatric units with a separate nurses' station.

(L) Magnetic resonance imaging/nuclear magnetic resonance.

(M) Intensive care neonatal services.

(N) Level I obstetrics services. This level provides services primarily for uncomplicated services.

(O) Level II obstetrics services when a hospital does not already provide Level I obstetrics services. A Level II service provides a full range of maternal and neonatal services for uncomplicated patients. Level II units will also provide a full range of services for the majority of complicated obstetrical problems and certain neonatal illnesses. They will have a highly trained multidisciplinary staff.

(P) Level III obstetrics services. Level III obstetrics services are provided to those few women and infants requiring full intensive care services for the most serious type of maternal-fetal and neonatal illnesses and abnormalities. Such a service provides the coordination of care, communications, transfer, and transportation for a given region experiencing eight thousand to twelve thousand deliveries yearly. Level III services provide leadership in preparatory and continuing education in prenatal and perinatal care and may be involved in clinical and basic research.

(Q) Open-heart surgery.

(R) Heart transplantation service.

(S) Liver transplantation service.

(T) Solid organ transplantation other than heart and liver transplantation.

(U) Positron emission tomography.

(V) Megavoltage radiation therapy.

(W) End-stage renal dialysis.

(ii) The services listed in subsection (1)(b)(i) of this section are subject to review under any one of the following circumstances:

(A) The service was not offered on a regular basis within the twelve-month period prior to the time the service is proposed to be offered.

(B) An existing service is proposed to be terminated.

(C) A service is proposed to be offered at another health care facility, whether or not the service is currently offered at one or more existing sites, or an end-stage renal dialysis service is proposed to be offered at a new site.

(D) An increase in the number of rooms, suites, or stations used for cardiac catheterization, open-heart surgery, and end-stage renal dialysis.

(E) A change from a mobile to a fixed base service.

(F) The establishment of a new or different landing site for an air ambulance service.

(iii) The department shall review and periodically revise and update these coverage provisions. This shall be done through the adoption of rules and may be done on an emergency basis.

(c) Any capital expenditure by or on behalf of a health care facility exceeding the expenditure minimum as defined by WAC 248-19-220(18). The costs of any studies, surveys, designs, plans, working drawings, specifications, and other activities (including staff effort and consulting and other services which under generally accepted accounting principles are not properly chargeable as an expense of operation and maintenance) essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which such expenditure is made shall be included in determining the amount of the expenditure. Functional programming and general long-range planning activities, including marketing surveys and feasibility studies, are not to be included when determining whether an expenditure exceeds the expenditure minimum.

(d) A change in bed capacity of a licensed health care facility 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) The obligation of any capital expenditure by or on behalf of a health care facility not required to be licensed for a change in bed capacity which increases the total number of beds, or redistributes beds among various categories, by more than ten beds or more than ten percent of total bed capacity as determined by the department, whichever is less, over a two-year period.

(f) Acquisition of major medical equipment:

(i) If the equipment will be owned by or located in an inpatient health care facility; or

(ii) If the equipment is not to be owned by or located in a health care facility and the department finds, consistent with WAC 248-19-403, that:

(A) The equipment will be used to provide services for inpatients of a hospital on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure; or

(B) The person acquiring such equipment did not notify the department of the intent to acquire such equipment at least thirty days before entering into contractual arrangements² for such acquisition.

(g) The sale, purchase, or lease of part or all of an existing hospital as defined in RCW 70.39.020. The acquisition of an existing health care facility other than a hospital which the department has determined, in accordance with the provisions of subsection (2) of this section, is subject to review.

(h) Any new institutional health services which are offered by or on behalf of a health care facility and

which were not offered on a regular basis by or on behalf of such health care facility within the twelve-month period prior to the time such services would be offered.

(i) Any expenditure by or on behalf of a health care facility in excess of the expenditure minimum made in preparation for any undertaking under this subsection and any arrangement or commitment made for financing such undertaking. Expenditures of preparation shall include expenditures for architectural designs, plans, working drawings and specifications.

(j) The obligation of any capital expenditure by or on behalf of a health care facility which decreases the total number of licensed beds or relocates beds from one physical facility or site to another by ten beds or ten percent, whichever is less, in any two-year period.

(k) Any acquisition by donation, lease, transfer, or comparable arrangement, by or on behalf of a health care facility, if the acquisition would otherwise be reviewable under chapter 248-19 WAC if made by purchase.

(2) The following provisions apply to the acquisition of existing health care facilities other than hospitals. At least thirty days before any person acquires or enters into a contract to acquire an existing health care facility, the person shall provide written notification to the department and the appropriate regional health council, and in the case of a hospital, the hospital commission, of the person's intent to acquire the facility.

(a) Written notification of intent, to be considered valid, shall be made in a form and manner acceptable to the secretary's designee and shall include:

(i) The name and address of the health care facility to be acquired;

(ii) The name and address of the person intending to acquire the health care facility;

(iii) A description of the means by which the health care facility would be acquired, including the total capital expenditures associated with the acquisition, and the intended date of incurring the contractual obligation to acquire the health care facility;

(iv) The name and address of the person from whom the facility is to be acquired; and

(v) A description of any changes in institutional health services or bed capacity proposed by the person acquiring the health care facility.

(b) A certificate of need shall be required for the obligation of a capital expenditure to acquire by purchase, or under lease or comparable arrangement, an existing health care facility if:

(i) A written notification of intent to acquire an existing health care facility is not provided in accordance with WAC 248-19-230(2), or

(ii) The department finds within fifteen working days after receipt of a written notification to acquire a health care facility that the services or bed capacity of the facility will be changed in being acquired.

(c) Within fifteen working days after receipt of a written notification of intent, the department shall send written notice to the person intending to acquire the health care facility, indicating:

(i) Whether the written notification constitutes a valid notification, as prescribed in subsection (2)(a) of this section and, if such notification is valid,

(ii) Whether such acquisition is subject to certificate of need review.

(d) If the department fails to make a determination within thirty days after receipt of a valid notice, the health care facility may be acquired without a certificate of need.

(3) With respect to ambulatory care facilities and inpatient health care facilities controlled (directly or indirectly) by a health maintenance organization or combination of health maintenance organizations, the provisions of chapter 248-19 WAC shall apply only to the offering of inpatient institutional health services, the acquisition of major medical equipment, and the obligation of capital expenditures for the offering of inpatient institutional health services, and then only to the extent that such offering, acquisition, or obligation is not exempt under the provisions of WAC 248-19-405.

(4) The extension, on a regular and ongoing basis, of the services of a home health agency or a hospice to a population residing in a county not previously regularly included in the service area of that home health agency or hospice during the preceding twelve months constitutes extension of home health services or hospice services beyond a defined geographic area and shall be considered the development or establishment of a new home health agency or hospice.

(5) Any change in the number of dialysis stations in a kidney disease treatment center shall be considered to be a change in bed capacity of a health care facility.

(6) No person shall engage in any undertaking subject to certificate of need review under the provisions of this chapter unless a certificate of need authorizing such undertaking has been issued and remains valid or an exemption has been granted in accordance with the provisions of this chapter.

(7) No person may divide a project in order to avoid review requirements under any of the thresholds specified in this section.

(8) The department may issue certificates of need permitting predevelopment expenditures only, without authorizing any subsequent undertaking with respect to which such predevelopment expenditures are made.

(9) A certificate of need application, the review of which had begun but upon which final action had not been taken prior to July 24, 1983, shall be reviewed and final action taken based on chapter 70.38 RCW and chapter 248-19 WAC as in effect prior to July 24, 1983.

(10) The provision of hospice services by an entity providing the services described in the definition of "hospice" in WAC 248-19-220, when such an entity was providing services as of July 24, 1983, shall not be considered the establishment of a new health facility or service. Persons providing hospice services as of July 24, 1983, shall submit information prescribed by the department showing they were providing hospice services as of that date and showing the services provided and the county or counties comprising the service area.

(11) Any capital expenditure in excess of the expenditure minimum not otherwise subject to certificate of need review under subsection (1)(a), (b), (d), (e), (f), or (h) of this section, solely for any one or more of the following and which does not substantially affect patient charges as determined by the department based on information provided by the applicant, is exempt from certificate of need review except to the extent required by the federal government as a condition to receipt of federal assistance:

- (a) Communications and parking facilities;
- (b) Mechanical, electrical, ventilation, heating, and air conditioning systems;
- (c) Energy conservation systems;
- (d) Repairs to, or the correction of, deficiencies in existing physical plant facilities necessary to maintain state licensure;
- (e) Acquisition of equipment, including data processing equipment, which is not or will not be used in the direct provision of health services;
- (f) Construction, involving physical plant facilities, including administrative and support facilities, which are not and will not be used for the provision of health services;
- (g) Acquisition of land; and
- (h) Refinancing of existing debt.

Note:

¹Where a hospital is part of a larger institution, such as a university, the components of the larger institution (e.g., a component conducting medical research) not related to the hospital will not be considered part of the hospital, whether or not the hospital is a distinct legal entity. Similarly, when there is a legal entity, the primary activity of which is operating a hospital, but which also operates a distinct research component, the research component will not be considered part of the hospital. In these cases, the component conducting medical research that is distinct from the hospital and that neither provides inpatient services nor uses revenues derived from patient charges at the hospital to finance its operations will not be considered part of the hospital.

Further, expenditures by a component of a larger institution, such as a university, which is distinct from a separate health care facility component, such as the university's hospital, will not be viewed as being "by a health care facility." Thus, a capital expenditure by a university medical school that is a distinct component of the university will not be considered to be "by" the hospital of the university. In finding that the medical school is distinct, the department must find at least that the revenues derived from patient charges at the hospital of the university are not used for operating expenses of the medical school.

If a capital expenditure exceeds the expenditure minimum, for it to be required to be subject to review, the department must find that it is "on behalf of" a health care facility. Such an expenditure is also required to be subject to review if it is for the acquisition of major medical equipment and meets the conditions set forth in WAC 248-19-230 (1)(f). The same analysis would apply to a distinct research component of a legal entity, the primary activity of which is operating a hospital.

²A person may enter into a contractual arrangement at an earlier date, provided such contractual arrangement is contingent upon a determination by the department that a certificate of need is not needed or upon issuance of a certificate of need.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-230, filed 2/28/86; 84-07-014 (Order 2082), § 248-19-230, filed 3/14/84; 81-09-012 (Order 210), § 248-19-230, filed 4/9/81, effective 5/20/81. 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 wanting to know whether an action the person is considering is subject to certificate of need requirements (chapter 248-19 WAC) should submit a written request to the certificate of need unit requesting a formal determination of applicability of the certificate of need requirements to the action.

(a) A copy of a written request for determination of applicability shall be sent simultaneously to the appropriate advisory review agencies.

(b) The written request shall be in a form prescribed by the department and contain an explicit description of the action. The description shall include the nature and extent of any construction, changes in services, and the estimated total costs of the action.

(2) The department may request such additional written information as is reasonably necessary to make an applicability determination on the action.

(3) 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 state the reasons for its determination that the action is or is not subject to certificate of need requirements.

(4) Information or advice given by the department as to whether an action 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.

(5) A written applicability determination on an action 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 action does not significantly change.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-240, filed 2/28/86; 81-09-012 (Order 210), § 248-19-240, filed 4/9/81, effective 5/20/81. 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 RCW 70.38.125.

[Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-250, filed 4/9/81, effective 5/20/81. 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. During January of each year, each health care facility and any other person developing proposals subject to certificate of need review shall submit to the department and the advisory review agencies a report describing each such undertaking. Such report shall be submitted in a form prescribed by the department.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-260, filed 2/28/86; 81-09-012 (Order 210), § 248-19-260, filed 4/9/81, effective 5/20/81. 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 propose an undertaking subject to certificate of need review (except for projects which would qualify for an emergency review under the provisions of WAC 248-19-300 (2)(a)), shall submit a letter of intent in accordance with the following provisions:

(1) General.

(a) A copy of the letter of intent shall include the following information:

(i) A description of the extent of the services proposed;

(ii) The estimated cost of the proposed project;

(iii) A description of the service area.

(b) A copy of the letter of intent shall be sent to the regional health council 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.

(c) The letter of intent submitted in accordance with the provisions of this section does not constitute "notice of intent" with respect to the acquisition of existing health care facilities, as required by WAC 248-19-230(2) or to the acquisition of major medical equipment, as required by WAC 248-19-403.

(2) Expedited or regular review. Any person proposing an undertaking subject to an expedited or regular review shall submit a letter of intent at least thirty days prior to the submission of the application.

Concurrent review.

(a) Any person proposing undertakings for which a concurrent review schedule has been established according to WAC 248-19-327 shall submit a letter of intent in accordance with the schedule published in WAC 248-19-327. Applications for projects subject to concurrent review will not be processed unless a letter of intent has been submitted in accordance with the schedule published by the department.

(b) Within thirty days following the date on which letters of intent must be received, the department, after consultation with the advisory review agencies, shall determine which of the proposed undertakings compete with another proposed undertaking. To be considered competing, a proposed undertaking must meet at least one of the following criteria:

(i) Nursing home bed additions - The proposed nursing home beds will be located in the same county or nursing home planning area.

(ii) Other - Criteria to determine which undertaking will be considered competing will be developed and published in rule when a concurrent review is published.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-270, filed 2/28/86; 81-09-012 (Order 210), § 248-19-270, filed 4/9/81, effective 5/20/81. 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) General.

(a) A person proposing an undertaking subject to review shall submit a certificate of need application in such form and manner and containing such information as the department, after consultation with the advisory

review agencies, has prescribed and published as necessary to such a certificate of need application.

(i) The information, which the department prescribes and publishes as required for a certificate of need application, shall be limited to the information necessary for the department to perform a certificate of need review and shall vary in accordance with and be appropriate to the category of review or the type of proposed project: *Provided however*, That the required information shall include that which is necessary to determine whether the proposed project meets applicable criteria and plan standards.

(ii) Information regarding a certificate of need application 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 regional health council, and for hospital projects, to the hospital commission.

(iii) Except as provided in WAC 248-19-325, no information regarding a certificate of need application submitted by an applicant after the conclusion of a public hearing conducted under the provisions of WAC 248-19-320 or the date of the final action of the appropriate regional health council or the date of the final action of the hospital commission on the application, whichever occurs last, shall be considered by the department in reviewing and taking action on a certificate of need application. An exception to this rule shall be made when, during its final review period, the department finds an unresolved pivotal issue requires submission of further information by an applicant and the applicant agrees to an extension of the review period in order to resolve this issue as provided for in WAC 248-19-330 (2)(b), 248-19-340 (2)(c), and 248-19-350(4). The department shall furnish copies of its request to the applicant for such additional information to the appropriate advisory review agencies. The department shall give public notice of such request for additional information through the same newspaper in which the "notification of beginning of review" for the project was published. The notice shall identify the project, the nature of the unresolved issue and the information requested of the applicant, and shall state the period of time allowed for receipt of written comments from interested persons.

(b) A person submitting a certificate of need application shall simultaneously submit copies of such application to the certificate of need unit of the department and the appropriate advisory review agencies.

(i) The original and two copies of the application shall be submitted to the certificate of need unit of the department.

(ii) At least three and such additional copies of the application as may be required by the regional health council shall be submitted to the appropriate regional health council.

(iii) For a hospital project, one copy shall be submitted to the hospital commission.

(c) On or before the last day of the applicable screening period for a certificate of need application, as prescribed in subsections (2) and (3) of this section, the

department shall send a written notice to the person submitting the application stating whether or not the application has been declared complete. If an 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. The notice from the department shall incorporate the findings as to insufficient or indefinite application information transmitted to the department by the regional health council and the hospital commission.

(d) The department shall not request any supplemental information of a type not prescribed and published as being necessary to a certificate of need application for the type of project being proposed. The department may request clarification of information provided in the application.

(e) 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 provisions of subsection (1)(b) of this section.

(2) Screening and prereview activities.

(a) The department and the appropriate advisory review agencies shall, within a fifteen-day period for emergency, expedited, and regular reviews, 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 and the advisory review agencies have each received copies of the application.

(b) The department shall return an incomplete certificate of need application to the person submitting the application if the department has not received a response to a request for the supplemental information sent in accordance with subsection (1)(c) of this section within forty-five days for emergency, expedited, and regular reviews and within one month for concurrent review after such request was sent.

(c) For emergency, expedited, and regular reviews, a person submitting 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, in accordance with subsection (1)(c) of this section, shall have the right to exercise one of the following options:

(i) 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;

(ii) Submission of written supplemental information with a written request that review of the certificate of need application begin without the department notifying the applicant as to whether the supplemental information is adequate to complete the application; or

(iii) Submission of a written request that the incomplete application be reviewed without supplemental information.

(d) For concurrent review a person submitting a response to the department's request for supplemental information to complete a certificate of need application within one month after the request was sent by the department, in accordance with subsection (1)(c) of this section, shall submit written supplemental information or a written request that the incomplete application be reviewed. The review shall begin in accordance with the published schedule.

(e) After receipt of a request for review of a certificate of need application, submitted in accordance with subsection (2)(c)(ii) or (iii) of this section, the department shall give notification of the beginning of review in the manner prescribed for a complete application in WAC 248-19-310.

(f) If a person requests the screening of supplemental information in accordance with subsection (2)(c)(i) of this section, such screening shall be carried out in the same number of days and in the same manner as required for an application in accordance with the provisions of subsection (1)(c) and (2)(a) of this section. 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.

(3) Withdrawal of applications.

A certificate of need application shall be withdrawn from the certificate of need process if the department receives a written request for withdrawal of the application from the person submitting the application at any time before final action on such application has been taken by the secretary's designee.

(4) Resubmission of applications withdrawn or returned as incomplete.

A submission of a new certificate of need application shall be required for a certificate of need review of any undertaking for which the department has returned an incomplete application in accordance with subsection (2)(b) of this section, or for which a certificate of need application has been withdrawn in accordance with subsection (3) of this section. The content of the application should be updated as necessary before resubmission.

[Statutory Authority: RCW 70.38.135, 86-06-030 (Order 2344), § 248-19-280, filed 2/28/86; 81-09-012 (Order 210), § 248-19-280, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW, 79-12-079 (Order 188), § 248-19-280, filed 11/30/79.]

WAC 248-19-295 Amendment of certificate of need applications. (1) The following changes to an application may be considered an amendment of an application:

(a) The addition of a new service or elimination of a service included in the original application.

(b) The expansion or reduction of a service included in the original application.

(c) An increase in the bed capacity.
 (d) A change in the capital cost of the project or the method of financing the project.

(e) A substantial change in the rationale used to justify the project.

(2) Direct responses to screening questions will not be considered amendments.

(3) Amendments to certificate of need applications shall include information and documentation consistent with the requirements of WAC 248-19-280 (1)(a)(i) and (b).

(4) Application for emergency review. If an applicant amends an application during the screening period, the department, after consultation with the advisory review agencies, shall determine whether the amended application constitutes a new application. An application amended during the review period shall be considered a new application.

(5) An application for expedited or regular review may be amended during the screening period or the advisory review period.

(a) The advisory review agency recommends to the department that a change to an application constitutes an amendment. When the advisory agency recommends an application has been amended, a written justification shall be submitted to the applicant and the department within five working days after the recommendation is made. The applicant may submit written information to the department within five working days indicating why the change should not be considered an amendment. The applicant shall also submit the written information to the advisory agency.

(b) The department shall determine within five working days of receipt of the advisory agency recommendation concerning an amendment whether the change constitutes an amendment to an application.

(c) When an application has been amended, the review period may be extended at the written request of the advisory review agency for a period not to exceed forty-five days.

(6) An application for concurrent review may be amended according to the following provisions:

(a) The department, in consultation with the advisory review agency, shall determine when an application has been amended.

(b) An amendment may be made through the first forty-five days of the concurrent review process. When an applicant amends an application, the review period for all applications reviewed concurrently shall be extended by a single thirty-day period. The forty-five days for amendments shall be divided as follows:

(i) During the first thirty days an applicant or applicants may amend an application one or more times.

(ii) When an amendment has been made to an application in the first thirty days, all applicants may make one final amendment during the remaining fifteen days of the forty-five day period.

(iii) The department shall send written notice to all applicants when an amendment to an application is submitted.

(iv) If no amendment has been made to any application through the thirty-day period, no amendments may be made during the subsequent fifteen-day period.

(c) Any information submitted after the amendment period which has not been requested in writing by the department shall be returned to the person submitting the information and shall not be considered in the review of the application.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-295, filed 2/28/86.]

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, concurrent review, emergency review, expedited review, or administrative review.

(2) Determination of review process.

The department, after any necessary consultation with the appropriate advisory review agencies, shall determine which review process will be used in the review of a given certificate of need application.

(a) Administrative review.

(i) The secretary's designee shall have the authority to review an abbreviated application proposing the obligation of any capital expenditure by or on behalf of a health care facility decreasing the total number of licensed beds or relocating licensed beds from one facility to another, by ten beds or ten percent, whichever is less, in any two-year period. Prior to making a determination of administrative review, the secretary's designee shall consult with the advisory review agencies.

(ii) An abbreviated application shall be submitted in a form acceptable to the secretary's designee in accordance with the provisions of WAC 248-19-280 (1)(b).

(iii) Such review shall be completed within ten working days after receipt of an application.

(b) Emergency review.

(i) Beginning January 1, 1981, an emergency review may, with the written consent of the appropriate advisory review agencies, 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, after consulting with the appropriate advisory review agencies, determine 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 an application is not subject to emergency review procedures, the application will be reviewed under another review process appropriate for the type of undertaking proposed. The department will notify the applicant of the other process under which the application will be reviewed.

(c) Expedited review.

Beginning July 24, 1983, an expedited review shall be conducted on a certificate of need application for the following:

(i) Projects proposed for the correction of deficiencies as described in WAC 248-19-415, except projects for

the repair to or correction of deficiencies in the physical plant necessary to maintain state licensure, which are exempt from review by the provisions of WAC 248-19-230(12), if they do not substantially affect patient charges.

(ii) The replacement of equipment having similar functional capability and not resulting in the offering or development of any new health services.

(iii) Demonstration or research projects: *Provided*, That such projects do not involve a change in bed capacity or the provision of a new institutional health service.

(iv) Acquisition of an existing health care facility.

(v) Projects limited to predevelopment expenditures.

(d) Regular review process.

The regular review process shall be used for any application unless the department has determined the emergency, expedited, or concurrent review process will be used in the review of such application. The regular review process will also be used to review applications for projects solely for the purposes listed in WAC 248-19-230(12) determined by the department to substantially affect patient charges, unless the project qualifies for an expedited review under subsection (2)(b)(i) of this section.

(e) Concurrent review process.

The concurrent review process shall be used for all applications determined to be competing in accordance with WAC 248-19-327.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-300, filed 2/28/86; 81-09-012 (Order 210), § 248-19-300, filed 4/9/81, effective 5/20/81. 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) Notice required.

The department shall provide written notification of the beginning of the review of a certificate of need application and notification of the beginning of the review of a proposed withdrawal of a certificate of need to affected persons (other than persons residing within the geographic area served or to be served by the applicant, any persons regularly using health care facilities within that geographic area, and third-party payers reimbursing health care facilities for services in the health service area in which the project is proposed to be located), and any other person submitting a written request that the person's name be on the mailing list for such notice. Notification of the beginning of the review of a certificate of need application shall be provided to persons residing within the geographic area served or to be served by the applicant, to any person regularly using health care facilities within that geographic area, and third-party payers reimbursing health care facilities for services in the health service area in which the project is proposed to be located, through a newspaper of general circulation in the health service area of the project.

(2) Specific notice requirements.

(a) The department shall give "notification of the beginning of review" of an application after the department and the appropriate advisory review agencies have

each received a complete application or the applicant's request, submitted in accordance with WAC 248-19-280 (2)(c), that review of the application begin. Such notice shall be given according to the following requirements:

(i) Emergency review.

When an application is being reviewed under the emergency review process, required notices shall be given within five working days following the receipt of a complete application or the applicant's written request that review of the application begin.

(ii) Expedited and regular review.

When an application is being reviewed under the expedited or regular review process, required notices shall be given within five working days of a declaration that the application is complete or the applicant's request that review of the application begin.

(b) The department shall give notification of the beginning of the review of a proposed withdrawal of a certificate of need when the department determines there may be good cause to withdraw a certificate of need.

(c) The notices shall include:

(i) A general description of the project;

(ii) In the case of a proposed withdrawal of a certificate of need, the reasons for the proposed withdrawal;

(iii) The proposed review schedule;

(iv) The period within which one or more affected persons may request the conduct of a public hearing during the review;

(v) The name and address of the agency to which a request for a public hearing should be sent;

(vi) The manner in which notification will be provided of the time and place of any hearing so requested;

(vii) Notice that any affected person wishing to receive notification of a meeting on the application called by the department after the end of the advisory agencies review period shall submit a written request to the department to receive notification of such meetings; and

(viii) The period within which any affected person may request notification of the meetings referenced in subsection (2)(c)(vii) of this section.

(d) The notices to other affected persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(3) Beginning of review.

(a) Review of a certificate of need application under the expedited or regular review process shall begin on the day the department sends notification of the beginning of review to the general public and other affected persons unless the department has received a written request from the applicant pursuant to WAC 248-19-280 (2)(c)(iii), in which case review shall begin upon receipt of such request.

(b) Review of certificate of need applications under the concurrent review process shall begin fifteen days after the conclusion of the published time period for the submission of final applications subject to concurrent review.

(c) Review of a certificate of need application under emergency review shall begin on the first day after the

date on which the department and the appropriate advisory review agencies have determined the application is complete, or have each received a written request to begin review submitted by the applicant in accordance with WAC 248-19-280 (2)(c).

(d) Review of a proposed withdrawal of a certificate of need shall begin on the day the department sends notification of the beginning of review to the general public and to other affected persons.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-310, filed 2/28/86; 81-09-012 (Order 210), § 248-19-310, filed 4/9/81, effective 5/20/81. 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 affected persons.

(2) The department shall provide opportunity to affected persons for a public hearing on:

(a) A certificate of need application which is under review, unless the application is being reviewed according to the emergency or expedited review processes; and

(b) The proposed withdrawal of a certificate of need.

This requirement for a public hearing shall be satisfied if the appropriate regional health council has provided opportunity for such a public hearing to "affected persons" as this term is defined in WAC 248-19-220: *Provided however*, That the department has delegated the responsibility for such hearing to the appropriate regional health council, and such regional health council has followed public hearing procedures required under the provisions of this section.

(3) To be valid, a request for a public hearing on a certificate of need application or on the proposed withdrawal of a certificate of need shall:

(a) Be submitted in writing;

(b) Be received by the agency identified in the "notification of beginning of review" within fifteen days after the date on which the department's "notification of beginning of review" for the particular certificate of need application or proposed withdrawal of a certificate of need was published in a newspaper of general circulation; and

(c) Include identification of the particular certificate of need application or proposed certificate of need withdrawal for which the public hearing is requested and the full name, complete address, and signature of the person making the request.

(4) The department or the regional health council to which the department delegated responsibility for public hearings shall give written notice of a public hearing conducted pursuant to this section.

(a) Written notice shall be given to affected persons and the public at least fifteen days prior to the beginning of the public hearing.

(b) The notices shall include: Identification of the certificate of need application or certificate of need on which the public hearing is to be conducted and the date, time, and place of the public hearing.

(c) Notice to the general public to be served by the proposed project to which the certificate of need application or certificate of need pertains shall be through a newspaper of general circulation in the health service area of the proposed project. The notices to other affected persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(5) In a public hearing on a certificate of need application or on a proposed withdrawal of a certificate of need, any person shall have the right to be represented by counsel and to present oral or written arguments and evidence relevant to the matter which is the subject of the hearing. Any person affected by the matter may conduct reasonable questioning of persons who make relevant factual allegations.

(6) The department or regional health council, whoever conducts the hearing, shall maintain a verbatim record of a public hearing and shall not impose fees for the hearing.

(7) The department shall not be required to conduct a public hearing on a certificate of need application being reviewed according to the emergency or expedited review procedures.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-320, filed 2/28/86; 81-09-012 (Order 210), § 248-19-320, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-320, filed 11/30/79.]

WAC 248-19-326 Ex parte contacts. (1) There shall be no ex parte contacts as defined in WAC 248-19-220(17) after whichever of the following occurs last:

(a) The conclusion of a public hearing held in accordance with WAC 248-19-320, or

(b) The final action of the appropriate regional health council, or

(c) The final action of the hospital commission.

(2) Any of the following communications shall not be considered ex parte contacts:

(a) A communication regarding the procedure or process of the review.

(b) A communication made in a meeting open to the public requested by the department and reasonable notice of the meeting has been given to the applicant, the advisory review agencies, all applicants in a concurrent review, and all persons having previously requested in writing to be notified of all such meetings or written requests for information concerning a specific application for certificate of need or a specific proposed withdrawal of a certificate of need.

(c) A written request for information made by the department and provided to all persons specified in subsection (2)(b) of this section.

(d) A response to a request made by the department in a meeting held in accordance with subsection (2)(b) of this section or in response to subsection (2)(c) of this section, and submitted to the department and to all persons specified in subsection (2)(b) of this section.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-326, filed 2/28/86.]

WAC 248-19-327 Concurrent review process. (1) Projects for which the department may publish concurrent review schedules are identified in RCW 70.38.115(7). A concurrent review has been scheduled for projects proposing nursing homes, nursing home bed additions, the redistribution of acute care beds to skilled nursing care beds or intermediate care beds, and the relocation of nursing home beds from one county or nursing home planning area to another county or nursing home planning area.

(2) Time schedules for submission of application subject to concurrent review.

(a) The department, in cooperation with the advisory review agencies, shall prescribe particular time schedules for the submission and concurrent review of certificate of need applications for selected types of projects within a given area. Such time schedules shall be for the purpose of comparative analysis of competing or similar projects.

(b) Time schedules for projects subject to concurrent review shall be published in rule.

(c) When a new concurrent review schedule is published, there shall be no more than four months between the publishing of the concurrent review schedule and the date initial applications are due.

(d) Review schedules for concurrent review shall provide for at least an annual review for a given project type within each service area.

(3) The concurrent review shall not exceed one hundred thirty-five days from the beginning of the review period unless it is extended in accordance with WAC 248-19-295.

(a) Applications subject to the nursing home concurrent review shall be submitted as follows:

(i) Deadlines are the first working day of the month.

(ii) Letter of intent - June.

(iii) Initial application - August.

(iv) Screening of applications - September.

(v) Submission of final applications and beginning of review - October.

(b) Applications subject to concurrent review shall be submitted to reviewing agencies in accordance with the provisions of WAC 248-19-280(1). Each applicant shall provide the other competing applicant or applicants with a copy or copies of the application if requested in writing.

(c) The department and the appropriate advisory agencies shall screen the initial application within one month to determine whether the information provided in the application is complete and as explicit as necessary for certificate of need review. The screening period shall begin on the first working day after the end of the period for submission of the initial application published by the department.

(d) Within one month after the department sends the request for supplemental information, the applicant shall exercise one of the following which will constitute submission of the final application:

(i) Submission of the requested written supplemental information; or

(ii) Submission of a written request that the incomplete application be reviewed without supplemental information.

(e) The concurrent review shall begin within fifteen days after the published date for submission of final applications.

(f) Within ninety days from the first day of the review period, the appropriate advisory agencies shall submit written findings and recommendations on a certificate of need application to the department unless the review period has been extended according to the provisions in subsection (4) of this section.

(g) The department shall conclude its final review and the secretary's designee shall take action on a certificate of need application within forty-five days after the end of the advisory agencies' review period unless extended according to the provisions of subsection (4) of this section.

(4) The review period for a concurrent review may be extended according to the following provisions:

(a) When an applicant amends an application, the review period shall be extended in accordance with the provisions of WAC 248-19-295.

(b) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from one or more of the applicants reviewed concurrently. The request shall specify a deadline by which an applicant or applicants shall respond. The department may extend the final review period for all applications being reviewed concurrently up to, but not exceeding, thirty days after the receipt of the response or responses of the applicant or applicants to the department's request for information or after the specified deadline for response.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-327, filed 2/28/86.]

WAC 248-19-330 Regular review process. (1) The regular review process shall not exceed ninety days from the beginning of the review period and shall be conducted in accordance with this section unless the review period is extended in accordance with the provisions of subsection (2) of this section.

(a) Within sixty days from the first day of the review period, the advisory review agencies shall submit written findings and recommendations on a certificate of need application to the department unless either of the advisory review agencies has requested and received an extension of this review period from the department.

(b) The department shall complete its final review and the secretary's designee shall make a decision on a certificate of need application within thirty days of the end of the review period or extended review period of the advisory review agencies.

(2) The review period for a regular review may be extended according to the following provisions:

(a) The advisory agencies' review period may be extended for up to an additional thirty days upon the written request of either of the advisory review agencies when such additional time is needed to complete the review and submit written findings and recommendations

to the department and/or up to an additional forty-five days in accordance with WAC 248-19-295. The department may grant further extensions to this review period: *Provided*, The person submitting the certificate of need application gives written consent to such further extensions.

(b) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from the person submitting the application. The department may extend its final review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information.

(c) The department may extend either the review period for the advisory review agencies or the department's final review period upon receipt of a written request of the person submitting the application: *Provided however*, That such an extension shall not exceed ninety days.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-330, filed 2/28/86; 82-19-055 (Order 244), § 248-19-330, filed 9/15/82; 81-09-012 (Order 210), § 248-19-330, filed 4/9/81, effective 5/20/81. 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 days from the beginning of the review period unless extended in accordance with the provisions of subsection (2) of this section: *Provided however*, That the appropriate regional health council consents in writing to a thirty-day review period. If the regional health council does not consent to a thirty-day review period, the expedited review process shall not exceed eighty days from the beginning of the review period.

(a) If the advisory agencies' review period is thirty days, advisory review agencies shall submit written findings and recommendations to the department within thirty days of the beginning of the review period. If the advisory agencies' review period is sixty days, the advisory review agencies shall submit written findings and recommendations to the department within sixty days of the beginning of the review period.

(b) The department shall complete its final review and the secretary's designee shall make his or her decision on a certificate of need application under an expedited review within twenty days of the end of the review period or extended review period of the advisory review agencies.

(2) The review period for an expedited review may be extended according to the following provisions:

(a) If the regional health council has consented to a thirty-day review period, the review period may be extended for up to an additional thirty days upon the written request of the advisory review agency when additional time is needed by the advisory review agency, to complete the review and submit written findings and recommendations to the department and/or up to an additional forty-five days in accordance with WAC 248-19-295. The department may grant further extensions to this review period: *Provided*, The person submitting the certificate of need application gives written consent to further extension.

(b) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from the person submitting the application. The department may extend its final expedited review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information.

(c) The department may extend either the expedited review period for the advisory review agencies or the department's final review period upon receipt of a written request of the person submitting the application: *Provided however*, That such an extension shall not exceed sixty days.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-340, filed 2/28/86; 82-19-055 (Order 244), § 248-19-340, filed 9/15/82; 81-09-012 (Order 210), § 248-19-340, filed 4/9/81, effective 5/20/81. 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 advisory review agencies shall be submitted to the department within ten working days after the beginning of the emergency review period.

(3) The department shall complete its final review and the secretary's designee shall make his or her 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 subsection (4) of this section.

(4) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from the person submitting the application. The department may extend its final emergency review period up to but not exceeding ten days after receipt of the applicant's written response to the department's request for information.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-350, filed 2/28/86; 82-19-055 (Order 244), § 248-19-350, filed 9/15/82; 81-09-012 (Order 210), § 248-19-350, filed 4/9/81, effective 5/20/81. 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 action of the secretary's designee on such applications shall, with the exceptions provided for in WAC 248-19-410 and 248-19-415 be based on determinations as to:

- (a) Whether the proposed project is needed;
- (b) Whether the proposed project will foster containment of the costs of health care;
- (c) Whether the proposed project is financially feasible; and
- (d) Whether the proposed project will meet the criteria for structure and process of care identified in WAC 248-19-390.

(2) The decision on a certificate of need application shall be consistent with the state health plan in effect at the time the secretary's designee made the original or reconsidered or remanded decision. A finding of inconsistency shall not be based solely on the fact a proposed project is not specifically referenced in the state health plan.

(3) Criteria contained in this section and 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 consistency of the proposed project with the applicable regional health plan (RHP) and annual implementation plan (AIP), and the state health plan (SHP);

(ii) The standards in the state health plan identified to be used for certificate of need review purposes and applicable to the type of project under review;

(iii) In the event standards in the state health plan or regional health plan do not address in sufficient detail for a required determination the services or facilities for health services proposed, the department may consider standards not in conflict with the state health plan or regional health plan in accordance with subsection (3)(b) of this section;

(iv) The findings and recommendations of the regional health council 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, including recommendations to approve, conditionally approve, partially approve, or deny an application); and

(v) 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 developed by other individuals, groups, or organizations with recognized expertise related to a proposed undertaking; and

(vii) The written findings and recommendations of individuals, groups, or organizations with recognized expertise related to a proposed undertaking, with whom the department consults during the review of an application.

(c) At the request of an applicant, the department shall identify the criteria and standards it will use prior

to the submission and screening of a certificate of need application: *Provided however*, That when a person requests identification of criteria and standards prior to the submission of an application, the person shall submit such descriptive information on a project as is determined by the department to be reasonably necessary in order to identify the applicable criteria and standards. The department shall respond to such request within fifteen working days of its receipt. In the absence of an applicant's request under this subsection, the department shall identify the criteria and standards it will use during the screening of a certificate of need application. 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 other place for which a certificate of need application is under review, or for which a proposal to withdraw a certificate of need 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: RCW 70.38.135, 85-05-032 (Order 2208), § 248-19-360, filed 2/15/85; 81-09-012 (Order 210), § 248-19-360, filed 4/9/81, effective 5/20/81. 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. The determination of need for any project shall be based on the following criteria, except these criteria will not justify exceeding the limitation on increases of nursing home beds provided in WAC 248-19-373.

(1) The population served or to be served has need for the project and other services and facilities of the type proposed are not or will not be sufficiently available or accessible to meet that need. The assessment of the conformance of a project with this criterion shall include, but need not be limited to, consideration of the following:

(a) In the case of a reduction, relocation, or elimination of a service, the need the population presently served has for the service, the extent to which the need will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination, or relocation of the service on the ability of low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care;

(b) In the case of health services or facilities proposed to be provided, the efficiency and appropriateness of the use of existing services and facilities similar to those proposed;

(c) In the case of an application by an osteopathic or allopathic facility for a certificate of need to construct, expand, or modernize a health care facility, acquire major medical equipment, or add services, the need for that construction, expansion, modernization, acquisition of equipment, or addition of services on the basis of the

need for and the availability in the community of services and facilities for osteopathic and allopathic physicians and their patients, and the impact on existing and proposed institutional training programs for doctors of osteopathy and medicine at the student, internship, and residency training levels; and

(d) In the case of a project not involving health services, the contribution of the project toward overall management and support of such services.

(2) All residents of the service area, including low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service or services. The assessment of the conformance of a project with this criterion shall include, but not be limited to, consideration as to whether the proposed services makes a contribution toward meeting the health-related needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services, particularly those needs identified in the applicable regional health plan, annual implementation plan, and state health plan as deserving of priority. Such consideration shall include an assessment of the following:

(a) The extent to which medically underserved populations currently use the applicant's services in comparison to the percentage of the population in the applicant's service area which is medically underserved, and the extent to which medically underserved populations are expected to use the proposed services if approved;

(b) The past performance of the applicant in meeting obligations, if any, under any applicable federal regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal financial assistance (including the existence of any unresolved civil rights access complaints against the applicant);

(c) The extent to which Medicare, Medicaid, and medically indigent patients are served by the applicant; and

(d) The extent to which the applicant offers a range of means by which a person will have access to its services (e.g., outpatient services, admission by house staff, admission by personal physician).

(3) The resources for the proposed project are not needed for higher priority alternative uses identified in applicable health plans.

(4) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.

(a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing 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.

(b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.

(c) The special needs and circumstances of osteopathic hospitals and nonallopathic services.

(5) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:

(a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided; and

(b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.

(6) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization. In assessing the availability of health services from these providers, the department shall consider only whether the services from these providers:

(a) Would be available under a contract of at least five years' duration;

(b) 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);

(c) Would cost no more than if the services were provided by the health maintenance organization or proposed health maintenance organization; and

(d) Would be available in a manner administratively feasible to the health maintenance organization or proposed health maintenance organization.

[Statutory Authority: RCW 70.38.135, 85-05-032 (Order 2208), § 248-19-370, filed 2/15/85; 81-09-012 (Order 210), § 248-19-370, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW, 79-12-079 (Order 188), § 248-19-370, filed 11/30/79.]

WAC 248-19-373 Determination of nursing home bed needs. (1) The following rules are adopted for use in making decisions on certificate of need applications involving nursing home beds submitted for review under the provisions of RCW 70.38.105.

(a) With the assistance of a work group, the state health coordinating council developed a method for determining future nursing home bed needs with the intention of incorporating that method as an amendment to the 1982 state health plan. The secretary of the department reviewed the method and submitted it to the governor for adoption as an amendment to the state health plan. The governor adopted the method as part of

an amendment of the state health plan on March 27, 1984. See RCW 70.38.045 and RCW 70.38.065.

(b) The nursing home bed need projections in subsection (3)(a) of this section shall be used to interpret the certificate of need review criteria in RCW 70.38.115 (2)(b) and WAC 248-19-370.

(2) The secretary finds:

(a) That in developing the amendment to the 1982 state health plan the state health coordinating council sought and received the assistance of a work group consisting of representatives from a wide variety of groups interested in nursing home bed needs in this state.

(b) That the work group consisted of representatives from the following: State health coordinating council; Puget Sound health systems agency; Washington association of homes for the aging; Washington state health facilities association; united nursing home association; area agency on aging; nursing home ombudsman; state nursing home advisory council; senior citizens lobby; state council on aging; the department's bureau of aging and adult services, bureau of nursing home affairs, and regional offices; and the house committee on social and health services.

(c) That the following assumptions which were incorporated in the amendment regarding the bed need projection method are the appropriate policy considerations for projecting nursing home bed needs.

(i) Nursing home bed need projections should reflect variations in nursing home use by different age groups of the population.

(ii) Nursing home beds should ordinarily be located reasonably close to the people they serve.

(iii) Equity and the availability in use of nursing home beds within the state should be increased by reducing the wide variation in nursing home use rates within age groups among areas of the state.

(iv) Areas of the state that are underbedded, adequately bedded, and overbedded should be identified and treated differently in the bed need projection process.

(v) The overall supply of beds in the state should represent a reasonable and appropriate state nursing home bed to elderly population ratio.

(vi) Most current nursing home use in the state reflects an appropriate need for formal services which should be met by nursing home beds or other services in long-term care continuum.

(vii) To be responsive to unique local circumstances, the nursing home bed need projection process should include local discretion in defining nursing home planning areas and bed allocations.

(d) That the amendment to the 1982 state health plan established a 1990 target state nursing home bed to elderly population ratio (see subsection (2)(c)(v) of this section) of 53.7 beds per one thousand persons aged sixty-five or older. Taken into account in establishing this ratio were the following:

(i) The national bed ratio and the bed ratios of other states judged to have reasonable and progressive long-term care policies, and

(ii) State policy goals for the allocation of scarce resources between nursing home beds and other institutional and community-based services in the long-term care continuum, and

(iii) The effects on nursing home bed needs of new health system developments, such as hospital diagnostic related group (DRG) reimbursement, and

(iv) Progress being made in developing other long-term care services for the population at risk of nursing home placement.

(e) That nursing home bed need projections derived from the state health plan bed need methodology should not be exceeded in decisions on applications for certificates of need.

(3) The following are the 1987 projections of total nursing home beds needed in each county as derived from the state health plan nursing home bed need projection methodology. These projections will remain in effect until updated. The next update is scheduled for the last half of 1986. The projections do not reflect necessary reductions for current licensed nursing home beds (excluding nursing home beds used for IMR), beds in hospitals used for long-term care, and the number of nursing home beds approved by certificate of need, but not yet licensed. The projections less these reductions equal additional beds needed.

(a)	Clallam	470
	Island	215
	Jefferson	129
	King	8,867
	Kitsap	1,151
	Pierce	3,105
	San Juan	74
	Skagit	585
	Snohomish	2,270
	Whatcom	1,081
	Clark	1,178
	Cowlitz	585
	Grays Harbor	667
	Klickitat	100
	Lewis	493
	Mason	195
	Pacific	196
	Thurston	719
	Wahkiakum	53
	Benton	396
	Chelan	446
	Douglas	101
	Franklin	138
	Grant	230
	Kittitas	227
	Okanogan	275
	Yakima	1,436
	Adams	112
	Asotin	233
	Columbia	71
	Ferry	27
	Garfield	40
	Lincoln	101

Pend Oreille	56
Spokane	2,667
Stevens	176
Walla Walla	497
Whitman	236

(b) These bed need projections include the allocation plans of the applicable regional health council, as provided for in the nursing home bed need projection method. Where there is no regional health council allocation plan, the nonallocated projection is shown.¹

(c) Certificates of need issued by the department shall approve no more than the number of additional beds indicated as needed for a given county by the projection method as listed in subsection (3)(a) of this section unless the department after consultation with the appropriate health systems agency finds additional beds are needed to further the projection method policy that nursing home beds should ordinarily be located reasonably close to the people they serve. When the department approves more beds than are projected as needed under this rule, the approval shall include a written explanation.

Note:

¹Step 5 of the state health plan nursing home bed need projection methodology concerns the determination of the appropriate number of nursing home beds in each county. The method states the regional health councils are responsible for the development of an allocation plan. The regional health councils may group counties into multiple county planning areas and allocate beds or reallocate beds among counties based on the planning areas. The allocation plan shall be developed separate from the review of individual certificate of need applications.

[Statutory Authority: RCW 70.38.135. 86-12-044 (Order 2386), § 248-19-373, filed 6/2/86; 85-05-032 (Order 2208), § 248-19-373, filed 2/15/85.]

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 proposed service(s) will have an appropriate relationship, including organizational 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 applicable state licensing requirements and, if the applicant is or plans to be certified under the Medicaid or Medicare program, with the applicable conditions of participation related to those programs.

(4) The proposed project will promote continuity in the provision of health care, not result in an unwarranted fragmentation of services, and have an appropriate relationship to the service area's existing health care system.

(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: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-390, filed 4/9/81, effective 5/20/81. 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) Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.

(2) In the case of a project involving construction:

(a) The costs, scope, and methods of construction and energy conservation are reasonable; and

(b) The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.

(3) The project will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment and which promote quality assurance and cost effectiveness.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-400, filed 2/28/86; 81-09-012 (Order 210), § 248-19-400, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-400, filed 11/30/79.]

WAC 248-19-403 Major medical equipment not owned by or located in a health care facility. (1) For purposes of this section, purchases, donations, and leases of major medical equipment shall be considered acquisitions of such equipment. An acquisition of major medical equipment through a transfer of such equipment for less than fair market value shall be considered an acquisition of major medical equipment if the equipment's fair market value is at least equivalent to the review threshold set forth in WAC 248-19-220(34).

(2) Before any person enters into a contractual arrangement¹ to acquire major medical equipment not to be owned by or located in a health care facility, such person shall submit a valid notice to the department and the appropriate regional health council of the intent to acquire the equipment.

(a) The notices to the department and the appropriate regional health council shall be submitted in writing at least thirty days before entering into contractual arrangements to acquire the equipment with respect to which the notice is given.

(b) To be valid, a notice shall include:

(i) A complete description of the major medical equipment to be acquired and the health services to be provided with such equipment;

(ii) The name, address, and general description of the facility in which the equipment is to be located;

(iii) The date on which any contractual arrangement for acquisition of the equipment was or is to be entered into;

(iv) A statement as to whether the equipment is to be used for any hospital's inpatients and, if so, whether such use will be only on a temporary basis in the case of a natural disaster, a major accident, or equipment failure.

(3) The acquisition of major medical equipment not to be owned by or located in a health care facility shall be subject to review if the department finds that:

(a) The written notice of intent to acquire the equipment was not submitted in accordance with the provisions of subsection (2) of this section; or

(b) The equipment will be used to provide services to a hospital's inpatients on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure.

(4) Within fifteen working days after receipt of a valid notice of intent to acquire the major medical equipment, the department shall respond to the person submitting the notice of intent, informing such person as to whether the acquisition of the equipment is subject to certificate of need review. A copy of the response shall be sent to the appropriate regional health council. If the department fails to make a determination within thirty days after the receipt of a valid notice, the major medical equipment may be acquired without a certificate of need.

(5) If a person has acquired major medical equipment not located in a health care facility which the department has determined was not subject to review under the provisions of subsections (2), (3), and (4) of this section

and subsequently proposes to use such equipment to serve inpatients of a hospital on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure, the proposed new use of the major medical equipment shall be subject to certificate of need review.

Note:

¹A person may enter into a contractual arrangement at an earlier date, provided such contractual arrangement is contingent upon a determination by the department that a certificate of need is not needed, or upon issuance of a certificate of need.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-403, filed 2/28/86; 81-09-012 (Order 210), § 248-19-403, filed 4/9/81, effective 5/20/81.]

WAC 248-19-405 Exemptions from requirements for a certificate of need for health maintenance organizations. (1) Provisions for exemptions.

The secretary's designee shall grant an exemption from the requirements for a certificate of need for the offering of an inpatient institutional health service, the acquisition of major medical equipment for the provision of an institutional health service, or the obligation of a capital expenditure in excess of the expenditure minimum for the provision of an inpatient institutional health service to any entity meeting the eligibility requirements set forth in subsection (1)(a) of this section for such an exemption and submitting an application for an exemption meeting the requirements of subsection (1)(b) of this section.

(a) Eligibility requirements.

To be eligible for an exemption from the requirements for a certificate of need for the offering of an inpatient institutional health service, the acquisition of major medical equipment for the provision of an inpatient institutional health service, or the obligation of a capital expenditure in excess of the expenditure minimum for the provision of an institutional health service, an applicant entity shall be one of the following:

(i) A health maintenance organization or a combination of health maintenance organizations if:

(A) The organization or combination of organizations has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals;

(B) The facility in which the service will be provided is or will be geographically located so the service will be reasonably accessible to such enrolled individuals; and

(C) At least seventy-five percent of the patients reasonably expected to receive the institutional health service will be individuals enrolled in such organization or organizations in the combination;

(ii) A health care facility if:

(A) The facility primarily provides or will provide inpatient health services;

(B) The facility is or will be controlled, directly or indirectly, by a health maintenance organization or a combination of health maintenance organizations which has, in the service area of the organization or service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals;

(C) The facility is or will be geographically located so the service will be reasonably accessible to such enrolled individuals; and

(D) At least seventy-five percent of the patients reasonably expected to receive the institutional health service will be individuals enrolled with such organization or organizations in the combination; or

(iii) A health care facility (or portion thereof) if:

(A) The facility is or will be leased by a health maintenance organization or combination of health maintenance organizations which has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals and, on the date the application for an exemption is submitted, at least fifteen years remain in the term of the lease;

(B) The facility is or will be geographically located so the service will be reasonably accessible to such enrolled individuals; and

(C) At least seventy-five percent of the patients reasonably expected to receive the institutional health service will be individuals enrolled with such organization;

(b) Requirements for an application for exemption.

An application for an exemption from a certificate of need shall meet the following requirements:

(i) The application for an exemption shall have been submitted at least thirty days prior to the offering of the institutional health service, acquisition of major medical equipment, or obligation of the capital expenditure to which the application pertains. A copy of the application for the exemption shall be sent simultaneously to the appropriate advisory review agencies.

(ii) A complete application shall be submitted in such form and manner as has been prescribed by the department. The information which the department prescribes shall include:

(A) All of the information required to make a determination that the applicant entity qualifies in accordance with subsection (1)(a) of this section; and

(B) A complete description of the offering, acquisition, or obligation to which the application pertains.

(2) Action on an application for exemption.

(a) Within thirty days after receipt of a complete application for exemption from certificate of need requirements, the department shall send the applicant a written notice the exemption has been granted or denied. A copy of such written notice shall be sent simultaneously to the appropriate advisory review agencies.

(b) The secretary's designee shall deny an exemption if he or she finds the applicant has not met the requirements of subsections (1)(a) and (b) of this section. Written notice of the denial shall include the specific reasons for the denial.

(c) In the case of an application for a proposed health care facility (or portion thereof) which has not begun to provide institutional health services on the date the application for an exemption is submitted, the secretary's designee shall grant the exemption if he or she determines the facility (or portion thereof) will meet the applicable requirements of subsection (1)(a) of this section when the facility first provides health services.

(d) If the secretary's designee fails to grant or deny an exemption in accordance with the provisions of this section within thirty days after receipt of a complete application for such exemption, the applicant for the exemption may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW.

(3) Subsequent sale, lease, or acquisition of exempt facilities or equipment.

Subsequent sale, lease, or acquisition of exempt health care facilities (or portions thereof) or medical equipment for which an exemption was granted under the provisions of subsection (2) of this section, any acquisition of a controlling interest in such facility or equipment, and any use of such facility or equipment by a person other than the one to whom the exemption was granted, shall meet one of the following conditions:

(a) A certificate of need for the purchase, lease, acquisition of controlling interest in, or use of such facility or equipment, shall have been applied for and issued by the department; or

(b) The department shall have determined, after receipt of an application for an exemption, submitted in accordance with subsection (1) of this section, that the requirements of either subsection (1)(a)(i) or subsection (1)(a)(ii)(A) and (B) are met.

(4) The method of payment for services (i.e., prepaid or fee for service) shall not be considered relevant in determining whether an undertaking of a health maintenance organization qualifies for an exemption under this section.

[Statutory Authority: RCW 70.38.135, 86-06-030 (Order 2344), § 248-19-405, filed 2/28/86; 81-09-012 (Order 210), § 248-19-405, filed 4/9/81, effective 5/20/81.]

WAC 248-19-410 Review and action on health maintenance organization projects. (1) Undertakings requiring a certificate of need.

A certificate of need shall be required for any undertaking which, in accordance with WAC 248-19-230, is subject to the provisions of chapter 248-19 WAC, unless an exemption has been granted for such undertaking under the provisions of WAC 248-19-405.

(2) Required approval.

The secretary's designee shall issue a certificate of need for a proposed project if the certificate of need applicant for the proposed project is a health maintenance organization or a health care facility controlled (directly or indirectly) by a health maintenance organization and the department finds the proposed project meets the criteria set forth in WAC 248-19-370(6).

(3) Limitation on denials.

The secretary's designee shall not deny a certificate of need to a health maintenance organization or a health care facility controlled (directly or indirectly) by a health maintenance organization solely because a proposed project is not discussed in the applicable regional health plan, annual implementation plan, or state health plan.

(4) Sale, acquisition, or lease of facilities or equipment for which a certificate of need has been issued.

A health care facility (or portion thereof) or medical equipment for which a certificate of need has been issued under the provisions of this section shall not be sold or leased and a controlling interest in such facility or equipment or in a lease of the facility or equipment shall not be acquired unless an exemption or a certificate of need for such sale, lease, or acquisition has been granted by the secretary's designee.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-410, filed 2/28/86; 81-09-012 (Order 210), § 248-19-410, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-410, filed 11/30/79.]

WAC 248-19-415 Projects proposed for the correction of deficiencies. (1) For the purposes of this section, "correction of deficiencies" shall mean one or more of the following:

(a) Eliminating or preventing imminent safety hazards as defined by federal, state, or local fire, building, or life safety codes or regulations; or

(b) Complying with state licensing standards; or

(c) Complying with accreditation or certification standards which must be met to receive reimbursement under Titles XVIII or XIX of the Social Security Act.

(2) An application submitted for a project limited to the correction of deficiencies, as defined in subsection (1) of this section, shall be approved unless the department finds, after consultation with the appropriate regional health council, that:

(a) The facility or service with respect to which such capital expenditure is proposed is not needed; or

(b) The obligation of such capital expenditure is not consistent with the state health plan in effect.

(3) A determination a facility or service is not needed shall be made only if the department finds the facility or service has been identified in the state health plan as not being needed.

(4) An application submitted for the correction of deficiencies shall be reviewed under the expedited review process, in accordance with WAC 248-19-340, unless it qualifies for emergency review in accordance with WAC 248-19-350.

(5) An application reviewed under the provisions of this section shall be approved only to the extent the capital expenditure is needed for the correction of the deficiency.

(6) If the department finds any portion of the project or the project as a whole is not needed for the correction of deficiencies, such portion or entire project shall be reviewed in accordance with WAC 248-19-360, 248-19-370, 248-19-380, 248-19-390, and 248-19-400.

(7) If the department finds a proposed capital expenditure is needed to correct deficiencies, as defined in subsection (1) of this section, the criteria in WAC 248-19-370 shall not be applied to the consideration of the project.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-415, filed 2/28/86; 81-09-012 (Order 210), § 248-19-415, filed 4/9/81, effective 5/20/81.]

WAC 248-19-420 Written findings and actions on certificate of need applications. (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 decision of the secretary's designee 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 chapter 248-19 WAC applicable to the proposed project.

(i) The written findings shall identify any criterion the department has decided is not applicable to the particular project and give the reason for such decision.

(ii) The secretary's designee 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 (1)(c).

(c) The department shall make written findings on the extent to which the project meets the criteria set forth in WAC 248-19-370(1) and (2) when the secretary's designee issues a certificate of need directly related to the provision of health services, beds, or major medical equipment: *Provided however*, That no such written finding shall be necessary for projects for the correction of deficiencies of the types described in WAC 248-19-415 and for projects proposed by or on behalf of a health maintenance organization or a health care facility controlled, directly or indirectly, by a health maintenance organization.

(d) When, as a part of concurrent review proceedings, the secretary's designee makes a decision to approve an application or applications and to disapprove other competing applications, he or she shall provide a specific written statement of reasons for determining the approved application or applications to be superior.

(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's designee may take individual and different action on separable portions of the proposed project.

(3) Conditional certificate of need.

(a) The secretary's designee in making his or her decision on a certificate of need application may decide to issue a conditional certificate of need if the department finds the project is justified only under specific circumstances: *Provided however*, That conditions shall relate directly to the project being reviewed and to review criteria.

(b) When the department finds a project for which a certificate of need is to be issued does not satisfy the review criteria set forth in WAC 248-19-370 (1) and (2), the secretary's designee may impose a condition or conditions that the applicant take affirmative steps so as to satisfy those review criteria. In evaluating the accessibility of the project, the current accessibility of the facility as a whole shall be taken into consideration.

(c) The conditions attached to a certificate of need may be released by the secretary's designee upon the request of the health care facility or health maintenance organization for which the certificate of need was issued.

(i) The request must include information needed by the department demonstrating the conditions are no longer valid and the release of such conditions would be consistent with the purpose of chapter 70.38 RCW.

(ii) A request for the removal of a condition must be submitted in accordance with WAC 248-19-280 and will be reviewed in accordance with the regular or expedited review procedures described in WAC 248-19-330 or 248-19-340.

(4) Distribution of written findings and statement of decision.

(a) A copy of the department's written findings and statement of the decision of the secretary's designee on a certificate of need application shall be sent to:

(i) The person submitting the certificate of need application;

(ii) The regional health council 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;

(iv) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States Department of Health and Human Services; and

(v) When the secretary's designee issues a certificate of need for a project which does not satisfy the review criteria set forth in WAC 248-19-370 (1) and (2), the appropriate regional office of the Department of Health and Human Services.

(b) The written findings and statement of the decision of the secretary's designee on a certificate of need application shall be available to others requesting the certificate of need unit to provide access to a copy of such findings and statement.

(5) Explanation of inconsistency with the regional health council recommendation or plan.

The department shall send to the applicant and to the appropriate regional health council a detailed, written statement as to the reasons why a decision the secretary has made on a certificate of need application is inconsistent with any of the following:

(a) The regional health council's recommendation as to the action to be taken on the certificate of need application;

(b) The goals and policies of the applicable regional health plan; or

(c) The priorities of the applicable annual implementation plan.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-420, filed 2/28/86; 81-09-012 (Order 210), § 248-19-420, filed 4/9/81, effective 5/20/81. 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 or affected person may, for good cause shown, request a public hearing for the purpose of

reconsideration of the decision of the secretary's designee on a certificate of need application or withdrawal of a certificate of need.¹

(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 or withdrawal of the certificate of need, 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 include but not be limited to the following:

(i) Significant relevant information not previously considered by the department which, with reasonable diligence, could not have been presented before the department made its decision;

(ii) Information on significant 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 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 or withdrawal of a certificate of need shall be sent prior to the date of such hearing by the department to the following:

(a) The person requesting the reconsideration hearing;

(b) The person submitting the certificate of need application which is under reconsideration or the holder of the certificate of need;

(c) The regional health council 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;

(e) Health care facilities and health maintenance organizations located in the health service area where the project is proposed to be located providing services similar to the services under review;

(f) In the case of a concurrent review, other applicants competing as described in WAC 248-19-270; and to

(g) Other persons requesting 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 stating the basis of the decision made after such hearing.

(6) The secretary's designee may, upon the basis of the department's findings on a reconsideration hearing, issue or reissue, amend, revoke, or withdraw a certificate of need or impose or modify conditions on a certificate of need for the project about which the reconsideration hearing was conducted.

Note:

¹No fee will be charged for a reconsideration hearing.

[Statutory Authority: RCW 70.38.135, 86-06-030 (Order 2344), § 248-19-430, filed 2/28/86; 81-09-012 (Order 210), § 248-19-430, filed 4/9/81, effective 5/20/81. 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's designee shall issue a certificate of need to the person submitting 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 the project or the separable portion of the proposed project is consistent with the applicable criteria contained in chapter 248-19 WAC. In issuing a certificate of need, the secretary's designee shall specify the maximum capital expenditure which may be obligated under the certificate and prescribe the cost components to be included in determining the capital expenditure which may be obligated under such certificate.

(b) The secretary's designee may issue a conditional certificate of need for a proposed project if it is justified only under specific circumstances. The conditions specified in a conditional certificate of need must directly relate to the project being reviewed and to criteria contained in chapter 248-19 WAC.

(2) Suspension of a certificate of need.

(a) Grounds for which the secretary's designee 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 secretary's designee 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 advisory review agencies.

(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 the secretary's designee shall reinstate, amend, or revoke a certificate of need within the one hundred twenty calendar days.

(ii) The secretary's designee shall send written notice of his or her 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 advisory review agencies.

(3) Denial of a certificate of need.

The secretary's designee 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 submitting 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 advisory review agencies.

(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) One year has lapsed since the submission of the application for the certificate of need subject to regular review which was denied or the next scheduled concurrent review cycle permits the submission of applications.

(5) Revocation of a certificate of need.

(a) The secretary's designee 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) The secretary's designee 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 advisory review agencies.

(6) Transfer or assignment of a certificate of need.

A certificate of need issued to one person shall not be transferred or assigned to another person without the written approval of the secretary's designee.

(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 secretary's designee, after the department's consultation with the appropriate advisory review agencies, 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 requesting the transfer; or

(iii) If the person wishing 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.

(d) Approval or denial of a request for transfer or assignment of a certificate of need shall be based on the demonstrated ability of the person wishing to acquire the

certificate of need to undertake, complete, and operate the project in accordance with review criteria in WAC 248-19-380 (1) and (3) and 248-19-390 (1), (3), and (5), and on continuing conformance of the project with all other applicable review criteria. Requests for transfer or assignment of a certificate of need shall be reviewed according to the expedited review process in WAC 248-19-340.

(7) Secretary's designee's failure to act.

If the secretary's designee fails to issue or deny a certificate of need in accordance with the provisions of chapter 248-19 WAC, the applicant for the certificate of need may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-440, filed 2/28/86; 81-09-012 (Order 210), § 248-19-440, filed 4/9/81, effective 5/20/81. 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 the project cost increases (as represented in bids on a construction project or final cost estimate or estimates acceptable to the person to whom the certificate of need was issued) when the total of such increases exceeds twelve percent or fifty thousand dollars, whichever is greater, over the maximum capital expenditure specified by the secretary's designee in issuing the certificate of need: *Provided however*, That the review of such reductions or cost increases shall be restricted to the continued conformance of the project with the criteria contained in WAC 248-19-380 and 248-19-400.

(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, after consultation with the appropriate advisory review agencies, 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: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-450, filed 2/28/86; 81-09-012 (Order 210), § 248-19-450, filed 4/9/81, effective 5/20/81. 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) In the case of a project involving construction, substantial and continuing progress shall include one of the following:

(a) When review and approval by the department of the final plans for construction is required, the submission of working drawings;

(b) When plan approval is not required by the department, receipt of copies of the working drawings for construction.

(3) A project for which a certificate of need has been issued shall be commenced during the validity period for the certificate of need.

(4) Applications for extensions of the validity period of certificates of need shall be submitted simultaneously to the department and the appropriate advisory review agencies, at least one hundred 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.

(5) An application for an extension of a certificate of need submitted less than one hundred 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 unforeseen occurrences during the last one hundred twenty days of the validity period of the certificate of need prevented commencement of construction as previously anticipated by the applicant.

(6) 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's designee.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-460, filed 2/28/86. 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 advisory review agencies, 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 it has received all the information necessary to determine 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: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-470, filed 2/28/86. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-470, filed 11/30/79.]

WAC 248-19-475 Withdrawal of a certificate of need. (1) The secretary's designee may withdraw a certificate of need if the department determines, after consultation with the appropriate advisory review agencies, that the holder of a certificate is not meeting the timetable specified in the certificate of need application for making services or equipment available or completing the project and is not making a good-faith effort to meet such timetable.

(2) In reviewing a proposed withdrawal of a certificate of need, the department shall adhere to the provisions of WAC 248-19-310, 248-19-320, 248-19-326, and 248-19-430.

(3) The review period for a proposed withdrawal of a certificate of need shall not exceed ninety days unless extended by the department to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 248-19-320. The review period of the appropriate advisory review agencies shall not exceed sixty days unless extended by the department at the written request of the regional health council to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 248-19-320. Such extension shall not exceed thirty days.

(4) The findings of the department's review of a proposed withdrawal of a certificate of need shall be stated in writing and include the basis for the decision of the secretary's designee as to whether the certificate of need is to be withdrawn for a proposed project. A copy of the department's written findings and statement of the decision of the secretary's designee on the proposed withdrawal of a certificate of need shall be sent to:

- (a) The holder of the certificate of need;
- (b) The regional health council for the health service area in which the proposed project is to be located;
- (c) The hospital commission, if the proposed project is for a hospital; and
- (d) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States Department of Health and Human Services.

(5) The written findings and statement of the decision of the secretary's designee on the proposed withdrawal of a certificate of need shall be available to others requesting the certificate of need unit to provide access to a copy of such findings and statement.

(6) The department shall send to the appropriate regional health council a detailed, written statement as to the reasons why a decision which the secretary's designee has made is inconsistent with any of the following:

- (a) The regional health council's recommendation as to the action to be taken;
- (b) The goals of the applicable regional health plan; or
- (c) The priorities of the applicable annual implementation plan.

(7) When a certificate of need is for multiple services or multiple components or the proposed project is to be multiphased, the secretary's designee may take individual and different action regarding withdrawal of the certificate of need on separable portions of the certificate of need.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-475, filed 2/28/86; 81-09-012 (Order 210), § 248-19-475, filed 4/9/81, effective 5/20/81.]

WAC 248-19-480 Right and notice of appeal. (1) Any affected person may request and shall be afforded the opportunity for an administrative hearing on the decision of the secretary's designee to issue or deny a certificate of need for a project or a separable portion of a project, to grant or deny an exemption requested under WAC 248-19-405, to suspend or revoke a certificate of need, or to withdraw or not withdraw a certificate of need.

(2) To be effective, a request for an administrative hearing shall be in writing and received by the department within thirty days after the person requesting the hearing received the particular decision of the department which is being appealed or, if a reconsideration hearing was requested and denied, thirty days after the denial of the request for the reconsideration hearing.

(3) An administrative hearing shall be conducted in accordance with the provisions of chapter 34.04 RCW.

(4) The decision of the secretary's designee shall be subject to review in an administrative hearing to establish a record of the decision of the secretary's designee. The determination of the official conducting such an administrative hearing shall be made in writing within forty-five days after the conclusion of the hearing. The official conducting such an administrative hearing may make a proposed decision, findings of fact and conclusions of law, pursuant to RCW 34.04.110, or the official may remand the matter to the secretary's designee for further action or consideration.¹ The written determination shall be sent to the applicant, the appropriate advisory review agencies, and the department. The department shall make any written determination available to others upon request.

Note:

¹Chapter 34.04 RCW provides entitlement to judicial review to any person aggrieved by a final decision in a contested case, whether such decision is affirmative or negative in form.

[Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-480, filed 2/28/86; 82-19-055 (Order 244), § 248-19-480, filed 9/15/82; 81-09-012 (Order 210), § 248-19-480, filed 4/9/81, effective 5/20/81. 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 and publish 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) Upon request, the department shall provide notification to health care facilities and to other persons of the status of the department's review of projects subject to review and the findings made in the course of such review.

[Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-490, filed 4/9/81, effective 5/20/81. 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 in accordance with the provisions of chapter 42.17 RCW to all applications reviewed by the department and to all other written materials essential to any review by the department pursuant to the provisions of chapter 248-19 WAC.

[Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-500, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-500, filed 11/30/79.]

Chapter 248-21 WAC HOSPICE CARE CENTER

WAC

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WAC 248-21-001 Purpose. Regulations for hospice care centers are hereby adopted pursuant to chapter 70.41 RCW. The purpose of these regulations is to provide minimal standards for safety and adequate care of terminally ill individuals who choose to receive palliative rather than curative care and treatment for varying periods of time in a segregated, organized, specialized hospital or health care center.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-001, filed 11/6/81.]

WAC 248-21-002 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Active volunteer" means unpaid worker or workers providing direct care to patients or clients and/or

working with clinical records or confidential client information.

(2) "Adjunctive therapies" means those prescribed services provided by medically related disciplines which include but are not limited to physical therapy, occupational therapy, recreational therapy, music therapy, respiratory therapy.

(3) "Administrator" means an individual appointed as chief executive officer by the governing body of the center to act in its behalf in the overall management of the hospice care center.

(4) "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.

(5) "Bathing facility" means a bathtub, shower, or equivalent.

(6) "Bereavement care" means consultation, support, counseling, and follow-up of the client before and following the death of a patient.

(7) "Client" means the patient and family which together compose the unit of care in the hospice care center.

(8) "Client education" means provision of information on physical care, disease symptomatology, palliative treatment, psychosocial coping skills, availability, and utilization of community resources.

(9) "Clinical record" means a file containing all pertinent clinical information about a particular patient to include: Identifying information, data bases, assessment, individualized comprehensive care plan, diagnosis, treatment, progress notes, other clinical events, and a discharge summary.

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

(11) "Dietitian" means a person who is eligible for membership in the American Dietetic Association.

(12) "Drug" means medication, chemical, device, or other material used in the diagnosis and/or treatment of injury, illness, or disease.

(13) "Drug administration" means an act in which a single dose of a prescribed drug or a 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 order of the physician, giving the individual dose to the proper patient, and properly recording the time and dose given.

(14) "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.

(15) "Family" means individuals, who need not be relatives, who are important to a patient and designated by that patient.

(16) "Governing body" means the individual or group legally responsible for the operation and maintenance of the hospice care center.

(17) "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.

(18) "Hospice care center" means any building, facility, place, or equivalent organized, maintained, and operated specifically to provide beds, accommodations, facilities, and services over a continuous period of twenty-four hours or more for palliative care of two or more individuals, not related to the operator, who are diagnosed as being in the latter stages of an advanced disease which is expected to lead to death. Hospice care centers are specialized types of health care facilities which come within the scope of chapter 70.41 RCW, hospital licensing and regulation. Hospice care centers may be freestanding or separately licensed portions or areas of another type of health care facility: *Provided*, That the hospice care center is under control and administered by a separate and autonomous governing body. Hospice care centers as used in this chapter do not include hotels or similar places furnishing only food and lodging or similar 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 hospitals licensed pursuant to chapter 70.41 RCW which provide services in addition to or in combination with hospice care services; nor does it include nursing homes as defined and which come under the scope of chapter 18.51 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 in the diagnosis and care of those suffering 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 creeds or tenants of any well-recognized church or religious denomination.

(19) "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 chapter, 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 under the scope of chapter 18.51 RCW; nor does it include maternity homes, which come under 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 chapter 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.

(20) "Individualized care plan" means a written statement of care to be provided for a client based upon physical, psychosocial, spiritual assessment of the patient, and assessment of family as appropriate. This statement shall include short- and long-term goals, client education, discharge planning, and the name of the individual member of the interdisciplinary care team designated as responsible for implementation. This statement shall be developed with participation of clients as appropriate.

(21) "Interdisciplinary care team" means a group composed of the patient, the family, and professional care providers which may include, but is not limited to, required adjunctive therapists, registered nurses, nutritionists, spiritual advisors, pharmacists, physicians, mental health professionals, or social workers. "Core team" means those individuals required to provide services for clients within the hospice care center program and shall include a registered nurse, physician, medical director, social worker, spiritual consultant or advisor, and volunteer director.

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

(23) "Licensed nurse" means a registered nurse under provisions of chapter 18.88 RCW or a licensed practical nurse under provisions of chapter 18.78 RCW.

(24) "Medical staff" means physicians and other medical practitioners appointed by the governing body to practice within the parameters of the medical staff by-laws of the hospice care center.

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

(a) New building or buildings to be used as part of the hospice care center;

(b) Addition or additions to existing hospice care center to be used as part of the hospice care center;

(c) Alteration or alterations or modification or modifications other than minor alteration or alterations to a hospice care center. "Minor alteration or alterations" means any structural or functional modification within the existing center 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.

(26) "Palliative care" means activities, interventions, and interactions which are planned and executed to

cause a lessening or reduction of physical, psychosocial and spiritual pain, and intended to ease without curing.

(27) "Patient" means the terminally ill individual.

(28) "Patient care coordinator" means a designated, qualified employee who is responsible for the organization, implementation, and evaluation of the individualized care plan of a patient.

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

(30) "Personnel" means individuals employed and receiving monetary payment from the hospice care center.

(31) "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.

(32) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, or 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(33) "Prescription" means a written or oral order for drugs issued by a medical practitioner, licensed in the state of Washington, in the course of his or her professional practice, as defined by Washington state statute, for a legitimate medical purpose (RCW 18.64.011 (3)(a)).

(34) "Registered nurse" means an individual licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(35) "Scheduled drug" means those substances or immediate precursors listed in Schedules I through V, Article II, RCW 69.50.201, State Uniform Substance Act, now or as hereafter amended.

(36) "Self-administration" means those instances when a patient or member of the client family administer a medication from a properly labeled container while on the premises of the hospice care center.

(37) "Shall" means compliance when the regulation is mandatory.

(38) "Should" means compliance with the regulation or rule is suggested or recommended but not required.

(39) "Social worker" means an individual with a masters degree in social work from an accredited school of social work or an individual eligible for membership in the academy of certified social workers.

(40) "Staff" means those individuals providing services within the hospice care center. These individuals may be paid or unpaid and shall be designated as medical staff, personnel, or volunteers, respectively.

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

(42) "Useable floor area" means floor spaces in patient rooms excluding areas taken up by vestibules, closets, wardrobes, portable lockers, lavatories, and toilet rooms.

(43) "Water closet" means a plumbing fixture fitted with a seat and a device for flushing the bowl of the fixture with water.

[Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-21-002, filed 3/20/86. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-002, filed 11/6/81.]

WAC 248-21-005 Licensure. (1) After January 1, 1982, no person acting separately or jointly with any other person shall establish, maintain, conduct or operate a hospice care center in this state or use the words "hospice care center" to describe or identify a place or building which does not have a license as a hospice care center as defined and described herein.

(2) An application for a hospice care center license shall be submitted to the department on forms provided by the department. The application shall be signed by the operator of the facility and the legal representative of the governing body.

(3) Other requirements related to licensure, fees, and inspection are as stipulated in RCW 70.41.100, 70.41-110, 70.41.120, 70.41.130, 70.41.140, 70.41.150, 70.41-160 and 70.41.170.

(4) There shall be compliance with other regulations to include:

(a) Applicable rules and regulations for hospice care centers adopted by the Washington state fire marshal pursuant to RCW 70.41.080 and chapter 48.48 RCW;

(b) Applicable national, state, and local electrical, fire, zoning, building, and plumbing codes.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-005, filed 11/6/81.]

WAC 248-21-010 Governing body and administration. (1) The hospice care center shall have a governing body which is responsible for the overall operation and maintenance of the center.

(2) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies and special services to meet the needs of clients.

(3) The governing body shall assure, through documentation of a biennial review, the establishment and maintenance of a current, written organizational plan which includes all positions and services and delineates responsibilities, authority and relationship of the positions within the center. The governing body shall approve medical staff bylaws, rules, and regulations to include conditions for medical staff membership, delineation of medical staff privileges, and organization of the medical staff.

(4) The governing body shall establish, review biennially, and revise as needed written policies related to the safety, care, and treatment of clients and policies for staff.

(5) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(6) The governing body shall have the authority and responsibility for appointment, review, and reappointment of the medical staff.

(7) The governing body shall appoint a physician as medical director.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-010, filed 11/6/81.]

WAC 248-21-015 Staff--Personnel--Volunteers. (1) There shall be sufficient qualified staff to provide the services needed by clients and to provide for the safe

maintenance and operation of the hospice care center. Appropriate "on call" schedules shall be available.

(a) There shall be a written job description for each position classification, including active volunteers;

(b) There shall be a written record for each employee and active volunteer to include application, verification of education and training, verification of a valid, current license for any staff member when licensure is required for tasks performed, record of orientation, ongoing education and an annual, written performance evaluation;

(c) There shall be regular coordination, and supervision of each staff member consistent with the organizational plan;

(d) There shall be written policies, procedures, and screening criteria.

(2) A planned, supervised, and documented orientation shall be provided for each new employee and active volunteer to include but not [be] limited to fire, disaster, infection control procedures, and confidentiality.

(3) There shall be planned ongoing education affording each employee and active volunteer an opportunity to maintain and update the skills needed to perform assigned duties.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-015, filed 11/6/81.]

WAC 248-21-020 Policies and procedures. Written policies and procedures shall include but not be limited to:

(1) Admission criteria or definition of the patients who shall be eligible for services offered in the hospice care center.

(2) Coordinated transfer of patients to and from home or other facilities as desired, including transfer of appropriate information.

(3) Needed psychosocial support for all members of the interdisciplinary care team and volunteers.

(4) Smoking by staff, clients, and others within the center.

(5) Fire and disaster with planned, documented rehearsals and appropriate emergency phone numbers available and posted.

(6) Action to be taken in event of failure of essential equipment and major utilities services. The written procedure shall include a system for summoning essential assistance when required.

(7) Actions to be taken following an accident or incident which may be injurious to clients.

(8) Consideration of family sleeping or living spaces within the facility.

(9) Consideration of family participation in patient care.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-020, filed 11/6/81.]

WAC 248-21-025 Patient care services. (1) There shall be evidence of interdisciplinary planning and provision of coordinated palliative care of clients during, between and after presence in the facility with an emphasis on symptom management specific to the desires and needs of the individual patients.

(a) An individualized care plan shall be developed upon initial admission, implemented, monitored and modified as needed.

(b) There shall be a designated patient care coordinator.

(2) Core team services shall include the following:

(a) Physician services.

(i) Each patient admitted to the center shall be under the care of a physician.

(ii) The medical director shall be responsible for general performance of medical staff within the hospice care center.

(b) Nursing services.

(i) A registered nurse who is an employee shall be responsible for supervision of nursing services.

(ii) There shall be a licensed nurse on duty within the center at all times when patients are present. A registered nurse shall be immediately available by phone at all times.

(c) Social work services. There shall be sufficient, qualified social work staff coordinated by a social worker to provide psychosocial services as appropriate.

(d) Spiritual counseling services. Provisions shall be made for the individual spiritual needs of each patient, and family as possible.

(e) Bereavement care services. The center shall be responsible for arranging for the provision of a bereavement care program which shall be integrated into the individualized care plan.

(f) Home care services. There shall be provision for continuity of patient care through a certified home care program and/or liaison with a certified home care service in the community, as indicated in the individualized care plan.

(g) The center shall facilitate obtaining of prescribed diagnostic, treatment or palliative services.

(h) Hospice care centers should employ and/or arrange translation and consultation to facilitate communication where barriers exist, (i.e., language or cultural differences; hearing, speech or sight impairment).

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-025, filed 11/6/81.]

WAC 248-21-030 Food and dietary services. (1) The dietary and food service shall be provided and managed by an individual trained in food service.

(2) Food and dietary services shall incorporate the periodic input of a dietitian. Appropriate nutritional and dietary consultation shall be provided patients.

(3) Food shall be prepared and served at intervals appropriate to the needs of patients. Unless contraindicated, current recommendations 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 patients. Cultural and ethnic preferences of patients should be respected in planning and serving meals.

(4) There shall be written physician orders for all therapeutic diets served to patients. A current therapeutic diet manual approved in writing by a dietitian and

the medical director shall be used for planning and preparing therapeutic diets.

(5) All menus shall be retained for one year.

(6) When the hospice care center policy provides for allowing for the preparation and/or storage of personal food brought in by clients for consumption by clients, there shall be adequate mechanical refrigeration capable of maintaining a temperature of forty-five degrees fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred fifty degrees fahrenheit. Suitable dining area(s) should be provided for clients.

(7) Food service sanitation shall be governed by chapter 248-84 WAC, rules and regulations of the state board of health governing food service sanitation.

(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 food service area and shall be available for reference by dietary or food service personnel and other personnel at all times.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-030, filed 11/6/81.]

WAC 248-21-035 Infection control. (1) There shall be written policies and procedures addressing infection control, including: Housekeeping; cleaning, sterilization, disinfection, sanitization, and storage of supplies and equipment; health of personnel; pets; food service sanitation.

(2) Provision shall be made for isolation of patients with infectious conditions in accordance with *Isolation Techniques For Use In Hospitals*, United States Department of Health and Human Services, most recent edition.

(3) There shall be reporting of communicable disease in accordance with chapter 248-100 WAC.

(4) Recognized standards of medical aseptic technique 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) Written procedures shall specify daily and periodic cleaning schedules and routines for facility and equipment.

(7) 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 nuisance.

(8) 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.

(9) Upon employment and annually thereafter each employee and volunteer shall have or provide documented evidence of a tuberculin skin test by the Mantoux method, unless medically contraindicated. A negative skin test shall consist of less than ten millimeters induration read at forty-eight to seventy-two hours.

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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. Exemptions and specific requirements are as follows:

(a) New employees who can document a positive Mantoux test in the past shall have an initial screening in the form of a chest x-ray;

(b) After entry, annual screening in the form of a skin test or chest x-ray shall not be required for reactors;

(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 testing;

(d) Records of test results, x-rays or exemptions from such, shall be kept by the facility.

(10) Employees with a communicable disease in a known infectious stage shall not be on duty. Policy and procedures shall specify conditions for staff who are working despite presence of communicable disease.

[Statutory Authority: RCW 70.41.30 [70.41.030] and 43.20.050. 83-07-015 (Order 254), § 248-21-035, filed 3/10/83. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-035, filed 11/6/81.]

WAC 248-21-040 Pharmaceutical service. (1) Pharmaceutical services shall be available to provide drugs and supplies and to fill, without delay, orders for drugs to be administered. A pharmacist shall provide sufficient on-site consultation to ensure that medications are secured, labeled, stored and utilized in accordance with the policies of the center and appropriate standards of pharmacy practice.

(2) The hospice care center shall provide for the proper handling and utilization of drugs in accordance with federal and state laws and regulations:

(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 protocols; disposal of drugs; self-administration of medications; control or disposal of drugs brought into the facility by patients; and recording of drug administration in the clinical records;

(b) There shall be written orders signed by a physician for all medications administered to patients or self-administered. There shall be a system which ensures accuracy in receiving, transcribing and implementing orders for the administration of medications;

(c) Drugs shall be dispensed only by a pharmacist. Drugs shall be administered only by practitioners licensed to administer drugs except in those instances when self-administration has been ordered;

(d) Drug containers within the center shall be clearly and legibly labeled and the label shall include at least the drug name (generic and/or trade), drug strength, expiration date if applicable, and in addition the lot number of the drug, if provided as floor stock;

(1986 Ed.)

(e) All drugs shall be stored in specifically designated, securely locked, well illuminated cabinets, closets or store rooms and made accessible only to authorized personnel. External medications shall be separated from internal medications;

(f) Poisonous and/or caustic drugs and materials including housekeeping and personal grooming supplies shall show proper warning or poison labels and shall be stored safely and separately from other drugs and food supplies;

(g) All Schedule II drugs in any area of the hospice care center shall be checked by two licensed persons at least one time each shift. There shall be records of receipt, issuance, and disposition of Schedule II drugs stored in the facility.

(3) Drugs brought into the hospice care center by patients for use by patients while in the center shall be specifically ordered by a physician. These drugs shall be checked to ensure proper identification and acceptable quality for use in the center.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-040, filed 11/6/81.]

WAC 248-21-045 Clinical records. (1) The hospice care center shall have one well defined clinical record system, adequate facilities, equipment and supplies necessary for the development, maintenance, security, control, retrieval, analysis, use and preservation of patient care data.

(2) The hospice care center shall have current written policies and procedures related to the clinical record system which shall include the following:

(a) Establishment of a standardized format for clinical records;

(b) Prohibition of the release of client information without specific, written approval of the individual client concerned;

(c) Retention, preservation, and destruction of clinical records.

(3) There shall be an adequate clinical record maintained for every patient and readily accessible to members of the interdisciplinary care team. Each entry shall be legible, dated and authenticated.

(4) The originals or durable, legible direct copies of original reports shall be filed in the patients individual clinical record.

(5) Diagnosis, abbreviations, and terminology shall be consistent with the most recent edition of the International Classification of Diseases.

(6) There shall be a master patient index.

(7) Procedures related to retention, preservation or 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 shall be retained 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, or other reports which permit identification of the individual shall be accomplished so that retrieval and subsequent use of the data contained therein are impossible;

(c) In event of a transfer of ownership or operation of a hospice care center, clinical records of the patients, indices and reports shall be retained and preserved by the new operator in accordance with subsections (2)(a), (b), and (3) of this section;

(d) If the hospice care center ceases operation, it shall make arrangements for preservation of its clinical records and reports of patient data in accordance with subsection (3) of this section. The plan for such arrangements shall have been approved by the department prior to the cessation of operation.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-045, filed 11/6/81.]

WAC 248-21-050 Physical environment and equipment. (1) The hospice care center shall provide a safe and clean environment for clients, staff, and visitors. Equipment shall be kept clean, calibrated, adjusted, and in good repair.

(2) The hospice care center shall be accessible and equipped to accommodate physically handicapped individuals, to include minimally:

(a) Corridors serving as egress from patient rooms eight feet wide;

(b) Corridors elsewhere in the center minimally four feet wide;

(c) Doorways for use by clients at least thirty-two inches clear width (thirty-four inch door);

(d) Doorways for patient rooms and exterior exit doors from eight foot corridors forty-four inches clear width, (forty-six inch door);

(e) Minimally, one toilet, lavatory, and bathing facility which meet barrier free code, on each floor used for client services;

(f) Stairways and stairwells shall be minimally forty-four inches clear width;

(i) Interior and exterior stairways and stairwells shall have handrails on both sides. Railing ends shall be returned to wall;

(ii) Exterior stairways and stairwells shall have adequate protection from moisture, ice, other hazards, and slipping.

(iii) Exterior steps shall be equipped with nonslip material on treads; open risers are prohibited; nosing shall be flush, slip resistant and rounded to one-half inch maximum radius.

(g) Ramps shall be minimally forty-four inches clear width;

(i) There shall be handrails on both sides;

(ii) Ramps shall not exceed slope ratio of one in twelve;

(iii) Ramps shall be provided with nonslip surfaces.

(3) There shall be provision for adequate personal privacy for personal and private activities such as toileting, bathing, dressing, sleeping, communicating with family and time alone.

(4) Patient rooms:

(a) Each patient room shall be directly accessible from a corridor or common use activity room or an area for patients;

(b) Each sleeping room shall have a clear window or relite area of approximately one-tenth of the usable floor area providing for patient visibility of the out-of-doors. A court or glass covered atrium may be equivalent to out-of-doors. Distance from relites to exterior windows or atrium relites shall not exceed eight feet, six inches.

(i) Windows shall be at least twenty-four feet from other buildings or the opposite wall of a court or at least ten feet from a property line, except on street sides;

(ii) If the depth of a court is less than one-half its width, the width requirement shall not apply.

(iii) Outside window walls shall be at least eight feet from outside public walkways.

(iv) Operable windows or openings that serve for ventilation shall be provided with screening.

(c) No room more than two foot six inches below grade shall be used for the housing of patients. Room size shall be determined by program, provided all patient rooms have at least one hundred square feet of usable floor space in each single patient room. Multipatient rooms shall provide not less than eighty-five square feet of usable floor area per bed. There shall not be less than seven and one-half foot ceiling height over the usable floor area;

(d) Each patient shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within his or her room or nearby. There shall be provision for secure storage of patient valuables;

(e) Each patient shall be provided a bed appropriate to the special needs and size of the patient with a cleanable mattress which is in good repair and a cleanable or disposable pillow;

(f) Room furnishings shall be provided and maintained in a clean and safe condition;

(g) 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.

(5) There shall be, minimally, one bathing facility for each six patients within the center, or major fraction thereof, (tub, shower, portable shower, portable tub or equivalent). This ratio includes the bathing facility described in WAC 248-21-050 (2)(e).

(6) Toilets shall be in a ratio of at least one toilet for every four patients, or major fraction thereof. This ratio excludes toilet described in WAC 248-21-050 (2)(e).

(7) Lavatories shall be provided in a ratio of at least one lavatory for each toilet located in toilet room(s). Lavatories shall be provided in a ratio of at least one per four patients. Lavatories shall be located at entry of patient rooms used for isolation.

(8) At least one toilet and lavatory shall be provided on each floor for use by those who are not patients. This may include toilet and lavatory described in WAC 248-21-050 (2)(e).

(9) Carpets may be used in patient and nonpatient occupied areas with the following exceptions; toilet

rooms, bathing facilities, isolation rooms, laundry rooms, utility rooms, examination or treatment rooms, house-keeping closets;

(a) Specifications for acceptable carpeting include:

(i) Carpet material which meets the standards of the state fire marshal and is easily cleanable;

(ii) Pile tufts shall be a minimum of sixty-four per square inch or equivalent density;

(iii) Rows shall be a minimum of eight per square inch or equivalent density;

(b) Installation of carpet material.

(i) Pad and carpet shall be installed according to manufacturer recommendations;

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

(10) There shall be adequate visiting and lounge areas provided, excluding hallways and corridors. Ratio of fifteen square feet per patient bed and not less than one hundred eighty square feet per facility recommended, excluding hallways and corridors.

(11) There shall be adequate meeting rooms and office areas for use by the interdisciplinary care team. Other rooms or areas may serve as meeting rooms provided confidentiality is maintained.

(12) Linen and laundry:

(a) A safe and adequate clean linen storage area shall be provided with a supply of clean linen available for patients use;

(b) Any laundry done in the facility shall be done in a laundry room separate from the kitchen, dining areas, clean and soiled storage and handling areas;

(c) The soiled laundry storage and sorting area shall be in a well ventilated area separate from the clean linen handling area, clean storage areas, and food preparation areas. If linen or laundry is washed on the premises, an adequate supply of hot water shall be available to provide water at a minimum of one hundred sixty degrees fahrenheit in the washing machine.

(13) Utility and storage facilities:

(a) Sufficient clean storage and handling room(s) shall provide closed storage for clean and sterile supplies and equipment;

(b) Washing, disinfection, storage and other handling of medical and nursing supplies and equipment shall be accomplished in a manner which ensures segregation of clean and sterile supplies and equipment from those that are contaminated;

(c) Soiled room(s) shall provide:

(i) Clinic service sink, siphon jet or equivalent;

(ii) Space for soiled linen or laundry containers;

(iii) Counter top, double compartment sink, and goose-neck spout or equivalent;

(iv) Storage for cleaning supplies and equipment.

(14) Housekeeping:

(a) Adequate and clean housekeeping equipment shall be maintained;

(b) At least one service sink and housekeeping closet or enclosed cabinet equipped with shelving shall be provided in a suitable setting within the facility. May be

combined with a soiled room as described in WAC 248-21-050 (13)(c). Clinic service sink may be considered equivalent to service sink.

(15) Communications:

(a) There shall be a telephone readily available for patients to make and receive confidential calls;

(b) There shall be at least one "nonpay" telephone per floor readily accessible in event of fire and other emergencies.

(c) A nurse call shall be provided at each bed and in each toilet room and bathing facility.

(16) Appropriate first aid supplies and equipment shall be maintained and available in a safe and sanitary location.

(17) Water supply and plumbing. The water supply plumbing, the fixtures and the waste and drainage system of the hospice care center shall be maintained to avoid insanitary conditions:

(a) There shall be an adequate supply of hot and cold running water under pressure which conforms with chapter 248-54 WAC;

(b) Hot water shall be a safe temperature at all fixtures used by patients. Hot water temperatures at bathing fixtures used by patients shall be automatically regulated so as not to exceed one hundred and twenty degrees fahrenheit;

(c) There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross connections may occur.

(18) Heating. Heating systems 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 hospice care center.

(19) Ventilation. There shall be ventilation of all rooms used by patients and personnel sufficient to remove all objectional odors, excess heat, and condensation. 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.

(20) Lighting, wiring, and power. Adequate lighting shall be provided in all usable areas of the hospice care center, appropriate to the function:

(a) Appropriate, adequate, and safe electrical service shall be provided;

(b) Adequate emergency lighting for means of egress, (battery operated acceptable);

(c) Adequate emergency power available, (battery operated acceptable).

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-050, filed 11/6/81.]

WAC 248-21-055 Nonflammable medical gases—Respiratory care. (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) When nonflammable medical gases are stored or used on the premises, the following shall apply:

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

(b) "No smoking" signs shall be posted where oxygen is being administered;

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

(3) When piped-in medical gas systems are provided, the facility shall comply with published standards of National Fire Protection Association 56-F, 1977.

(4) Equipment and instruments used for respiratory care shall be safe, functional, and appropriate for the respiratory care service provided.

[Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-055, filed 11/6/81.]

Chapter 248-22 WAC

LICENSING REGULATIONS FOR PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS AND MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

WAC

LICENSING REGULATIONS FOR PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

248-22-001	Definitions.
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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.
248-22-060	Housing requirements for patients. (Construction, floor space, lighting, ventilation.) [Regulation .22.060, effective 3/11/60.] Repealed by 81-07-035 (Order 211), filed 3/13/81. Statutory Authority: RCW 43.20.050.
248-22-070	Therapy. [Regulation .22.070, effective 3/11/60.] Repealed by 81-07-035 (Order 211), filed 3/13/81. Statutory Authority: RCW 43.20.050.

- 248-22-080 Restraint. [Regulation .22.080, effective 3/11/60.] Repealed by 81-07-035 (Order 211), filed 3/13/81. Statutory Authority: RCW 43.20.050.
- 248-22-090 Records. [Regulation .22.090, effective 3/11/60.] Repealed by 81-07-035 (Order 211), filed 3/13/81. Statutory Authority: RCW 43.20.050.
- 248-22-500 Purpose. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-500, filed 11/4/82; Order 100, § 248-22-500, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-001.
- 248-22-501 Definitions. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-501, filed 11/4/82; Order 148, § 248-22-501, filed 6/29/77; Order 100, § 248-22-501, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-010.
- 248-22-510 Licensure. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-510, filed 11/4/82; 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.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-020.
- 248-22-520 Administrative management. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-520, filed 11/4/82. 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.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-030.
- 248-22-530 Client care and services, general. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-530, filed 11/4/82; Order 100, § 248-22-530, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-040.
- 248-22-540 Maintenance and housekeeping. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-540, filed 11/4/82; Order 100, § 248-22-540, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-070.
- 248-22-550 Special additional requirements for an alcoholism treatment facility which provides alcoholism detoxification service. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-550, filed 11/4/82; Order 148, § 248-22-550, filed 6/29/77; Order 100, § 248-22-550, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-100.
- 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. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-560, filed 11/4/82; Order 148, § 248-22-560, filed 6/29/77; Order 100, § 248-22-560, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW.
- 248-22-570 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism long-term treatment service. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-570, filed 11/4/82; Order 148, § 248-22-570, filed 6/29/77; Order 100, § 248-22-570, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW.
- 248-22-580 Site and grounds. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-580, filed 11/4/82; Order 100, § 248-22-580, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-080.
- 248-22-590 Physical plant and equipment. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-590, filed 11/4/82; Order 148, § 248-22-590, filed 6/29/77; Order 100, § 248-22-590, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-090.

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 visibility 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-001, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-005, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-011, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-016, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-021, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-026, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-031, filed 11/4/82. 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 ten millimeters induration read at forty-eight to seventy-two hours), no further tuberculin skin tests 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. Exemptions and specific requirements are as follows:

(a) Those with a 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 testing.

(b) Records 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: Chapter 71.12 RCW. 83-10-079 (Order 1960), § 248-22-036, filed 5/4/83; 82-23-003 (Order 1898), § 248-22-036, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-041, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-046, filed 11/4/82. 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 syphilis shall conform to those recommended in the "Manual of Tests for Syphilis 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: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-051, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-051, filed 12/30/80.]

Chapter 248-23 WAC

RESIDENTIAL TREATMENT FACILITIES FOR PSYCHIATRICALY IMPAIRED CHILDREN AND YOUTH

WAC

248-23-001	Definitions.
248-23-010	Licensure.
248-23-020	Administration.
248-23-030	Client care services.
248-23-040	Pharmaceutical services.
248-23-050	Infection control.
248-23-060	Clinical records.
248-23-070	Physical environment.

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

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.

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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.

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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: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-001, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-010, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-020, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-030, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-040, filed 11/4/82. 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. Exemptions and specific requirements are as follows:

(a) 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 testing.

(b) Records 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: Chapter 71.12 RCW. 83-10-079 (Order 1960), § 248-23-050, filed 5/4/83; 82-23-004 (Order 1899), § 248-23-050, filed 11/4/82. 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: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-060, filed 11/4/82. 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 multiclient 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: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-070, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-070, filed 3/3/80.]

Chapter 248-25 WAC

ADULT RESIDENTIAL TREATMENT FACILITIES AND PRIVATE ADULT TREATMENT HOMES

WAC

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WAC 248-25-001 Purpose. The purpose of these regulations is to provide standards for the establishment of residential facilities designed and operated primarily to assist psychiatrically impaired adults to live as independently as possible and to provide essential care, treatment, and training in the skills of individual and community living. This shall be a level of care other than hospital inpatient care. Rules and regulations for private adult treatment homes certified as evaluation and treatment facilities under chapter 71.05 RCW are contained herein.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-001, filed 8/6/82.]

WAC 248-25-002 Definitions. (1) "Abuse" means injury, sexual use or abuse, negligent or maltreatment of a client by a person legally responsible for the client's welfare under circumstances indicating the client's health, welfare, and safety is harmed thereby.

Person "legally responsible" shall include a guardian or a person to whom legal responsibility has been delegated (e.g., providers of residential care, day care, etc.).

(a) "Physical abuse" means damaging or potentially damaging, nonaccidental acts or incidents resulting in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment, or other actions resulting 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 the facility's behalf in the overall management of the residential treatment facility.

(3) "Adult residential treatment facility" means a residence, place, or facility designed and organized primarily to provide twenty-four hour residential care, crisis and short-term care, and/or long-term individualized active treatment and rehabilitation for clients diagnosed or evaluated as psychiatrically impaired or chronically mentally ill as defined herein or in chapter 204, Laws of 1982.

(4) "Ambulatory" means a client physically and mentally capable of walking unaided or is capable of independent mobility with the use of a cane, crutches, walkerette, walker, wheelchair or artificial limb. Ambulatory shall be interpreted to mean an individual able to walk or traverse a normal path to safety unaided by another individual. Ambulatory shall not be interpreted to mean an individual needing the assistance of another individual in order to get into and out of bed, to transfer to a chair or toilet or to move from place to place.

(5) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature including minimally, first initial, last name, and title.

(6) "Board and domiciliary care" means provision of daily meal service, lodging, and care offered within the living accommodation and includes the general responsibility for safety and well-being of the client with provision of assistance in activities of daily living as needed.

(7) "Client" means an individual living in an adult residential facility or private adult treatment home for the purpose of participating in treatment and rehabilitation for psychiatric impairment or an individual living in the facility for board and domiciliary care.

(8) "Clinical staff" means mental health professionals, paraprofessionals, and medical personnel appointed by the governing body of a residential treatment facility to provide direct client treatment, training, and rehabilitation services within the residential treatment facility, and includes full- and part-time staff and consultants.

(9) "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.

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

(11) "Dietitian" means an individual meeting the eligibility requirements described in "Directory of Dietetic

Programs Accredited and Approved," American Dietetic Association, Edition 100, 1980.

(12) "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 establishment of habits of self-control and unacceptable client behavior.

(13) "Drug administration" means an act where 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 the previously dispensed, properly labeled container (including the unit dose container), verifying the individual dose with the physician's orders, giving the individual dose to the proper client, and properly recording the time and the dose given.

(14) "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 client or for a service unit of the facility.

(15) "Dwelling" means any building or any portion thereof which is not an apartment house, lodging house or hotel, containing one or two guest rooms which are used, rented, leased, let, or hired out to be occupied for living purposes.

(16) "Governing body" means the individual or group legally responsible for operation and maintenance of the residential treatment facility.

(17) "Independent living skill training" consists of:

(a) Social skill training: A service designed to aid clients in learning appropriate social behavior in situations of daily living (e.g., the use of appropriate behavior in families, work settings, the residential facility and other community settings).

(b) Self-care skills training: A service designed to aid clients in developing appropriate skills of grooming, self-care and other daily living skills such as eating, food preparation, shopping, handling money, the use of leisure time, and the use of other community and human services.

(18) "Individualized treatment plan" means a written statement of care to be provided to a client based upon assessment of his or her strengths, assets, interests, and problems. The 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, the statement shall be developed with participation of the client.

(19) "Mental health professional" means the individuals described in RCW 71.05.020 and WAC 275-55-020.

(20) "Multidisciplinary treatment team" means the availability of a group comprised, when indicated, of individuals from various clinical disciplines, to include medicine, psychiatry, psychology, social work, nursing, occupational and recreational therapies, dietary, pharmacy, speech, and hearing services. Members of the

group shall assess, plan, implement, and evaluate treatment and rehabilitation for clients under care.

(21) "Neglect" means negligent treatment or maltreatment or an act of omission, evincing a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a client's health, welfare, and safety.

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for client level of functioning, inadequate food, clothing or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation or other acts of commission or omission, resulting in emotional or behavioral problems, or physical manifestations.

(22) "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 residential treatment facility;

(b) Addition(s) to or conversions of the 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;

(d) "Minor alteration(s)" means any structural or functional modification(s) within the existing residential treatment facility, without changing 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 248-25 WAC.

(23) "Occupational therapist" means an individual having graduated with a bachelors degree from a university or college occupational therapy program and having completed field work requirements.

(24) "Owner" means an individual, partnership or corporation, or the legal successor thereof, operating residential treatment facilities for psychiatrically impaired adults, whether owning or leasing the premises.

(25) "Paraprofessional" means a person qualified, through experience or training, or a combination thereof, deemed competent while under supervision of a mental health professional, to provide counseling, rehabilitation, training, and treatment services to psychiatrically impaired adults. Such a person shall have, at a minimum:

(a) One year of training in the field of social, behavioral, or health sciences, and one year of experience in an approved treatment program for the mentally ill; or

(b) Two years of training in the field of social, behavioral, or health sciences; or

(c) Three years of work experience in an approved treatment program for the mentally ill.

(26) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(27) "Physician" means an individual licensed under provisions of chapter 18.57 or 18.71 RCW.

(28) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his or her professional practice, as defined by Washington state statutes for legitimate medical purposes. (RCW 18.64.011)

(29) "Private adult treatment home" means a dwelling which is the residence or home of two adults providing food, shelter, beds, and care for two or fewer psychiatrically impaired clients, provided these clients are detained under chapter 71.05 RCW and the dwelling is certified as an evaluation and treatment facility under chapter 71.05 RCW.

(30) "Psychiatric impairment" means serious mental disorders, excluding mental retardation, substance abuse disorders, simple intoxication with alcohol or drugs, personality disorders, and specific developmental disorders as defined in the third edition of "American Psychiatric Association Diagnostic and Statistical Manual," 1980, where one or more of the following symptomatic behaviors is exhibited:

(a) Bizarreness, severe self-destructiveness, schizophrenic ideation, or other signs or symptoms resulting from gross, on-going distortions in thought processes;

(b) Suicide attempts or other signs or symptoms associated with marked, severe, or chronic affective disorders;

(c) Chronic sexual maladjustment, or other grossly maladaptive behaviors, in accordance with subsection (30)(a) or (b) of this section.

(31) "Psychiatrist" means a physician having successfully completed a three-year residency program in psychiatry and is eligible for certification by the American board of psychiatry and neurology (ABPN) as described in "Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education," American Medical Association, 1981-1982 or eligible for certification by the American osteopathic board of neurology and psychiatry as described in "American Osteopathic Association Yearbook and Directory," 1981-1982.

(32) "Psychologist" means a person licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(33) "Recreational therapist" means a person with a bachelors degree with a major or option in therapeutic recreation or in recreation for ill and handicapped or a bachelors degree in a related field with equivalent professional experience.

(34) "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.

(35) "Rehabilitation services" means a combination of social, physical, psychological, vocational, and recreational services provided to strengthen and enhance the capability of psychiatrically impaired persons and to enable these persons to function with greater independence. The services include, but are not limited to, training in independent living skills.

(36) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting free body movement.

(37) "Scheduled drugs" means drugs, substances, or immediate precursors listed in Schedules I through V, Article II, RCW 69.50.201, State Uniform Controlled Substance Act, as now or hereafter amended.

(38) "Security window" means a window designed to inhibit exit, entry, and injury to a client, incorporating approved, safe, transparent material.

(39) "Self-administration of medication" means the client administers or takes his or her own medication from a properly labeled container: *Provided*, That the facility maintains the responsibility to assure medications are used correctly and the client is responding appropriately.

(40) "Shall" means compliance with regulation is mandatory.

(41) "Should" means compliance with a regulation or standard is suggested or recommended, but not required.

(42) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-002, filed 8/6/82.]

WAC 248-25-010 Licensure--Adult residential treatment facilities. Adult residential treatment facilities shall be licensed under chapter 71.12 RCW. Chapter 248-25 WAC establishes minimum licensing standards for the safety, adequate care, and treatment of clients living 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 effecting the current accuracy of such information as to the identity of each officer and director of the corporation, if the program is operated by 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 or 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;

(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 previously denied a license to operate a health care facility in the state of Washington or elsewhere, or convicted civilly or criminally of operating such a facility without a license, or having had the license to operate such a facility suspended or revoked, shall not be granted a license unless, to the satisfaction of the department, the individual affirmatively establishes clear, cogent, and convincing evidence of 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 chapter 248-25 WAC 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, the 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. The 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 the 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. 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 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 housing clients.

(b) Floor plans of each building housing clients 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 effecting the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans drawn to scale and including: 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, designating the functions of each room and showing 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. The plans and specifications shall include:

(i) Plot plans;

(ii) Plans for each floor of the building(s) designating the function of each room and showing all fixed equipment and the planned location of beds and other furniture in clients' sleeping rooms;

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

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

(v) Plumbing, heating, ventilation, and electrical systems; and

(vi) Specifications fully describing workmanship and finishes.

(c) Adequate provisions shall be made for 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 for proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only changes approved by

the department may be incorporated into a construction project. In all cases, modified plans or addenda on changes incorporated into the construction project shall be submitted for the department's file on the project even though the modified plans or addenda were not required to be submitted prior to approval.

(8) The department may, in the department's discretion, exempt an adult residential treatment facility pursuant to the rules herein.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal 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, 1979 Edition, 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 or, if a corporation, a majority of its stock sold, until the transferee has been notified by the department the application for a license has been approved. Change in administrator shall be reported to the department.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-010, filed 8/6/82.]

WAC 248-25-015 Licensure--Private adult treatment home. Private adult treatment homes shall be licensed under chapter 71.12 RCW, private establishments. Chapter 248-25 WAC establishes minimum licensing rules and regulations for safety and adequate care of psychiatrically-impaired clients living in a private adult treatment home. WAC 248-25-010 (1), (2), (3), (4), (6), (8), (9), and (10) shall apply. All other rules and regulations for private adult treatment homes are contained in WAC 248-25-002, 248-25-100, and 248-25-120.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-015, filed 8/6/82.]

WAC 248-25-020 Administration. (1) Governing body.

(a) The residential treatment facility shall have a governing body to establish and adopt personnel policies; written policies for the admission, care, safety, and treatment of clients; 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 other services necessary to meet the needs of clients.

(c) The governing body shall appoint an administrator responsible for implementing the policies adopted by the governing body.

(d) The governing body shall establish and maintain a current, written organizational plan, including all positions and delineating 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) Job descriptions for each position classification shall be written and current.

(c) There shall be a personnel record system and a current personnel record for each employee including application for employment, verification of education or training when required, a record or verification of a valid, current license for any employee requiring licensure, and an annually documented performance evaluation.

(d) A planned, supervised, and documented orientation shall be provided for each new employee.

(e) There shall be on-going in-service education affording 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 screening, documented orientation, and training provided for each volunteer in accordance with the job to be performed.

(ii) There shall be supervision by qualified staff.

(3) When research is proposed or conducted directly involving clients, a multidisciplinary committee shall review, monitor, and approve or disapprove any research project in order to protect the rights and safety of clients. The committee shall have the right and responsibility to modify or discontinue research.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-020, filed 8/6/82.]

WAC 248-25-030 Client care services in adult residential treatment facilities. (1) The residential treatment facility shall have written policies regarding admission criteria and treatment methods. The admission of clients shall be in keeping with 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 psychiatrically impaired client shall be based upon an assessment by a mental health professional under chapter 71.05 RCW or by a community mental health program under chapter 71.24 RCW. Assessment shall be documented and shall establish the following:

(a) A client requires treatment appropriate to the intensity and restrictions of care provided by the program;

(b) The treatment required can be appropriately provided by the program(s) or program component(s);

(c) The client does not represent an imminent danger to others and does not have a physical condition requiring medical or nursing care available only in a hospital.

(3) Clients requiring only board and domiciliary care may be admitted and reside in the adult residential treatment facility.

(4) Unless the facility is excepted in writing by the Washington state fire marshal and the department, admission criteria shall be used to screen out individuals in need of physical restraints, not ambulatory, or lacking adequate cognitive functioning to enable response to a fire alarm or unable to evacuate the premises in an emergency without assistance.

(5) Treatment and discharge planning.

(a) An initial assessment of each psychiatrically impaired client shall occur within seventy-two hours of admission with development of a provisional treatment plan.

(b) The multidisciplinary treatment team shall develop an individualized treatment plan for each client within fourteen days of admission to the facility.

(i) The individualized treatment plan shall be written and interpreted to client care personnel. When possible, the client will participate in development of the plan.

(ii) There shall be implementation of the individualized treatment-rehabilitation plan by the multidisciplinary team with written review and evaluation at least once each thirty days. Modifications in the treatment plan shall be made as necessary. Implementation and review shall be evidenced in the clinical record.

(iii) The plan shall include a written discharge plan developed and implemented by the multidisciplinary team.

(iv) The plan shall be included in the clinical record.

(6) A written plan shall be developed describing the organization of clinical services. The 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 seventy-two hours after admission unless a comprehensive health assessment performed within the previous thirty days is available upon admission.

(ii) A complete neurological evaluation shall be completed only when indicated.

(iii) A physician member of the clinical staff shall be responsible for the care of any medical condition present during residential treatment.

(iv) Orders for medical treatment shall be signed by a physician or by another authorized practitioner acting within the scope of Washington state statutes defining practice.

(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 seventy-two hours following admission.

(b) Nursing service. There shall be a registered nurse, with training and experience in working with psychiatrically impaired adults, on staff as a full-time or part-time employee, or under contract or written agreement. The nurse shall be responsible for all nursing functions.

(c) Psychologists, social workers, psychiatric nurses, occupational therapists, recreational therapists, and paraprofessionals with experience in working with psychiatrically impaired adults shall be available as necessary to develop, integrate, and implement the individualized treatment plan.

(d) Rehabilitation services under long-term care.

(i) There shall be an educational and vocational assessment of each client with appropriate educational and vocational programs developed and implemented or arranged on the basis of the assessment.

(ii) Services in the skills of daily living shall be provided by qualified persons as necessary to meet the needs of the clients.

(e) Food and dietary services.

(i) Food and dietary services shall be managed by a person knowledgeable in food service.

(ii) Dietary service shall incorporate the services of a dietitian 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 dietitian, and retained for six months.

(iv) There shall be a client-specific physician order for therapeutic diets served to clients. Therapeutic diets shall be prepared and served as prescribed.

(v) Meals and nourishment shall provide a well-balanced diet sufficient in quality, quantity, and variety to meet the nutritional needs of clients. Unless contraindicated, the "Recommended Dietary Allowances," Ninth Edition, 1980, of the food and nutrition board of the national research council adjusted for age, sex, and activity, shall be used.

(vi) Food service sanitation shall be governed by chapter 248-84 WAC.

(7) 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 clients. 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 restraint 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 shall be reported to the department.

(c) Allowances, earnings, and expenditures shall be accounted for by the facility. When a client is discharged, he or she may be permitted to take the balance of his or her money, or be fully informed about the transfer of his or her money to another facility or other transfer as permitted by state or federal law. The client shall be informed of any responsibility for the cost of care and treatment under the law or regulations.

(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 the tasks are appropriate and are part of the individualized treatment plan. Work assignments shall be adequately supervised and documented as part of the treatment program. Work assignment 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 275-55-211 and 275-55-241.

(f) Current written policy and orders shall be signed by a physician to guide the action of facility personnel when medical emergencies or a threat to life arise and the physician is not present.

(i) Medical policies shall be reviewed as needed and at least one time each two years and approved in writing by representatives of the medical, nursing, and administrative staff.

(ii) There shall be a 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 client to another facility, elopement, death, or when unusual circumstances warrant.

(h) Written policies and procedures addressing safety precautions shall 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 275-55-263 (2)(e).

(iv) Availability of access to emergency supplies and equipment to include airways, 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 preventive maintenance with documentation of the plan and dates of inspection.

(vii) Fire and disaster plans including a documentation process and evidence of rehearsal on a regular basis.

(viii) Immediate actions or behaviors of facility staff when client behavior indicates the client is assaultive, out-of-control or self-destructive. There shall be documentation staff rehearsals occur on a regular basis.

(i) There shall be written policies and procedures governing actions to be taken following any accident or incident considered harmful or injurious to the client which shall include documentation in the clinical record.

(j) Policies concerning transportation of clients 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 the 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 allowing clients to be transported in nonfacility-owned vehicles.

(k) At least one staff member with current first aid and cardiopulmonary resuscitation training shall be on duty at all times.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-030, filed 8/6/82.]

WAC 248-25-040 Pharmaceutical services in adult residential treatment facilities. (1) The facility shall have an agreement with a pharmacist to advise the facility on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) Written policies and procedures shall be 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) Written orders shall be signed by a physician or other legally authorized practitioner acting within the scope of his or her license for all medications administered to clients. An organized system shall be instituted to ensure 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. The facility is responsible for the control and appropriate use of all drugs administered or self-administered within the facility.

(d) Provision shall be made for procurement, drug profiles, labeling and storage of medications, drugs, and chemicals.

(i) Drugs ordered or prescribed for a specific client 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.

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(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: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-040, filed 8/6/82.]

WAC 248-25-050 Infection control in adult residential treatment facilities. (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) Communicable disease shall be reported 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 in duration 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 and shall be evaluated for an appropriate course of treatment (preventive or curative). Exceptions and specific requirements are as follows:

(a) Persons with positive skin tests having completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing and/or chest x-rays.

(b) 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: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-050, filed 8/6/82.]

WAC 248-25-060 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. A person demonstrating competency and experience or training in clinical record administration shall be responsible for the clinical record system.

(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 including the following:

(a) The establishment of the format and documentation expectations of the clinical record for each client.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of information contained in records and release of information in accordance with RCW 71.05.390.

(4) An adequate clinical record shall be maintained for each client and be readily accessible to members of the treatment team. Each entry in the clinical record shall be legible, dated, and authenticated.

(5) A systematic method for identifying the clinical record of each client shall be maintained.

(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, or equivalent.

(7) Psychiatric diagnosis, abbreviations, and terminology shall be consistent with the most recent edition of the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders*, 1980. Physical diagnosis, abbreviations, and terminology shall be consistent with *International Classification of Disease*, Ninth Revision, Volumes I and II, September 1980.

(8) Clinical records shall include identifying information, assessments by the multidisciplinary team, regular progress notes by members of the multidisciplinary 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 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 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 permitting identification of the individual shall be accomplished so 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 (10)(a), (b), (c), (d), and (e) of this section.

(e) If the residential treatment facility ceases operation, the facility shall make arrangements for preservation of the clinical records, reports, indices, and client data in accordance with subsections (10)(a), (b), and (c) of this section. The plans for such arrangements shall have been approved by the department prior to cessation of operation.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-060, filed 8/6/82.]

WAC 248-25-070 Physical environment in adult residential treatment facilities. (1) The residential treatment facility shall provide a safe, clean environment for clients, staff, and visitors.

(2) At least the ground floor shall be accessible to the physically handicapped. Program activity areas and sleeping quarters for any physically handicapped clients shall be on floors meeting applicable standards.

(3) Clients' sleeping rooms.

(a) Each sleeping room shall be directly accessible from a corridor or 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-tenth of the usable floor area. Windows above the ground floor level shall be appropriately screened or of a security type.

(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 eighty square feet of usable floor space in a single bedroom and multient rooms shall provide no less than seventy square feet of floor area per bed. The maximum capacity of a sleeping room shall be four clients. There shall not be less than seven and one-half feet of ceiling height over the required floor area.

(d) Visual privacy from other clients shall be provided as needed. Visual privacy may be achieved through a 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 or her room. Provision for secure storage of client valuables in the room or elsewhere shall be provided.

(f) Each client shall have access to his or her room except when contraindicated by determination of 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 a cleanable or disposable pillow.

(h) Room furnishings shall be provided and maintained in a clean and safe condition.

(i) Client beds shall be spaced so the beds do not interfere with the 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 eight clients or any fraction thereof. There shall be one bathing facility for each twelve clients or fraction thereof. If there are more than five clients, separate toilet and bathing facilities 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.

(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 where excessive moisture, odors, or contaminants originate, shall be appropriately vented.

(7) There shall be an adequate supply of hot and cold running water under pressure conforming with standards of the state board of health, chapter 248-54 WAC.

(a) The hot water temperature at bathing fixtures used by the 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 back-flow 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 separated from the kitchen and dining area shall be available.

(c) Soiled laundry or linen storage 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 visitation of clients and guests.

(10) An adequate number of rooms shall be available for group and individual therapy.

(a) The rooms shall be enclosed and reasonably sound-proofed as necessary to maintain confidentiality.

(b) If seclusion or maximum security rooms are required by a program, at least one seclusion room intended for short-term occupancy, with direct supervision by staff, shall be available or immediately accessible in a hospital or other facility.

(i) Seclusion rooms and furnishings shall be designed to provide maximum security and safety 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 routine basis within the facility, an examination

room should be available, providing privacy and adequate light. A handwashing facility with towel dispenser and soap dispenser shall be available.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored or handled within the facility, utility and storage areas shall be designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from contaminated supplies and equipment.

(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 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 interference with one another.

(b) At least forty square feet per bed shall be provided for the total combined area 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 readily available for use of clients (located so privacy is possible).

(18) A safely maintained outdoor recreational area shall be available for use of clients.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-070, filed 8/6/82.]

WAC 248-25-100 Client care services in private adult treatment homes. (1) The home shall have written policies regarding admission criteria and treatment methods. Admission of clients shall be in keeping with stated policies and shall be limited to psychiatrically impaired clients for whom the home can provide adequate safety and care.

(2) Rules and regulations contained in WAC 248-25-030 (2), (4), (5), (6), and (7) shall apply with the following exclusions: WAC 248-25-030 (7)(h)(vi) and (j)(i).

(3) Medications shall be specifically ordered by a physician or other legally authorized practitioner and controlled by the licensee.

(a) All medications shall be kept in locked storage or otherwise made unaccessible to unauthorized persons and shall be refrigerated when required.

(b) External medications shall be stored separately (separate compartments) from internal medications.

(c) Medications shall be stored in the medication's original container. Each container shall be labeled and the label shall include the name of the client and the date of purchase.

(d) Only the licensee shall dispense or have access to medications except for self-administered medications.

(e) Medications shall be dispersed only on the written approval of an individual or agency having authority by court order to approve medical care. Medications shall be dispersed only as specified on the prescription label or as otherwise authorized by a physician.

(f) Self-administration of medications by a client shall be in accordance with the following:

(i) The client shall be physically and mentally capable of properly taking his or her own medicine;

(ii) Prescription drugs, over-the-counter drugs and other medical materials used by individuals shall be kept so the prescription drugs are not available to other individuals.

(4) Tuberculosis, communicable disease.

(a) Each licensee, employee, adult volunteer, and other adult individuals providing services or care and having regular contact with the clients shall have a tuberculosis skin test, by the Mantoux method, upon employment or licensing unless medically contraindicated.

(i) Individuals whose tuberculosis skin test is positive (10 mm or more induration) shall have a chest x-ray within ninety days following the skin test.

(ii) Routine periodic testing or x-ray after entry is not required.

(iii) An entry test shall not be required of individuals whose tuberculosis skin test has been documented as negative (less than 10 mm within the last two years, nor shall routine periodic retesting or x-ray be required of such individuals.

(b) A record of tuberculosis skin test results, x-rays, or exemptions to such shall be kept in the home.

(c) Individuals with a communicable disease in an infectious stage shall not be on duty.

(5) Clinical records and record systems shall comply with WAC 248-25-060.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-100, filed 8/6/82.]

WAC 248-25-120 Physical environment requirements for private adult treatment homes. (1) The home shall be located on a well-drained site, free from hazardous conditions, and accessible to other facilities necessary to carry out the home's program. There shall be at least one telephone on the premises which shall be accessible for emergency use at all times.

(2) The physical plant, premises, and equipment shall be maintained in a clean and sanitary condition, free of hazards, and in good repair.

(3) Suitable space shall be provided and used for storage of clothing.

(4) Client bedrooms shall be outside rooms permitting entrance of natural light.

(1986 Ed.)

(a) Multiple occupancy bedrooms shall provide not less than fifty square feet per occupant of floor area exclusive of closets.

(b) Each client shall have a bed of his or her own which is at least thirty-six inches wide with a clean mattress, pillow, sheets, blankets, and pillowcases.

(5) Adequate facilities shall be provided for separate storage of soiled linen and clean linen.

(6) There shall be at least one indoor flush-type toilet, one lavatory, and one bathtub or shower with hot and cold or tempered running water.

(a) Toilet and bathing facilities shall provide for privacy.

(b) Soap and individual towels or disposable towels shall be provided.

(7) Adequate lighting shall be provided.

(8) Sewage and liquid wastes shall be discharged into a public sewer system or into an independent sewage system approved by the local health authority or the department.

(9) A private water supply shall be approved by the local health authority or department.

(10) The heating system shall be operated and maintained to provide not less than sixty-eight degrees Fahrenheit temperature in rooms used by clients during waking hours.

(11) The premises shall be kept free from rodents, flies, cockroaches, and other insects.

[Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-120, filed 8/6/82.]

Chapter 248-26 WAC

MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

WAC

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248-26-100	Special additional requirements for facilities providing alcoholism detoxification service.

WAC 248-26-001 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, other than hospitals regulated pursuant to chapter 248-18 or 248-22 WAC, maintained and operated primarily for receiving or caring for alcoholics.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-001, filed 8/3/84. Formerly WAC 248-22-500.]

WAC 248-26-010 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, approved, competent, qualified, necessary, reasonable, reputable, satisfactory, sufficiently, effectively, appropriately, or suitable used in these rules and regulations to qualify an individual, a procedure, equipment, or building shall be as determined by the Washington state department of social and health services.

(1) "Abuse," other than substance or alcohol abuse, means the injury, sexual use, or sexual mistreatment of an individual patient by any person under circumstances which indicate the health, welfare, and safety of the patient is harmed thereby.

(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 or nonverbal actions, outside of accepted therapeutic programs, which are degrading to a patient or constitute harassment.

(2) "Administrator" means an individual appointed as the chief executive officer by the governing body of a facility to act in the facility's behalf in the overall management of the alcoholism treatment facility.

(3) "Alcoholic" means a person with alcoholism.

(4) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted.

(5) "Alcoholism counselor" means an individual having adequate education, experience, and knowledge regarding the nature and treatment of alcoholism and knowledgeable about community resources providing services alcoholics may need and who knows and understands the principles and techniques of alcoholism counseling with minimal requirements to include:

(a) A history of no alcohol or other drug misuse for a period of at least two years immediately prior to time of employment as an alcoholism counselor and no misuse of alcohol or other drugs while employed as an alcoholism counselor;

(b) A high school diploma or equivalent;

(c) Satisfactory completion of at least twelve quarter or eight semester credits from a college or university, including at least six quarter credits or four semester credits in specialized alcoholism courses.

(6) "Alcoholism treatment facility" means a private place or establishment, other than a licensed hospital, operated primarily for the treatment of alcoholism.

(7) "Alteration" means changes requiring construction in an existing alcoholism treatment facility.

"Minor alteration" means any physical or functional modification within existing alcoholism treatment facilities not changing the approved use of a room or area. Minor alterations performed under this definition do not

require prior review of the department; however, this does not constitute a release from any applicable requirements herein.

(8) "Area," except when used in reference to a major section of an alcoholism treatment facility, means a portion of a room containing the equipment essential to carry out a particular function and separated from other facilities of the room by a physical barrier or adequate space.

(9) "Authenticated" means written authorization of any entry in a patient treatment record by means of a signature including, minimally, first initial, last name, and title.

(10) "Authentication record" means a document which is part of each patient treatment record and includes identification of all individuals initialing entries in the treatment record: Full printed name, signature as defined in WAC 248-26-010(9), title, and initials that may appear after entries in the treatment record.

(11) "Bathing facility" means a bathtub or shower.

(12) "Counseling, group" means an interaction between two or more patients and alcoholism counselor or counselors for the purpose of helping the patients gain better understanding of themselves and develop abilities to deal more effectively with the realities of their environments.

(13) "Counseling, individual" means an interaction between a counselor and a patient for the purpose of helping the patient gain a better understanding of self and develop the ability to deal more effectively with the realities of his or her environment.

(14) "Detoxification" means care or treatment of an intoxicated person during a period where the individual recovers from the effects of intoxication.

(a) "Acute detoxification" means a method of withdrawing a patient from alcohol where nursing services and medications are routinely administered to facilitate the patient's withdrawal from alcohol.

(b) "Subacute detoxification" means a method of withdrawing a patient from alcohol utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of intoxication with no medications administered by the staff.

(15) "Detoxified" means withdrawn from the consumption of alcohol and recovered from the effects of intoxication and any associated acute physiological withdrawal reactions.

(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 patient to self-administer medically prescribed drugs and treatments;

(b) Encouraging a patient to follow a modified diet and rest or activity regimen when one has been medically prescribed;

(c) Reminding and assisting a patient to keep appointments for health care services, such as appointments with physicians, dentists, home health care services, or clinics;

(d) Encouraging a patient to have a physical examination if he or she 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 responsible for approving policies related to operation of an alcoholism treatment facility.

(20) "Grade" means the level of the ground adjacent to the building measured at the required windows. The ground shall be level or sloped downward for a distance of at least ten feet from the wall of the building.

(21) "Inpatient" means a patient to whom the alcoholism treatment facility is providing board and room on a twenty-four-hour-per-day basis.

(22) "Intoxication" means acute or temporary impairment of an individual's mental or physical functioning caused by alcohol in the body.

(23) "Intoxication" means in the state of intoxication.

(24) "Lavatory" means a plumbing fixture of adequate size and proper design for washing hands.

(25) "Legend drug" means any drug required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or is restricted to use by practitioners only.

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

(a) "Licensed practical nurse" means an individual licensed pursuant to chapter 18.78 RCW.

(b) "Registered nurse" means an individual licensed pursuant to chapter 18.88 RCW.

(27) "May" means permissive or possible at the discretion of the department.

(28) "Neglect" means negligent treatment or maltreatment; an act or omission evincing a disregard of consequences of such magnitude as to constitute a clear and present danger to a patient's health, welfare, and/or safety.

(29) "New construction" means any of the following:

(a) New building to be used as an alcoholism treatment facility.

(b) Additions to existing buildings to be used as an alcoholism treatment facility.

(c) Conversion of existing buildings or portions thereof for use as an alcoholism treatment facility.

(d) Alterations.

(30) "Owner" means an individual, firm, partnership, corporation, company, association, or joint stock association or the legal successor thereof operating an alcoholism treatment facility whether he or she owns or leases the premises.

(31) "Patient" means any individual receiving services for the treatment of alcoholism.

(32) "Pharmacist" means an individual licensed as a pharmacist in the state of Washington pursuant to provisions of chapter 18.64 RCW.

(33) "Physician" means an individual licensed under the provisions of chapter 18.71 RCW Physicians, or

chapter 18.57 RCW Osteopathy—Osteopathic medicine and surgery.

(34) "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.

(35) "Secretary" means the secretary of the Washington state department of social and health services.

(36) "Shall" means compliance is mandatory.

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

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

(39) "Toilet" means a disposal apparatus consisting of a hopper fitted with a seat and flushing device, used for urination and defecation.

(40) "Usable floor space" means, in reference to patient sleeping room, the floor space exclusive of vestibules and closets, wardrobes, or portable lockers.

(41) "Utility sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-010, filed 8/3/84. Formerly WAC 248-22-501.]

WAC 248-26-020 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 or her legal representative, and the administrator.

(b) The applicant shall furnish to the department full and complete information, and promptly report any changes.

(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 any one be deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked.

(b) 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 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, assault, abuse, neglect, or indifference to the welfare of any patient;

(iv) Misappropriation of the property of the patients; or

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual patient, the department, or the business community.

(c) 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 having been previously denied a license to operate a health or personal care facility in this state or elsewhere, or having been convicted civilly or criminally of operating such a facility without a license, or having 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, rules, and regulations.

(d) Individuals convicted of a felony, child abuse, and/or any crime involving physical harm to another person, or individuals identified as perpetrators of substantiated child abuse pursuant to chapter 26.44 RCW, 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 an alcoholism treatment facility unless, to the satisfaction of the department, the individual establishes clear, cogent, and convincing evidence of sufficient rehabilitation subsequent to such conviction or abuse registry listing to warrant public trust.

(3) Submission of plans. The following shall be submitted with an application for license: *Provided however*, That whenever 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 not on file need to be submitted.

(a) A plot plan showing streets, driveways, water and sewage disposal systems, locations of buildings on the site, and grade elevations within ten feet of any building where patients are to be housed.

(b) Floor plans of each building where patients are to be housed. The floor plans shall provide the following information:

- (i) Identification of each room by use of a system;
- (ii) Identification of category of service intended for each room;
- (iii) The usable square feet of floor space in each patient sleeping room;
- (iv) The clear window glass area in each patient's sleeping room;
- (v) The height of the lowest portion of the ceiling in any patient's sleeping room; and
- (vi) Floor elevations referenced to the grade level.

(c) If new construction or remodeling is planned, requirements in WAC 248-26-020(7) shall apply.

(4) Classification or categories 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 either acute or subacute services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol during the initial period the body is cleared of alcohol and the individual recovers from the transitory effects of intoxication. Services 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 detoxified 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 including, as a minimum, limited medical evaluation and general health supervision, alcoholism education, organized individual and group counseling, discharge referral to necessary supportive services, and a patient follow-through program after discharge.

(c) *Alcoholism recovery house services* are the provision of an alcohol-free residential setting with supporting services and social and recreational facilities for detoxified alcoholics to aid their adjustment to alcohol-free patterns of living and their engagement in occupational training, gainful employment, or other types of community activities.

(d) *Alcoholism long-term treatment services* are long-term provision of a residential care setting providing a structural living environment, board, and room for alcoholics with impaired self-maintenance capabilities needing personal guidance and assistance to maintain sobriety and optimum health status.

(5) Authorization and designation of categories of alcoholism treatment service.

(a) The license issued to an alcoholism treatment facility shall show the category or categories of alcoholism treatment the facility is licensed to provide.

(b) For each category of alcoholism treatment service, the licensee shall designate and maintain the particular category or categories of service for which the department has shown approval on the license.

(c) If maintenance and operation are not in compliance with chapter 71.12 RCW or chapter 248-26 WAC, the department may deny, suspend, or revoke authorization to provide a particular category of treatment service.

(6) Posting of license. The license for an alcoholism treatment facility shall be posted in a conspicuous place on the premises.

(7) New construction.

(a) When new construction is planned, 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 affecting the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans for new construction drawn to scale and including:

(A) A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building or buildings on the site;

(B) Plans of each floor of the building or buildings, existing and proposed, designating the function of each room and showing all fixed equipment:

(iii) Preliminary plans shall be accompanied by a statement as to:

- (A) Source of the water supply;
- (B) Method of sewage and garbage disposal; and
- (C) A general description of construction and materials including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans for new construction, 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 or buildings designating the function of each room and showing all fixed equipment;
- (iii) Interior and exterior elevations, building sections, and construction details;
- (iv) A schedule of floor, wall, and ceiling finishes, and the types and sizes of doors and windows;
- (v) Plumbing, heating, ventilating, and electrical systems; and
- (vi) Specifications fully describing the workmanship and finishes.

(c) Adequate provisions 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.

(i) The department shall be consulted prior to making any changes from the approved plans and specifications.

(ii) 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 or changes for approval.

(iii) Only those changes approved by the department shall be incorporated into a construction project.

(iv) In all cases, modified plans or addenda on changes incorporated into the construction project shall be submitted for the department's file on the project even though it was not required these be submitted prior to approval.

(8) Exemptions.

(a) The secretary or designee may exempt an alcoholism treatment facility from compliance with parts of these regulations when it has been found after thorough investigation and consideration such exemption may be made in an individual case without jeopardizing the safety or health of the patients in the particular alcoholism treatment facility.

(b) The secretary or 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 the satisfaction of the secretary, 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 and the alcoholism treatment facility.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under provision of RCW 71.12.485 which are found in chapter 212-40 WAC apply.

(b) If there is no local plumbing code, the *Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials*, 1979 edition, 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.

(10) 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.

(11) Denial, suspension, or revocation of license. Upon finding, as a result of an inspection, the facility has failed or refused to comply with the requirements of chapter 71.12 RCW or these rules and regulations, the department may deny, suspend, or revoke a license in accordance with RCW 34.04.170. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-020, filed 8/3/84. Formerly WAC 248-22-510.]

WAC 248-26-030 Administrative management. (1) Governing body.

(a) The alcoholism treatment facility shall have a governing body responsible for adopting policies related to the conduct of the alcoholism treatment facility in accordance with applicable laws and regulations.

(b) The governing body shall provide for the personnel, facilities, equipment, supplies, and special services necessary to meet patient needs for services and to maintain and operate the facility in accordance with applicable laws and regulations.

(2) Administrator.

(a) There shall be an administrator at least twenty-one years of age, with no history of drug or alcoholism misuse for a period of two years prior to employment, to manage the alcoholism treatment facility in compliance with chapter 71.12 RCW and chapter 248-26 WAC.

(b) The administrator either shall be on duty or readily available at all times except when an alternate administrator meeting qualifications in this section is designated in writing or in written job description and is on duty or readily available.

(c) The administrator shall establish and maintain a current written plan of organization including all positions and delineating the functions, responsibilities, authority, and relationships of all positions within the alcoholism treatment facility.

(d) The administrator shall ensure the existence and availability of policies and procedures which are:

- (i) Written, developed, reviewed, and revised as necessary to keep them current;
- (ii) Dated and signed by persons having responsibility for approval of the policies and procedures;
- (iii) Readily available to personnel; and
- (iv) Followed in the care and treatment of patients.

(3) **Personnel.**

(a) There shall be sufficient numbers of qualified personnel, who are not patients, to provide services needed by patients and to properly maintain the alcoholism treatment facility. At least one staff person shall be on duty or in residence within the alcoholism treatment facility at all times.

(b) There shall be a written job description for each position classification within the facility.

(c) 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 ten millimeters of induration read at forty-eight to seventy-two hours), no further tuberculin skin test shall be required. A positive test consists 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. Exemptions and specific requirements are as follows:

(i) 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 testing.

(ii) Records of test results, x-rays, or exemptions to such shall be kept by the facility.

(d) Employees with a communicable disease in an infectious stage shall not be on duty.

(e) A planned, supervised orientation shall be provided to each new employee to acquaint him or her with the organization of the facility, the physical plant layout, his or her particular duties and responsibilities, the policies, procedures, and equipment pertinent to his or her work, and the disaster plan for the facility.

(f) A planned, training program shall be provided to any employee not prepared for his or her job responsibilities through previous training.

(g) Records shall be maintained of orientation, on-the-job training, and continuing education provided for employees.

(h) At least one staff person on the premises shall be currently qualified to provide basic first aid and cardiopulmonary resuscitation.

(i) Medical or nursing responsibilities, functions, or tasks shall be consistent with current Washington state law governing physician or nursing practice.

(j) Records or documentation of compliance with employee requirements described in chapter 248-26 WAC shall be available.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-030, filed 8/3/84. Formerly WAC 248-22-520.]

WAC 248-26-040 Patient care and services—General. (1) Individual treatment plan. For each patient, there shall be a plan individualized for treatment to include the treatment prescribed as well as assessment of physical, mental, emotional, social, and spiritual needs.

(a) The patient shall be encouraged to participate in development of the plan.

(b) Work assignments may be permitted when part of the individual treatment plan and under supervision of staff.

(2) **General care and treatment.**

(a) Each patient shall have available the equipment, supplies, and assistance needed to maintain personal cleanliness and grooming.

(b) The patient shall be treated in a manner respecting individual identity and human dignity with policies and procedures, as appropriate, to include:

(i) Protection from invasion of privacy: *Provided*, That reasonable means may be used to detect or prevent contraband from being possessed or used on the premises;

(ii) Confidential treatment of clinical and personal information in communications with individuals not associated with the plan of treatment;

(iii) Means of implementing federal requirements related to confidentiality of records, Title 42, Code of Federal Regulations, Part 2, Federal Register, July 1, 1975;

(iv) Provision of reasonable opportunity to practice religion of choice insofar as such religious practice does not infringe upon rights and treatment of other patients or the treatment program in the alcoholism treatment facility: *Provided*, That a patient also has the right to refuse participation in any religious practice;

(v) Communication with significant others in emergency situations;

(vi) Freedom from physical abuse, corporal punishment, or other forms of abuse against the patient's will, including being deprived of food, clothes, or other basic necessities.

(c) **Infection control, general.**

(i) There shall be policies and procedures designed to prevent transmission of infection minimally to include aseptic techniques, handwashing, methods of cleaning, disinfecting or sterilizing, handling, and storage of all supplies and equipment.

(ii) There shall be reporting of communicable disease of patients in accordance with chapter 248-100 WAC.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-040, filed 8/3/84. Formerly WAC 248-22-530.]

WAC 248-26-050 Health and medical care services—All facilities. (1) Admission and retention of patients shall be appropriate to services available.

(a) Each alcoholism treatment facility shall have written policies related to admission, retention, leave, and discharge.

(b) Patients manifesting signs and symptoms of a physical or mental condition requiring medical or nursing care not provided or available in the alcoholism treatment facility shall not remain in the facility. Staff

shall facilitate movement of such patients to an appropriate setting as soon as possible and feasible.

(2) Each alcoholism treatment facility shall have a current, transfer agreement with a hospital licensed pursuant to chapter 70.41 or 71.12 RCW.

(3) Medical coverage.

(a) A physician shall be responsible for direction of all medical aspects of the alcoholism treatment program or programs with medical responsibility minimally to include approval of policies and procedures related to:

(i) Initial and ongoing medical screening and assessment of patients;

(ii) Care of patients with minor illnesses or other conditions requiring minor treatment or first aid; and

(iii) Medical emergencies.

(b) There shall be specific arrangements for physician services at all times with schedules, names, and phone numbers posted and available in appropriate locations. Physician services may include hospital emergency departments, group clinic practice, or equivalent emergency facilities.

(c) Medical emergency policy and procedures related to emergency situations shall minimally include:

(i) Delineation of circumstances, signs, and symptoms related to specific actions required of personnel;

(ii) Circumstances warranting immediate contact of physician services or other licensed personnel;

(iii) Minimum qualifications for staff executing procedures; and

(iv) Written approval or acceptance of medical emergency policies and procedures by administrator and responsible physician. When nursing services are provided, approval or acceptance by the responsible registered nurse shall be included.

(4) Nursing services. Nursing services, when provided, shall be planned and supervised by a registered nurse minimally to include:

(a) Responsibility for any nursing functions performed by personnel in the alcoholism treatment facility.

(b) Selection, training, and written evaluation of personnel or volunteers providing nursing observation and/or care.

(c) Written nursing procedures to guide actions of personnel and volunteers providing nursing observation and/or care.

(5) Supplies. Appropriate supplies for first aid, medical, or nursing procedures shall be readily available.

(6) Safety measures.

(a) There shall be written policies and procedures governing actions of staff following any accident or incident jeopardizing a patient's health or life, minimally to include:

(i) Facilitation of patient protection and safety;

(ii) Investigation of accidents or incidents;

(iii) Institution of preventive measures insofar as possible;

(iv) Written documentation in the patient treatment record.

(b) There shall be provision for staff to gain immediate emergency access to any room occupied by a patient.

(7) Individual patient treatment/care records.

(a) There shall be an organized record system providing for:

(i) Maintenance of a current, complete, treatment record for each patient;

(ii) A systematic method of identifying and filing patient records so each record can be located readily;

(iii) Maintenance of the confidentiality of patient treatment records by storing and handling the records under conditions allowing only authorized persons access to the records.

(b) Each entry in the patient's treatment/care record shall be dated and authenticated by the signature and title of the person making the entry. (An authentication record system may be acceptable.)

(c) Each record shall be available to treatment staff and include:

(i) Identifying and sociological data including the patient's full name, birthdate, home address, or last known address if available;

(ii) Date of admission;

(iii) The name, address, and telephone number of the patient's personal physician or medical practitioner if available;

(iv) A record of the findings of any health screenings;

(v) A record of medical findings following examination by a medical practitioner;

(vi) A record of observations of the patient's condition;

(vii) A physician or legally authorized practitioner's written order for any modified diet served to the patient;

(viii) Orders for any drugs or medical treatment shall be dated and signed by a physician or legally authorized practitioner unless self-administered from a container bearing an appropriate pharmacist-prepared label in accordance with instructions on that label;

(ix) A record of any administration of a medication or treatment to a patient by the person legally authorized to administer medications and/or observation of self-administration including time and date of administration and signature of the individual administering the medication or observing self-administration;

(x) Medical progress notes, when applicable, shall be made in the treatment record.

(8) Notification regarding change in patient's condition. A member of the patient's family or another person with whom the patient is known to have a responsible personal relationship shall be notified as rapidly as possible, upon the discretion of the treating physician, should a serious change in the patient's condition, transfer, or death of the patient occur: *Provided however*, That the patient is incapable of rational communication. Such notification shall not occur without the consent of the patient any time when the patient is capable of rational communication.

(9) Food services - general.

(a) Food service sanitation shall be governed by chapter 248-84 WAC rules and regulations of the state board of health governing food service sanitation.

(b) Areas used for storage and preparation of food shall be used only for performance of assigned food service duties. Through traffic is prohibited.

(c) There shall be current written policies and procedures to include safety, food acquisition, food storage, food preparation, serving of food, and scheduled cleaning of all food service equipment and work areas. These policies shall be readily available to all personnel.

(i) All personnel handling food, including patients assisting in food services, shall follow the procedures.

(ii) Cooking shall not be permitted in sleeping rooms.

(d) Food provided shall be appropriate to meet the needs of patients on a twenty-four hour basis.

(10) Food service — alcoholism intensive inpatient treatment, recovery house, long-term treatment services.

(a) There shall be a designated individual responsible for food service.

(b) Staff trained in food service procedures shall be present during all meal times when meals are served on the premises.

(c) Meals and nourishments shall be palatable, properly prepared, attractively served, and sufficient in quality, quantity, and variety to meet "Recommended Dietary Allowance," *Food and Nutrition Board, National Research Council*, 1980 edition, adjusted for activity unless medically contraindicated.

(i) At least three meals a day shall be served at regular intervals with not more than fourteen hours between the evening meal and breakfast.

(ii) There shall be written medical orders for any therapeutic diet served to a patient. Therapeutic diets shall be prepared and served as prescribed.

(iii) A current diet manual, approved in writing by a dietitian and physician, shall be used for planning and preparing diets.

(d) Menus shall be planned, written, and dated at least one week in advance.

(i) Food substitutions shall be of comparable nutritional value and recorded as served.

(ii) A record of planned menus with substitutions and food as served shall be retained for six months.

(iii) The written order of a legally authorized medical practitioner is required prior to serving any nutrient concentrate or supplement.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-050, filed 8/3/84.]

WAC 248-26-060 Medication responsibility—Administration of medications and treatments. (1) There shall be provisions for timely delivery of necessary patient medications from a pharmacy so a physician's or legally authorized practitioner's orders for medication therapy can be implemented without undue delay.

(2) There shall be written policies and procedures providing for description of types of stock medications, procurement, storage, control, use, retention, release, and disposal of medications in accordance with applicable federal and state laws and regulations.

(a) There shall be adequate medication facilities providing for locked storage of all medications.

(b) There shall be a sink with hot and cold running water, other than the lavatory or sink in a toilet room, available.

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(c) Medications, including stock medications, shall be accessible only to authorized staff.

(d) Stock internal and external medicine and medications shall be stored apart from each other.

(e) Medicine or medications requiring special storage conditions shall be stored according to manufacturer's or pharmacist's directions.

(f) The inside temperature of the refrigerator where drugs are stored shall be maintained within a thirty-five to fifty degree Fahrenheit range. Medication stored in a refrigerator shall be enclosed in a container to separate the medications from food or other products.

(g) All medications shall be obtained and kept in containers labeled securely and legibly by a pharmacist, or in original containers labeled by the manufacturer, and shall not be transferred from the container except for preparation of a single dose for administration. A label on a container of medication shall not be altered or replaced except by a pharmacist.

(i) Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to a pharmacist for relabeling or disposal.

(ii) Medication in containers having no labels shall be destroyed.

(h) Any medication having an expiration date shall be removed from usage and destroyed immediately after the expiration date.

(i) All of an individual patient's medications left in the facility following discharge, transfer, or departure, except those released to the patient upon discharge and Schedule II controlled substances, shall be destroyed by authorized staff after departure of the patient or returned to a pharmacist for appropriate disposition.

(i) Medications or medicines shall be destroyed in the presence of a witness or by a pharmacist in such a manner that the medications cannot be retrieved, salvaged, or used; medications shall not be discarded with garbage or refuse.

(ii) For any medication destroyed, staff shall make an entry in the individual patient treatment record to include:

(A) Date;

(B) Name of medication;

(C) Strength of medication;

(D) Quantity of medication;

(E) Signature of staff who destroyed the medication; and

(F) Signature of staff who witnessed destruction.

(j) When staff who are legally authorized to administer medications are employed or available in an alcoholism treatment facility, a physician or legally authorized prescribing practitioner may provide an emergency drug or medication supply within a facility: *Provided*, That the following requirements are met:

(i) The emergency drug or medication supply shall be considered an extension of the physician's or prescribing practitioner's own drug or medication supply and remain his or her responsibility.

(ii) All drugs or medications for an emergency supply shall be kept in a separate, secure, locked, emergency drug drawer or cabinet or equivalent.

(iii) The emergency drug or medication supply shall be limited to medications needed for genuine medical emergencies, including the need for the medical management of an intoxicated person.

(iv) The quantity of any medication in a particular dosage strength shall be limited to a seventy-two hour supply determined by calculating the number of patients and the potential need for emergency medication.

(v) A list of drugs or medications to be kept in the emergency medication supply shall be available with the emergency medication supply.

(A) This list shall include the names and dosage strength of each medication, and be dated and signed by the physician or legally authorized prescribing practitioner.

(B) The emergency medication supply shall contain only those medications on this list.

(vi) There shall be a record of each medication removed or added to the emergency medication supply. This record shall include:

(A) Name and amount of medication removed or added;

(B) Date of removal or addition;

(C) Identification of the patient receiving a medication removed;

(D) Signature of staff removing or adding to the emergency medication supply.

(k) Medications listed as controlled substances in Washington shall be prohibited. This does not preclude individual patient prescriptions or medications kept in an emergency medication supply pursuant to WAC 248-26-060 (2)(j).

(l) The alcoholism treatment facility maintaining nonprescription medications in a first-aid supply shall establish policies and procedures for use of the first-aid supply, approved by signature of a legally authorized prescribing practitioner.

(3) Administration of medications and medical treatments. Policies and procedures shall be established for administration of medications, including self-administration, within each alcoholism treatment facility.

(a) There shall be an organized system designed to ensure accuracy in receiving, transcribing, and implementing orders for administration of medications and treatments.

(i) Orders for medications and treatments, including standing orders, used in the care of a patient shall be entered in the patient's treatment record and shall be signed by a physician or other legally authorized practitioner.

(ii) Orders for drugs and medical treatments shall include:

(A) Date ordered;

(B) Name of the medication or description of the treatment including the name of medication, solution, or other agent to be used in the treatment;

(C) Dosage, concentration, or intensity of a medication, solution, or other agent used;

(D) Route or method of administration;

(E) Frequency, time interval between doses, or duration of administration;

(F) Maximum number of doses or treatments to be administered;

(G) Circumstances for which the medication or treatment is to be administered; and

(H) Signature of the legally authorized prescribing practitioner.

(iii) A verbal or telephone order for the administration of medication or medications or medical treatment or treatments 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 immediately into the patient's treatment record.

(A) Data required under WAC 248-26-060 (3)(a)(ii);

(B) Name of the physician or legally authorized practitioner issuing the order;

(C) Signature of the licensed nurse receiving the order;

(D) Physician's or legally authorized practitioner's signature for such an order shall be obtained as soon as possible and not later than five days after receipt of the verbal or telephone order.

(iv) Persons administering medications and medical treatments to patients shall be qualified by training and legally permitted to assume this responsibility.

(v) Any medication administered to a patient shall be prepared, administered, and recorded in the patient's treatment record by the same person. This shall not be interpreted to preclude a physician's administration of a medication having been prepared for administration by a person assisting the physician in the performance of a diagnostic or treatment procedure or the administration of a single, properly labeled medication having been dispensed or issued from a pharmacy so the medication is ready to administer.

(b) Medications shall be administered or self-administered only as legally authorized through written order, approval, or prescription signed by a physician or other legally authorized practitioner or self-administered from a container in accordance with an appropriately affixed pharmacist-prepared label.

(c) Medications shall be administered by appropriately licensed personnel when they are not self-administered.

(d) Self-administration of drugs by a patient shall be in accordance with the following:

(i) The patient shall be physically and mentally capable of administering his or her own medication properly.

(ii) Any medication a patient has for self-administration in the facility shall have been ordered, approved, or prescribed by a legally authorized practitioner.

(iii) Prescription medications, over-the-counter medications purchased independently by the patient, and other medicinal materials used by a patient shall be kept in individual storage units within locked drawers, medicine cabinets, compartments, or equivalent. Access to all medications shall be controlled by authorized staff. Use of such medications and materials in each individual storage unit shall be restricted to the particular patient for self-administration.

(iv) Staff shall observe use of medications by each patient and record the observation in the patient's individual treatment record.

(e) Any medications used in the subacute detoxification service shall be self-administered only with observation of use of medication recorded in the individual treatment record by the staff of the alcoholism treatment facility.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-060, filed 8/3/84.]

WAC 248-26-070 Maintenance and housekeeping--Laundry. (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 patients' safety and well-being.

(2) The storage and disposal of garbage and refuse shall be by methods preventing conditions conducive to the transmission of disease or creation of a nuisance, breeding place for flies, or a feeding place for rodents.

(a) A separate, well-ventilated room or suitable outside area shall be provided for storage of garbage and refuse.

(b) Garbage and refuse storage containers shall be of leakproof, nonabsorbent construction with close fitting covers.

(c) Adequate cleaning facilities shall be provided.

(3) The alcoholism treatment facility shall be kept free from insects and rodents.

(4) The alcoholism treatment facility shall provide a utility sink or an equivalent means of obtaining and disposing of mop water in areas other than those used for food preparation or serving. Wet mops shall be stored in an area with adequate ventilation.

(5) Laundry.

(a) The alcoholism treatment facility shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods.

(b) Unless all laundry is sent out, every alcoholism treatment facility shall be provided with a laundry room equipped with laundry facilities.

(i) Laundry equipment shall be located in a separate room used for laundry, housekeeping, or storage of cleaning supplies and equipment.

(ii) Laundry equipment wash cycle shall have the capability of reaching a water temperature of one hundred forty degrees Fahrenheit.

(iii) The soiled linen storage and sorting area shall be in a well-ventilated area separate from clean linen handling and storage area.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-070, filed 8/3/84. Formerly WAC 248-22-540.]

WAC 248-26-080 Site and grounds. The alcoholism treatment facility shall be located in an area properly drained and served by at least one street that is usable under all weather conditions.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-080, filed 8/3/84. Formerly WAC 248-22-580.]

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WAC 248-26-090 Physical plant and equipment.

(1) Patients' sleeping rooms.

(a) There shall be at least eighty square feet of usable floor space in single-bed sleeping rooms and seventy square feet of usable floor space per bed in multiple bed sleeping rooms.

(i) No portion of a sleeping room having less than seven foot six inch ceiling height may be counted as part of the required area.

(ii) The maximum capacity of any patient sleeping room shall not exceed twelve beds.

(b) Each sleeping room shall be located to prevent through traffic and minimize the entrance of excessive noise, odors, and other nuisances.

(c) Only rooms having unrestricted direct access to a hallway, living room, outside, or other common-use area shall be used as sleeping rooms.

(d) Sleeping rooms shall be outside rooms with a clear glass window area in a vertical wall not less than one-tenth of the required floor area.

(i) Rooms shall not be considered to be outside rooms if such required window area is within ten 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 similar confining nature.

(ii) Windows designed to open shall operate freely.

(iii) Curtains, shades, blinds, or equivalent shall be provided at each window for visual privacy.

(e) A basement room may be used as a sleeping room provided the floor of the room is no more than three feet eight inches below the base of the window or windows, and there is adequate natural light. The grade shall extend ten feet out horizontally from the base of the window or windows.

(f) Each patient shall be provided with sufficient storage facilities, either in or convenient to his or her sleeping room, to adequately store a reasonable quantity of clothing and personal possessions.

(g) Sleeping rooms, furniture, and furnishings.

(i) Each patient shall be provided a comfortable bed not less than thirty-six inches wide, with a mattress in good condition.

(ii) To be acceptable, a patient's bed shall be a sturdy, nonfolding type, at least thirty-six inches wide and length appropriate to the height of the patient.

(iii) Room design and size shall be adequate to accommodate patient beds spaced three feet apart.

(iv) Sleeping rooms shall be provided with adequate furnishings including one chair per bed available in the facility.

(2) Toilet and bathing facilities.

(a) On each level there shall be one toilet and one lavatory for each eight persons or fraction thereof.

(b) There shall be one bathing facility for each twelve persons or fraction thereof residing in the facility.

(c) The word "persons" used in subsection (2)(a) and (b) of this section includes all patients and staff members not having private toilet and bathing facilities for their exclusive use.

(d) There shall be a lavatory in each toilet room unless the toilet room adjoins a single patient room containing a lavatory.

(e) Each toilet and each bathing facility shall be enclosed in a separate room or stall, with a door or curtain for privacy. One toilet may be permitted in a room containing a single bathing facility. When a room contains more than one toilet or one bathing facility, it shall be used by one sex only.

(f) Grab bars shall be securely mounted at toilets and bathing facilities in such numbers and in such locations that accidental falls will be minimized minimally to include:

(i) One grab bar at each bathing facility.

(ii) One grab bar appropriately mounted at each toilet.

(3) Patient dining, living, and therapy rooms.

(a) The alcoholism treatment facility shall have two or more rooms suitably furnished to accommodate patients' dining, social, educational and recreational activities, group therapy, and staff meetings. At least one of these rooms shall be an outside room with a window or windows.

(i) An adequate dining area shall be provided with capacity to seat at least fifty percent of the patients at each meal setting.

(ii) If a multipurpose 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 twenty-five 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 providing privacy for interviewing and counseling of patients on an individual basis. Additional rooms shall be provided in a ratio of 1:12 patient beds or major fraction thereof.

(4) Medical examination room. If there is regular provision for a medical practitioner to perform physical examinations of patients within the facility, there shall be an examination room in the 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 readily accessible to the examination room.

(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 supplies and equipment, there shall be facilities designed and equipped for washing, disinfection or sterilization, storage, and other handling of supplies and equipment in a manner ensuring segregation of clean and sterile supplies and equipment from those that are contaminated, soiled, or used.

(6) Storage facilities. There shall be sufficient, suitable storage facilities to provide for storage of clean linen and other supplies and equipment under sanitary conditions.

(7) 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.

(8) 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) Ramp surfaces and stairway treads shall be of nonslip materials.

(9) Communications. 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 fire or other emergency.

(10) Lighting.

(a) Lighting in all areas of the facility shall provide adequate illumination.

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

(c) General lighting shall be provided for sleeping rooms.

(d) Emergency lighting equipment, such as flashlights or battery-operated lamps, shall be available and maintained in operating condition.

(11) Heating-temperature.

(a) The alcoholism treatment facility shall be equipped with an approved heating system capable of maintaining a healthful temperature. Use of portable space heaters is prohibited unless approved in writing by the Washington state fire marshal.

(b) Temperature shall be maintained at a healthful level and not less than sixty-five degrees Fahrenheit.

(12) 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, and other rooms in which excessive moisture, odors, or contaminants originate, shall be provided with mechanical exhaust ventilation.

(13) Water supply. Hot and cold water under pressure shall be readily available at all times.

(a) Water used for domestic purposes shall meet the standards of the department as described in chapter 248-54 WAC.

(b) Cross connections of any kind are prohibited.

(c) In the event an unsafe or nonpotable water supply is used for irrigation, fire protection, or other purposes, the system shall be adequately color-coded or labeled to lessen any chance of water use for domestic purposes.

(d) Hot water at lavatories, bathtubs, and showers used by patients shall not exceed one hundred twenty degrees Fahrenheit.

(14) Sewage disposal system. All sewage shall be discharged into a public sewage 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 approved by the appropriate local health department.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-090, filed 8/3/84. Formerly WAC 248-22-590.]

WAC 248-26-100 Special additional requirements for facilities providing alcoholism detoxification service.

(1) When an alcoholism detoxification service is located in an alcoholism treatment facility, it shall be designated as either an acute detoxification service or a subacute detoxification service.

(2) Acute detoxification services shall provide:

(a) Initial medical screening and ongoing nursing assessments of each patient with transfer to an appropriate hospital when signs and symptoms of a serious illness or severe trauma exist.

(b) Nursing services as described in WAC 248-26-050(4) with the following additional requirements:

(i) When there is not a need for full-time services of a registered nurse, part-time registered nurse supervision is acceptable, provided such a supervisor is on duty within the facility at least four hours each week.

(ii) At least one staff member, qualified to provide nursing observation and care needed by patients during detoxification, shall be on duty in the facility at all times.

(A) "Qualified" shall include training and approval by the responsible registered nurse supervisor to provide physiological and psychological observation and care as required.

(B) When a licensed nurse is not on duty, a registered nurse shall be on call who shall come to the alcoholism treatment facility when indicated.

(iii) Continuing observation of each patient's condition shall be by persons competent to recognize and evaluate significant signs and symptoms and to take appropriate action.

(A) Frequency of observation shall correspond with degrees of acuity, severity, and instability of patient's condition with at least one written note on patient condition every eight hours in each individual patient treatment record.

(B) Observation of significant signs and symptoms indicative of abnormality, adverse change, or favorable progress including vital signs, motor and sensory abilities, behavior, and discomfort.

(C) Observations shall be recorded and signed by the person making the observation.

(D) Significant adverse signs and symptoms shall be appropriately reported to a physician with nature of the report and time noted in the patient's treatment record.

(3) Subacute detoxification services shall provide:

(a) Screening of patients by a person knowledgeable about alcoholism and trained and skilled in recognition of significant signs and symptoms of illness or trauma.

(b) Continuing observation of each patient's condition by persons competent to recognize and evaluate significant signs and symptoms and to take appropriate action.

(i) Frequency of observation shall correspond to degree of acuity, severity, and instability of patient's condition with appropriate documentation in the individual treatment record;

(ii) Observation of significant signs and symptoms indicative of abnormality, adverse change, or favorable progress including vital signs, motor and sensory abilities, behavior, and discomfort.

(iii) Observations shall be recorded and signed by the person making the observation.

(c) Personnel on duty having valid, current first-aid and cardiopulmonary resuscitation certificates.

(d) Medication shall not be provided or administered by personnel in the distinct part of the alcoholism treatment facility where subacute detoxification service is located.

(e) A written plan or policies and procedures for management of patient-owned medications to include:

(i) Method of verification of need for patient to continue a medication while in subacute detoxification;

(ii) Method of verification that medication is correct (as labeled);

(iii) Security of patient-owned medication while in the facility;

(iv) Disposition of patient-owned medications when patient leaves; and

(v) Observation and documentation of patient use of any medication in the individual treatment record.

[Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-100, filed 8/3/84. Formerly WAC 248-22-550.]

Chapter 248-27 WAC

HOME HEALTH AGENCY REGULATIONS

WAC

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WAC 248-27-001 Purpose. The purpose of these rules and regulations is to establish standards for operation of certified home health agencies. These rules are promulgated pursuant to chapter 70.126 RCW directing the department of social and health services to adopt rules establishing standards for certification of home health care agencies.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-001, filed 8/3/84.]

WAC 248-27-002 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Administrator" means a person managing and responsible for the day-to-day operation of each certified home health agency who has at least one year of administrative experience and/or training.

(2) "Ambulance" means a vehicle defined and licensed pursuant to chapter 18.73 RCW, Emergency medical care and transportation services, and chapter 248-17 WAC, Ambulance rules and regulations.

(3) "Bylaws or equivalent" means a set of rules adopted by a home health care agency for governing the agency operation.

(4) "Branch office" means an extension of the home health agency providing the same home health care services as the home health care agency. Each branch office is located within thirty miles or one hour travel time by car from the home health agency unless the branch office demonstrates, to the satisfaction of the department, the ability to share administration and supervision of home health care services on a daily basis with the home health agency. Branch offices share administration and supervision of direct home health care services in a manner rendering it unnecessary for the branch office to independently meet the requirements of chapter 248-27 WAC.

(5) "Certification" means a formal initial and periodic evaluation of a home health care agency by the department which may result in issuance of written approval, in the form of a certificate, signifying operation of that agency is in accordance with standards of the department pursuant to chapter 70.126 RCW and chapter 248-27 WAC.

(6) "Clinical-progress note" means a written, dated notation of each contact with a patient containing a description of signs and symptoms, treatments, medications given, the patient reaction, any changes in physical or emotional condition, and other pertinent information.

(7) "Department" means the department of social and health services.

(8) "Governing body" means the individual or group with responsibility and authority to establish policies related to operation of a home health agency.

(9) "Home health agency" means a private or public agency or organization administering and providing home health care and certified by the department of social and health services as a home health care agency, pursuant to chapter 70.126 RCW.

(10) "Home health aide" means a person employed by a home health agency providing part-time or intermittent care of home health agency patients under the supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist. Such care includes ambulation and exercise, assistance with medications ordinarily self-administered, reporting changes in patients' conditions and needs, completing appropriate records, and personal care or household services needed to achieve the medically desired results.

(11) "Home health care" means services, supplies, and medical equipment meeting the standards of RCW 70.126.020 and chapter 248-27 WAC, prescribed and authorized by the attending physician, provided through a home health agency and rendered to patients in their

residences when hospitalization would otherwise be required.

(12) "Legend drugs" means any drugs required by any applicable federal or state law or regulation to be dispensed on prescription only or restricted to use by practitioners only.

(13) "Licensed practical nurse" means an individual licensed as a practical nurse under provisions of chapter 18.78 RCW, Practical nurses.

(14) "May" means permissive or discretionary on the part of the department.

(15) "Occupational therapist" means an individual licensed as a registered occupational therapist pursuant to RCW 18.____.

(16) "Owner" means the individual, partnership, corporation, or legal successor thereof, applying for department certification or recertification or renewal of certification of a home health agency and providing evidence of intent and ability to comply with standards pursuant to chapter 70.126 RCW and chapter 248-27 WAC.

(17) "Personnel" means employees, individuals, and groups providing patient care on behalf of a home health agency.

(a) "Direct personnel" means employees and those individuals providing patient care in behalf of a home health agency on a per visit basis or any other individual home health agency employment agreement which shall require home health agency responsibility for orientation, job descriptions, specifying qualifications, screening of applicants appropriate to fill positions, and administrative and professional evaluation.

(b) "Other personnel" means those individuals providing patient care and functioning according to a contract or written agreement between the home health agency and another organization or agency, with the contract specifying all individual deliverers of patient care meet qualifications required for the job to be done with professional evaluation by the contractee.

(18) "Physical therapist" means an individual practicing physical therapy as defined in chapter 18.74 RCW, Physical therapy, under the prescription and direction of a physician.

(19) "Physician" means an individual currently licensed as a physician pursuant to chapter 18.71 RCW or an osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(20) "Plan of treatment" means a written plan of care established and periodically reviewed and signed by a physician that describes medically necessary home health care to be provided to a patient for treatment of illness or injury.

(21) "Professional advisory group" means a group including at least one physician and one registered nurse and professionals from other disciplines representing the scope of services provided by the home health agency. At least one-third of the members shall be neither owners nor employees of the home health agency.

(22) "Registered nurse" means an individual currently licensed pursuant to chapter 18.88 RCW, Registered nurses.

(23) "Respiratory therapist" means an individual certified (CRTT) or registered (RRT) as defined and prescribed in *Information about NBRC*, National Board of Respiratory Care, 11015 West 75th Terrace, Shawnee Mission, Kansas 66214, 1983.

(24) "Shall" means compliance is mandatory.

(25) "Social worker" means a person having a masters degree from a college of social work accredited by the council on social work education and having completed one year of social work experience in a health care setting.

(26) "Speech therapist" means a person:

(a) Meeting the education and experience requirements for a certificate of clinical competence in the appropriate area of speech pathology or audiology, granted by the American speech, language, and hearing association as described in *The ASHA Directory*, American Speech, Language and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, 1983; or

(b) Meeting the education requirements for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in *The ASHA Directory*, 1983.

(27) "Summary report" means a written, dated notation summarizing facts about home health care given, patient response to home health care, and coordination of home health care.

(28) "Supervision" means authoritative procedural guidance by a qualified person who assumes the responsibility for the accomplishment of a function or activity and who provides initial direction and periodic inspection of the actual act of accomplishing the function or activity.

(29) "Therapy services" means those services delivered by any deliverer of care listed in RCW 70.126.020 (1)(a) and 70.126.020 (2)(a), (b), (c), and (d).

(a) "Required therapy services" means, for purposes of meeting certification requirements, those services delivered by at least one of the following in addition to a registered nurse: Physical therapist, occupational therapist, speech therapist, or home health aide on a part-time or intermittent basis pursuant to RCW 70.126.020 (1)(a).

(b) "Additional therapeutic services" means, for purposes of meeting certification requirements, those services delivered by licensed practical nurses, respiratory therapists, social workers, and ambulance: *Provided*, That these services are medically necessary, ordered by the attending physician, and included in the plan of treatment.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-002, filed 8/3/84.]

WAC 248-27-010 Certification of the home health agency. (1) An application for home health agency certification shall be submitted on forms furnished by the department, accompanied by the fee. Applications shall be signed by the owner or designated agent.

(a) The applicant shall furnish to the department full and complete information as required by the department for the proper administration of these requirements.

(b) Fees established by the department shall be paid as required in RCW 43.20A.055 and chapter 440-44 WAC.

(2) The department may at any time inspect those parts of the premises of the home health agency and examine those records necessary to determine compliance with this chapter, pertaining to home health agency state certification requirements pursuant to chapter 70.126 RCW and chapter 248-27 WAC.

(a) The certificate shall be valid for a maximum of twenty-four months,

(b) Each certificate shall be issued for the home health agency including branch offices, and

(c) The certificate shall not be transferable or assignable.

(3) A home health agency certificate may be denied, suspended, or revoked for failure to comply with chapter 70.126 RCW or chapter 248-27 WAC. Any action to deny, suspend, or revoke certification shall comply with chapter 34.04 RCW, Administrative Procedure Act.

(4) When a change of ownership is planned, the owner shall notify the department at least thirty days prior to the date of transfer.

(a) The notification shall be written and contain the following information:

(i) Full name of the current owner and prospective new owner,

(ii) Name and address of the home health agency, and

(iii) The date of the proposed change of ownership.

(b) The prospective new owner shall submit a new application for home health certification with the fee at least thirty days prior to the change of ownership.

(c) A new home health agency certification shall be issued only following approval of the application by the department.

(5) The home health agency shall inform the department at the time of opening or closing of branch offices.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-010, filed 8/3/84.]

WAC 248-27-020 General requirements. (1) Organization, services provided, administrative control, and lines of authority for the delegation of responsibility to the patient care level shall be clearly set forth in writing and readily identifiable.

(a) Administrative and supervisory functions shall not be delegated to another agency or organization.

(b) All services not provided directly shall be monitored and controlled by the home health agency, including services provided through branch offices.

(2) Part-time or intermittent registered nurse services and at least one other required therapy service shall be made available on a visiting basis, in a place of residence used as a patient's home.

(a) A home health agency shall provide part-time or intermittent registered nursing primarily through use of direct personnel.

(b) Additional therapy services may be provided through direct personnel or other personnel: *Provided*, That all services are monitored and controlled pursuant to WAC 248-27-020 (1)(a) and (b).

(3) The home health agency shall, as applicable under a written plan of treatment, provide home health care which shall include assisting the patient with arrangements for obtaining drugs, supplies, and equipment pursuant to RCW 70.126.020 (1)(b)(i), (ii), and (iii).

(4) Registered nurse and therapy services offered by the home health agency shall be:

- (a) Ordered by the attending physician,
- (b) Included in the physician-approved plan of treatment, and
- (c) Provided or delivered by individuals described or defined in RCW 70.126.020 (1)(a), (2)(a), (b), (c), and (d) and chapter 248-27 WAC.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-020, filed 8/3/84.]

WAC 248-27-030 Governing body--Administration.

(1) There shall be a governing body assuming authority and responsibility for:

- (a) Establishing policy related to safe, adequate patient care and operation of the agency;
- (b) Appointing an administrator;
- (c) Arranging for professional services;
- (d) Adopting and periodically reviewing written by-laws or an acceptable equivalent;
- (e) Overseeing the management and fiscal affairs of the agency; and
- (f) Assuring written annual evaluation of the clinical programs.

(2) The administrator, when qualified, may also function as the supervising physician or registered nurse, and shall:

- (a) Organize and direct the agency's ongoing functions;
- (b) Maintain ongoing liaison among the governing body, the professional advisory group, and the staff;
- (c) Employ qualified personnel and ensure adequate staff education and evaluation;
- (d) Ensure the accuracy of public information materials and activities;
- (e) Implement an effective budgeting and accounting system; and
- (f) Authorize in writing a qualified alternate to act in his or her absence.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-030, filed 8/3/84.]

WAC 248-27-040 Personnel. (1) Personnel practices shall be supported by written personnel policies.

(2) Personnel records shall include:

- (a) Job descriptions, including minimum qualifications for position;
- (b) Qualifications of direct personnel;
- (c) Evidence of current licensure when applicable;
- (d) Performance evaluations;
- (e) Evidence of annual cardiopulmonary resuscitation training for registered nurses and personnel providing therapy services;
- (f) Evidence of review of agency policy and procedures related to abuse and neglect of children and adults

for registered nurses and personnel providing therapy services; and

(g) Health records minimally to include evidence of one tuberculin skin test by the Mantoux method unless medically contraindicated, with specifications as follows:

(i) Upon employment, each person expected to have contact with patients shall have or provide documented evidence of a tuberculin skin test by the Mantoux method.

(ii) When the skin test is negative (less than ten millimeters of induration), no further tuberculin skin testing shall be required.

(iii) A positive skin test consists of ten millimeters or more of induration read at forty-eight to seventy-two hours.

(iv) Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specific requirements follow:

(A) Results of skin tests, report of x-ray findings or exemptions to such shall be maintained in the home health agency.

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

(3) Personnel with a communicable disease in an infectious stage shall not provide direct patient care.

(4) There shall be documentation of orientation of direct personnel to home health agency standards and policies and procedures.

(5) Each home health agency shall provide evidence direct personnel are provided opportunities for ongoing education related to safe, current practice.

(6) If personnel are provided by arrangement with another agency, there shall be a written contract between the agencies. If personnel under hourly or per visit contracts are utilized by a home health agency, there shall be a written contract between each entity and the home health agency. All contracts with other agencies or entities shall clearly designate:

(a) Patients are accepted for home health care only by the home health agency,

(b) Services to be provided;

(c) Necessity to conform to all applicable home health agency policies, including personnel qualifications;

(d) Responsibility for participating in developing plans and treatment and case conferences;

(e) Responsibility for supervision of home health aides, when appropriate;

(f) The manner in which services will be controlled, coordinated, and evaluated by the home health agency;

(g) Procedures for submitting clinical progress notes, summary reports, scheduling of visits, periodic patient assessment; and

(h) Procedures for determining charges and reimbursement.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-040, filed 8/3/84.]

WAC 248-27-050 Professional advisory group. There shall be a professional advisory group:

(1) Advising the home health agency on clinical issues,

(2) Assisting the home health agency to maintain liaison with other health care providers in the community,

(3) Participating in the annual agency evaluation with recommendations forwarded to the governing body for home health agency policies related to:

- (a) The scope of services offered,
- (b) Admission and discharge,
- (c) Medical supervision and plans of treatment,
- (d) Clinical policies,
- (e) Infection control policies,
- (f) Emergency and safety policies,
- (g) Clinical records,
- (h) Clinical personnel qualifications, and
- (i) Quality assurance and utilization review mechanisms.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-050, filed 8/3/84.]

WAC 248-27-060 Quality assurance—Utilization review—Evaluation. (1) Each home health agency shall have written policies requiring an annual overall evaluation of the agency's total program including the quality assurance program and utilization review.

(2) The annual evaluation of the home health agency shall be the responsibility of the governing body with participation of the professional advisory group and home health agency staff and consumers, or by persons outside of the agency representing the scope of clinical programs working in conjunction with consumers.

(3) The home health agency annual evaluation shall include assessment of the appropriateness, adequacy, effectiveness, and efficiency of the agency with collection, review, and evaluation of data minimally to include:

- (a) Number of patients receiving each service offered,
- (b) Number of patient visits with breakdown by total number of visits by each discipline,
- (c) Length or duration of services per patient with reasons for discharge,
- (d) Breakdown by diagnosis,
- (e) Sources of referral,
- (f) Number of patients provided assessment-only visits with reasons for not continuing home health care, and
- (g) Total clinical personnel hours for each registered nurse and therapy service provided.

(4) Results of the home health agency evaluation shall be reported in writing to the governing body with reports maintained separately as administrative records and acted upon by those responsible for operation of the agency.

(5) At least quarterly, appropriate health professionals representing at least the scope of the program shall review a sample of both active and closed clinical records to determine established policies have been followed in providing direct personnel services as well as other personnel services with a written report of findings as a part of administrative files.

(a) An appropriate sample shall consist of ten percent of both active and closed clinical records for any defined consecutive twelve-month period unless the home health

agency demonstrates, to the satisfaction of the department, a sample of fewer records is appropriate.

(b) The quarterly sample shall include records involving the various services provided in proportion to the numbers of patients receiving such services.

(c) In instances where a patient is receiving two or more services, that record may be included in the sample of each service.

(d) The review shall address:

- (i) Physician review of plan of treatment at appropriate intervals;
- (ii) Presence of written, physician-signed orders;
- (iii) Appropriateness of patient plan of treatment and care to diagnosis and patient needs;
- (iv) Correlation of frequency of visits with plan of treatment;
- (v) Unmet patient needs at time of discharge; and
- (vi) Problem cases.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-060, filed 8/3/84.]

WAC 248-27-070 Patient care policies and procedures. (1) There shall be written patient care policies and procedures designed to guide personnel minimally to include:

- (a) Infection control;
- (b) Emergency care, patient safety, and patient or other death;
- (c) Abuse or neglect pursuant to chapter 26.44 RCW;
- (d) Safety, cleanliness, and maintenance of equipment and supplies provided or utilized by the home health agency;
- (e) Admission, transfer, and discharge of patients;
- (f) Management and handling of patient-owned drugs in the patient's place of residence; and
- (g) Termination of service and advising patient of termination of service.

(2) Written approval shall be obtained from the Washington state board of pharmacy for any home health agency distributing legend drugs from an inventory of such drugs maintained or stored by the home health agency. Said written approval shall be available in the home health agency.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-070, filed 8/3/84.]

WAC 248-27-080 Supervision and coordination of clinical services. (1) The registered nurse and therapy services provided shall be supervised and directed by a physician or a registered nurse having been a practicing registered nurse or physician for at least one year and employed by the home health agency. This person or similarly qualified registered nurse or physician shall be available at all times during operating hours and participate in all activities relevant to the clinical services provided including:

- (a) Development of qualifications for employment and assignment of clinical personnel,
- (b) Development and revision of written patient care objectives and patient care policies related to each service rendered by the agency, and

(c) Planning and implementation of orientation and training for clinical services.

(2) Liaison among registered nurse and therapy service personnel providing home health care for each patient shall be maintained so that efforts effectively complement one another and support objectives outlined in the plan of treatment with documented evidence of coordination of services to include:

- (a) Reports in clinical records,
- (b) Reports of case conferences,
- (c) Reports of other interdisciplinary communication, and

(d) A written summary report for each patient which shall be forwarded to the attending physician at least every sixty days or when patient condition indicates the need to communicate change and at discharge.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-080, filed 8/3/84.]

WAC 248-27-090 Acceptance--Medical supervision--Plan of treatment. (1) Patients shall be accepted for treatment on the basis of a reasonable expectation that the patient's plan of treatment can be implemented adequately by the agency in the patient's place of residence.

(2) Home health care shall follow a written plan of treatment approved and periodically reviewed by a physician.

(3) A plan of treatment shall be developed in consultation with home health agency personnel to cover all pertinent diagnoses including:

- (a) Mental status;
- (b) Types of services and equipment required;
- (c) Frequency of visits;
- (d) Prognosis;
- (e) Rehabilitation potential;
- (f) Functional limitations;
- (g) Activities permitted;
- (h) Nutritional requirements;
- (i) Medications and treatments;
- (j) Any safety measures to protect against injury;
- (k) Instructions for timely discharge or referral;
- (l) Any other appropriate items, e.g., laboratory procedures, and any contraindications or precautions to be observed; and

(m) Specific objectives and plans for implementation.

(4) If a physician refers a patient under a plan of treatment not completed until after an evaluation visit, the physician shall be consulted to approve additions or modifications to the original plan.

(5) The plan of treatment shall include the specific procedures and modalities to be used and the amount, frequency, and duration.

(6) The total plan of treatment shall be reviewed by the attending physician and home health agency personnel as often as severity of a patient's condition requires, but at least once every sixty days.

(7) Home health agency clinical personnel shall promptly alert the physician to any changes suggesting a need to alter the plan of treatment.

(8) Drugs and treatments, when administered by home health agency personnel, shall be administered by legally authorized personnel and as ordered by the attending physician.

(9) Verbal or phone orders issued by a physician shall be received only by authorized personnel.

(a) Orders shall be immediately recorded by the nurse or therapist accepting the order.

(b) Counter-signature of the physician shall be obtained.

(10) Suspected drug allergies, adverse reactions to drugs, or other problems related to patient use of drugs shall be promptly reported to the attending physician.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-090, filed 8/3/84.]

WAC 248-27-100 Nursing and therapy services--Functions. (1) The home health agency shall provide services of registered nurses directly and therapy services directly, or under arrangement, which are:

(a) Delivered or provided by a registered nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, social worker, respiratory therapist, or home health aide as defined in WAC 248-27-002;

(b) Supervised by registered nurse or physician pursuant to WAC 248-27-002 and 248-27-080;

(c) Ordered by the attending physician; and

(d) Provided in accordance with the approved plan of treatment pursuant to WAC 248-27-002 and 248-27-090.

(2) Functions of registered nurses, physical therapists, occupational therapists, speech therapists, and respiratory therapists include:

(a) Initial evaluation visit, appropriate to service prescribed by physician;

(b) Initiation and/or participation in development of a plan of treatment, revising as necessary;

(c) Provision of services in accordance with home health agency policy and procedures;

(d) Direct provision of those services requiring substantial and specialized nursing or therapy skills;

(e) Initiation of appropriate preventive and rehabilitative nursing or therapy procedures;

(f) Participation in inservice programs and consultation with other agency personnel;

(g) Participation in case conferences or other processes used to coordinate patient care;

(h) Teaching and counseling patients and family to meet patient needs identified in plan of treatment;

(i) Regular reevaluation of patient nursing or therapy needs;

(j) Preparation of clinical progress notes and summary reports;

(k) Informing the attending physician, other personnel, and supervising registered nurse or physician of changes in the patient's condition and needs;

(l) Participation in discharge planning;

(m) Development of written directions or plan of care for use by home health aide, when home health aides are ordered by the physician; and

(n) Supervision and orientation of home health aide to assure safe, therapeutic patient care.

(3) Functions of licensed practical nurses shall be in accordance with home health agency policies and chapter 18.78 RCW.

(4) Social services, when provided, shall be provided by or under supervision of a social worker, as ordered by the attending physician, and in accordance with the plan of treatment. Those providing social services under supervision of a social worker shall hold a baccalaureate degree in social work or psychology or other field related to social work and shall have one year social work experience in a health care setting. Social service functions include:

(a) Assisting and consulting with patient, family, physician, personnel, and appropriate community agencies to increase understanding of significant social and emotional factors related to health or medical problems of the patient;

(b) Participation in development of the plan of treatment, case conferences, and other processes used to coordinate patient care;

(c) Identification, mobilization, and utilization of appropriate community resources;

(d) Participation in discharge planning;

(e) Participation in inservice programs; and

(f) Preparation of clinical progress notes and/or summary reports.

(5) Home health aide services, when appropriate, shall be:

(a) Included in the plan of treatment;

(b) Provided by a home health aide following specific written instructions;

(c) Under the supervision of the home health agency and a registered nurse, physical therapist, occupational therapist, or speech therapist with:

(i) Documented orientation of the home health aide to the specific home health care of each patient, and

(ii) Evidence of supervision by the appropriate registered nurse or therapist at least every two weeks.

(d) Provided by a home health aide who can follow written and oral directions and prepare reports.

(e) There shall be evidence of a home health agency orientation and training to include:

(i) Functions and responsibilities of a home health aide;

(ii) Purpose and goals of the home health agency;

(iii) Documentation and record keeping;

(iv) Rights of people receiving care in their homes;

(v) Ethics and confidentiality;

(vi) Personal care activities and simple nursing or therapy procedures including when and to whom to report any change in patient condition;

(vii) Promotion of a safe, clean, healthful environment;

(viii) Emergency procedures; and

(ix) Assistance with medications ordinarily self-administered by the patient, with assistance limited to:

(A) Communication of appropriate information to the patient regarding self-administration, and

(B) Presenting a patient-owned, pharmacist, or manufacturer prepared, unopened, original medication container to the patient.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-100, filed 8/3/84.]

WAC 248-27-120 Clinical records. (1) A clinical record shall be maintained in accordance with accepted professional standards and shall contain:

(a) Pertinent past and current findings;

(b) Plan of treatment;

(c) Appropriate identifying information;

(d) Name of attending physician;

(e) Drug, dietary, treatment, and activity orders;

(f) Signed and dated summary reports; and

(g) Signed and dated clinical progress notes:

(i) Written on the day service is rendered, and

(ii) Incorporated in the clinical record within one week from the day service was rendered or more frequently.

(2) Clinical records shall be retained or information readily retrievable in Washington state for a period of no less than ten years following the most recent discharge of the patient from home health agency care.

(3) Records of minors shall be retained and preserved for a period of no less than three years following attainment of age eighteen years, or ten years following discharge from home health agency care, whichever is longer.

(4) There shall be policies specific to retention and disposition of clinical records.

(a) If a home health agency discontinues operation, arrangements shall be made to preserve clinical records with the plan for such arrangements approved by the department prior to cessation of operation.

(b) Final disposal of clinical records or patient care data shall be accomplished in such a manner that retrieval and subsequent use of information are impossible.

(c) In the event of patient transfer to another home health agency or to a health care facility, a copy of the clinical record or an abstract and a copy of the most recent summary report shall accompany the patient. When patients are transferred without notification of the home health agency, a copy or abstract shall be forwarded upon notification and as soon as possible.

(5) Clinical record information shall be safeguarded against loss or unauthorized use.

(a) There shall be written procedures governing use and removal of records and conditions for release of information.

(b) Release of information not authorized by law shall require prior written consent of the patient, in accordance with written policy of the home health agency.

[Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-120, filed 8/3/84.]

**Chapter 248-29 WAC
CHILDBIRTH CENTERS**

WAC

248-29-001	Purpose.
248-29-010	Definitions.
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248-29-030	Governing body and administration.
248-29-040	Personnel, clinical staff, and volunteers who work directly with clients.
248-29-050	Birth center policies and procedures.
248-29-060	Birth center equipment and supplies.
248-29-070	Records.
248-29-080	Pharmaceuticals.
248-29-090	Birth center—Physical environment.

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 18.46.060. 86-04-031 (Order 2338), § 248-29-001, filed 1/29/86. 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 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 or persons 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 transition and stabilization.

(7) "Client" means a woman, fetus, and newborn receiving care and services provided by a birth center during pregnancy and childbirth and recovery.

(8) "Clinical staff" means physicians and midwives appointed by the governing body to practice within the birth center and governed by rules approved by the governing body.

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

(10) "Governing body" means the person or persons responsible for establishing and approving the purposes and policies of the childbirth center.

(11) "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, mental 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.

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

(13) "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 childbirth and infant care education program;

(c) Has no major medical problems;

(d) Has no previous major uterine wall surgery, caesarean section, or obstetrical complications likely to recur;

(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-eight years of age unless a justification for a variation is documented by clinical staff;

(g) Is not less than sixteen years of age unless a justification for variation for ages fourteen through fifteen only is documented by clinical staff;

(h) Has no significant signs or symptoms of pregnancy-induced hypertension, polyhydramnios or oligohydramnios, abruptio placenta, chorioamnionitis, multiple gestation, intrauterine growth retardation, meconium stained amniotic fluid, fetal complications, or substance abuse;

(i) Demonstrates no significant signs or symptoms of anemia, active herpes genitalis, pregnancy-induced hypertension, placenta praevia, malpositioned fetus, or breech while in active labor;

(j) Is in labor, progressing normally;

(k) Is without prolonged ruptured membranes;

(l) Is not in preterm labor nor postterm gestation;

(m) Is appropriate for a setting where analgesia is limited; and

(n) Is appropriate for a setting where anesthesia is used in limited amounts and limited to local infiltration of the perineum or pudendal block.

(14) "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 and regulation."

(15) "Midwife" means an individual recognized by the Washington state board of nursing as a certified nurse midwife as provided in chapter 18.88 RCW, chapter 308-120 WAC, or an individual possessing a valid, current license to practice midwifery in the state of Washington as provided in chapter 18.50 RCW.

(16) "New construction" means any of the following:

(a) New buildings to be used as a birth center;

(b) Addition or additions to an existing building or buildings to be used as a childbirth center;

(c) Conversion of existing buildings or portions thereof for use as a childbirth center;

(d) Alterations or modifications other than minor alterations.

"Minor alterations" means any structural or physical 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 review of the department; however, this does not constitute a release from other applicable requirements.

(17) "Personnel" means individuals employed by the birth center.

(18) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, "Physicians," or chapter 18.57 RCW, "Osteopathy—Osteopathic medicine and surgery."

(19) "Registered nurse" means an individual licensed under the provision of chapter 18.88 RCW, "Registered nurses," who is practicing in accordance with the rules and regulations promulgated thereunder.

(20) "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.

(21) "Shall" means compliance is mandatory.

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

(23) "Support person" means the individual or individuals selected or chosen by a maternal client to provide emotional support and to assist her during the process of labor and childbirth.

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

(25) "Volunteer" means an individual who is an unpaid worker in the birth center, other than a support person.

(26) "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 18.46.060. 86-04-031 (Order 2338), § 248-29-010, filed 1/29/86. 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 as established by the department under RCW 43.20A.055: *Provided*, That 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 childbirth 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) Applications for renewal shall be on forms provided by the department and shall be filed with the department not less than ten days prior to expiration.

(ii) Each application for renewal shall be accompanied by a license fee as established by the department under RCW 43.20A.055.

(iii) The department shall inspect and investigate each childbirth center as needed and at least annually to determine compliance with standards herein (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 34.04 RCW.

(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 the building or buildings on the site; the plans for each floor of each building, 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 each building which designate the function of each room and show all fixed equipment and the planned location of beds and other furniture;

(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 18.46.060. 86-04-031 (Order 2338), § 248-29-020, filed 1/29/86; 83-07-016 (Order 255), § 248-29-020, filed 3/10/83. 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.

(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 and in the quality assurance program.

(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 a quality assurance audit on a regular basis to review cases, minimally to include ongoing compliance with rules in chapter 248-29 WAC.

[Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-030, filed 1/29/86. 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 clients. (1) There shall be sufficient, qualified personnel and clinical staff to provide the services needed by clients and for safe maintenance and operation of the birth center.

(2) A physician qualified by training and experience in obstetrics and gynecology with admitting privileges to a community hospital shall be immediately available by phone twenty-four hours a day.

(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 and documented ability to perform infant and adult 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 18.46.060, 86-04-031 (Order 2338), § 248-29-040, filed 1/29/86. 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 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, including sentinel birth defect reporting pursuant to RCW 70.58.320 and chapter 248-164 WAC, as now or as hereafter amended.

(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 seventh and tenth 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 be kept in the facility and include documented evidence of a tuberculin skin test by the Mantoux method upon employment. A copy of the health record shall be given to each employee upon termination of employment. A nonsignificant skin test is defined as less than 10mm induration read at forty-eight to seventy-two hours. A significant skin test is defined as 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. Exemptions and specific requirements are as follows:

(a) New employees who can document a positive Mantoux test in the past shall be excluded from screening;

(b) Those with positive skin tests and abnormal chest x-ray for tuberculosis shall complete the recommended course of preventive or curative treatment, as determined by the local health officer;

(c) Employees with any communicable disease in an infectious stage shall not be on duty.

[Statutory Authority: RCW 18.46.060, 86-04-031 (Order 2338), § 248-29-050, filed 1/29/86; 83-07-017 (Order 256), § 248-29-050, filed 3/10/83. Statutory Authority: RCW 43.20.050, 82-06-011 (Order 226), § 248-29-050, filed 2/22/82; 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. Additionally, newborn equipment shall include appropriate laryngoscopes and endotracheal tubes;

(e) Firm surfaces suitable for resuscitation;

(f) Fetal monitoring equipment, minimally to include a fetoscope or electronic monitor;

(g) 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 18.46.060. 86-04-031 (Order 2338), § 248-29-060, filed 1/29/86. 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 and, if applicable, a sentinel birth defect report.

(b) Documentation of orders for medical treatment and/or medication.

[Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-070, filed 1/29/86. 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 kept anywhere in the center shall be clearly labeled with drug name, strength, and expiration date.

(7) Drugs 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.

(9) If emergency drugs and intravenous fluids are maintained in the facility, these are considered an extension of the drug supply owned by the legally authorized prescribing practitioner; these drugs remain the responsibility of the legally authorized prescribing practitioner.

[Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-080, filed 1/29/86. 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 or persons, 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 one hundred fifty-six square feet or fourteen and one-half square meters and a minimum room dimension of eleven 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 or rooms.

(4) Toilet and bathing facilities.

(a) A toilet and lavatory shall be maintained in the vicinity of the birthing room or rooms.

(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 or persons.

(7) Hallways and doors providing access and entry into the birth center and birthing room or rooms 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 chapter 248-54 WAC, rules and regulations of the Washington 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 seventy-two 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 one hundred sixty 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 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 forty-five degrees Fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred forty degrees Fahrenheit.

[Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-090, filed 1/29/86. 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

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248-30-130	Procedures for eligibility determination.

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.]

[Title 248 WAC—p 264]

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)" means 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" means resident of the state with a diagnosis of ESRD;

(3) "Kidney center" means 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" means a facility, hospital, unit, business, or individual which has an agreement with a kidney center to provide specified services to ESRD patients;

(5) "Department" means the Washington state department of social and health services;

(6) "State kidney disease program" means state general funds appropriated to the department to assist persons with ESRD to meet the cost of their medical care;

(7) "Application for eligibility" means the form provided by the department which the patient must complete and submit to determine eligibility;

(8) "Certification" or "certified" means the signed approval by the department of a patient's eligibility for the state kidney disease program pursuant to WAC 248-30-110;

(9) "Application period" means the time between the date of application and certification;

(10) "Resources" means income or assets or any real or personal property that an individual or spouse, if any, owns and could convert to cash to be used for support or maintenance.

(11) "Fair market value" means the current market value of a resource at the time of transfer or contract for sale, if earlier, or time of application.

(12) "Adequate consideration" means that the reasonable value of the goods or services received in exchange for the transferred property approximates the reasonable value of the property transferred.

(13) "Transfer" means any act or omission to act whereby title to or any interest in property is assigned, set over, or otherwise vested or allowed to vest in another person.

(14) "Reasonable value" means a reasonable value of the property transferred and the reasonable value of the goods or services received in exchange for the transferred property.

[Statutory Authority: RCW 43.20.050. 85-03-063 (Order 279), § 248-30-080, filed 1/15/85; 83-18-002 (Order 265), § 248-30-080, filed 8/25/83; 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 in WAC 248-30-090 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) Application information required by the department to determine the patient is financially eligible for the state kidney disease program pursuant to WAC 248-30-110 except:
 - (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(3) shall be determined on a case-by-case basis by the department.

[Statutory Authority: RCW 43.20.050. 83-18-002 (Order 265), § 248-30-100, filed 8/25/83; 80-06-065 (Order 198), § 248-30-100, filed 5/22/80.]

WAC 248-30-110 Eligibility. The kidney center shall review at least annually the eligibility of an individual patient for the state kidney disease program according to procedures outlined in WAC 248-30-130. Generally a patient shall be considered eligible if he or she has exhausted or is ineligible for all other resources providing 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, defined as real property owned by a patient as a principal place of residence together with the property surrounding and contiguous thereto not to exceed five acres. Commercial property or property used for the purpose of producing income shall be considered

excess property and subject to the limitations of subsection (5)(d) of this section;

- (b) Household furnishings;
- (c) An automobile; and
- (d) Savings, property, or other assets, the value not to exceed the sum of five thousand dollars.

[Statutory Authority: RCW 43.20.050. 85-03-063 (Order 279), § 248-30-110, filed 1/15/85; 83-18-002 (Order 265), § 248-30-110, filed 8/25/83. Statutory Authority: RCW 43.20.050 and SB 5021. 82-19-070 (Order 243), § 248-30-110, filed 9/20/82. Statutory Authority: RCW 43.20.050. 80-06-065 (Order 198), § 248-30-110, filed 5/22/80.]

WAC 248-30-115 Transfer of resources without adequate consideration. An individual is ineligible for the program if the person knowingly and willfully assigns or transfers nonexempt resources at less than fair market value for the purpose of qualifying or continuing to qualify for the program within two years preceding the date of application. Two years must expire between the date of transfer and reapplication.

[Statutory Authority: RCW 43.20.050. 85-03-063 (Order 279), § 248-30-115, filed 1/15/85.]

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.]

WAC 248-30-130 Procedures for eligibility determination. The following procedures will be followed to determine eligibility:

- (1) The department shall provide the necessary forms and instructions;
- (2) The kidney center shall inform the patient of the requirements for eligibility as defined in WAC 248-30-110 and 248-30-130;
- (3) The kidney center shall provide to the patient the necessary forms and instructions in a timely manner;
- (4) Patients shall complete and submit the application for eligibility form and any necessary documentation to the kidney center in the manner and form prescribed by the department;
- (5) New patients shall apply for medical assistance (Medicaid) at the local office of the department and shall obtain and send to the kidney center a written documentation of eligibility or denial;
- (6) The kidney center shall review the application and documentation for completeness and accuracy according to instructions provided by the department;

(7) The kidney center shall forward to the department the application and any documentation needed to approve or deny eligibility. The department shall review the application and documentation and notify the kidney center the patient has been certified or denied; or request additional information as needed;

(8) The application period shall be limited to one hundred twenty days. The kidney center may request an extension if there are extenuating circumstances prohibiting the patient from completing the application process within the allowed time. The department, at its discretion, may grant and specify the limits of the extension;

(9) The patient shall be eligible for a period of one year from the first day of the month of application unless his or her resources or income increase or decrease substantially, in which case the patient must complete a new application for eligibility;

(10) Eligibility effective date is the first day of the month of application if the individual was eligible at any time during that month. The effective date of eligibility shall be no earlier than four months before the month of application provided that:

(a) The medical services received were covered.

(b) The individual would have been eligible had he/she applied.

(11) Patients currently eligible must be recertified prior to the end of their eligibility period.

Patients who seek continued program services do not need to reapply for medicaid (medical assistance) unless there has been a substantial reduction in resources during the year. A "substantial reduction" means:

(a) The elimination of patient's required monthly co-payment; or

(b) The reduction of resources to below fifteen hundred dollars.

[Statutory Authority: RCW 43.20.050. 85-03-063 (Order 279), § 248-30-130, filed 1/15/85; 83-18-002 (Order 265), § 248-30-130, filed 8/25/83.]

Chapter 248-31 WAC

HOSPICE CARE AGENCY REGULATIONS

WAC

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WAC 248-31-001 Purpose. The purpose of these rules and regulations is to establish standards for operation of certified hospice care agencies. These rules are promulgated pursuant to chapter 70.126 RCW directing the department of social and health services to adopt rules establishing standards for certification of hospices.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-001, filed 2/5/85.]

WAC 248-31-002 Definitions. For the purpose of this chapter, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise:

(1) "Administrator" means a person managing and responsible for the day-to-day operation of each certified hospice and having at least one year of supervisory or administrative experience and/or training.

(2) "Bereavement service" means consultation, support, counseling, and follow-up of a patient unit before and following death of the patient.

(3) "Bylaws or equivalent" means a set of rules adopted by a hospice for governing hospice operation.

(4) "Certification" means a statement by the department that a hospice is operating in accordance with standards of the department contained and described in chapter 70.126 RCW and chapter 248-31 WAC.

(5) "Clinical progress note" means a written, dated notation of each contact with a patient unit containing a description of signs and symptoms, treatments, medications given, the patient reaction, any changes in physical or emotional condition, and other pertinent information.

(6) "Department" means department of social and health services.

(7) "Family" means individuals, primary care givers, representatives, and others who are important to and designated by the patient and who need not be relatives.

(8) "Governing body" means the individual or group with responsibility and authority to establish policies related to operation of a hospice.

(9) "Home health aide" means an individual providing services in behalf of and coordinated by hospice and providing care of hospice patients under the supervision of a registered nurse. Such care includes ambulation and exercise, assistance with medications ordinarily self-administered, reporting changes in patient condition and needs, completing appropriate records, and personal care or household services needed to achieve the medically desired results.

(10) "Hospice" means a private or public agency or organization or entity or division thereof administering and providing hospice care and certified by the department as a hospice care agency pursuant to chapter 70.126 RCW and chapter 248-31 WAC.

(11) "Hospice care" means a group of organized and coordinated palliative services for the terminally ill, prescribed by the attending physician with care provided by the hospice according to a hospice plan of care, and in accordance with chapter 70.126 RCW and chapter 248-31 WAC: *Provided*, That the patient and/or patient representative is informed and expresses a preference for the type of care and services that may be provided as

hospice and agrees to those services available in a specific named hospice.

(12) "Hospice plan of care" means a written, individualized plan specific to one patient unit and approved by a physician describing hospice care to be provided to the patient unit for palliation or medically necessary treatment of an illness or injury.

(13) "Inpatient care" means care provided in a facility licensed by a state of the United States as a hospital, nursing home (skilled nursing facility), or a hospice.

(14) "May" means permissive or discretionary on the part of the department.

(15) "Medical records professional" means a person having successfully completed the examination requirements of the American Medical Record Association (AMRA), 875 N. Michigan, Suite 1850, Chicago, Illinois 60611, as specified in *Standards for Initial Certification* or *Standards for Maintenance of Certification* as adopted by the American Medical Records Association, October 3, 1983, or having documented equivalent in education, training, and/or experience.

(16) "Occupational therapist" means an individual licensed as a registered occupational therapist (OTR) pursuant to chapter 18.59 RCW.

(17) "Owner" means the individual, partnership or corporation, or other legal entity applying for department certification or recertification or renewal of certification of a hospice and providing evidence of intent and ability to comply with standards and rules pursuant to chapter 70.126 RCW and chapter 248-31 WAC.

(18) "Patient" means the terminally ill individual.

(19) "Patient unit" means the patient and family which together compose the unit of care in hospice.

(20) "Palliative care" or "palliation" means activities, interventions, and interactions planned and executed to cause a lessening or reduction of physical, psychological, or spiritual pain or discomfort and symptoms, and intended to ease without curing.

(21) "Personnel" means volunteers, employees, individuals, and groups providing services in behalf of and coordinated by hospice. "Direct personnel" means those personnel functioning according to a specific contract or agreement between one individual and hospice in which case such agreement or contract shall require hospice responsibility for screening and selection, job description, orientation, supervision, and regular evaluation of performance of the individual. Other personnel may include persons providing care working through the auspices of and under direction of another agency, organization, or program and who shall function as personnel of hospice according to an interagency agreement or contract between hospice and the other agency, organization, or program in which case the contract or agreement shall specify all deliverers of hospice care meet qualifications required for the job to be performed and receive regular performance evaluations.

(22) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy pursuant to chapter 18.64 RCW.

(23) "Physical therapist" means an individual practicing physical therapy as defined in chapter 18.74 RCW,

physical therapy, under the prescription and direction of a physician.

(24) "Physician" means an individual currently licensed as a physician pursuant to chapter 18.71 RCW or osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(25) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, registered nurses.

(26) "Representative" means a person who, because of a patient's mental or physical incapacity, is authorized in accordance with state law to execute or revoke an election for hospice care.

(27) "Respite care" means care of a patient in the most appropriate setting, as agreed by patient unit and hospice, for a few days or hours to relieve or replace family members or friends usually caring for the patient at home.

(28) "Self-administration" means patient or family administration of patient-owned medication to the patient as approved by the attending physician.

(29) "Shall" means compliance is mandatory.

(30) "Social worker" means a person having a masters degree from a college of social work accredited by the Council on Social Work Education (CSWE), 111 8th Avenue, New York, New York 10011, as described in *Manual of Accrediting Standards for Graduate Professional Schools of Social Work*, revised April 1971.

(31) "Speech therapist" means a person:

(a) Meeting the educational and experience requirements for a certificate of clinical competence in the appropriate area of speech pathology or audiology granted by the American Speech, Language and Hearing Association as described in the *ASHA Directory*, American Speech, Language and Hearing Association, 10801 Rockville Pike, Maryland 20852, 1983; or

(b) Meeting the education requirements for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in the *ASHA Directory*, 1983.

(32) "Summary report" means a written, dated notation summarizing facts about hospice care given, response of the patient unit to hospice care, and coordination of hospice care.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-002, filed 2/5/85.]

WAC 248-31-010 Certification of hospice. (1) An application for hospice certification shall be submitted on forms furnished by the department, accompanied by the fee. Applications shall be signed by the owner or designated agent.

(a) The applicant shall furnish to the department full and complete information as required by the department for the proper administration of these requirements.

(b) Fees established by the department shall be paid pursuant to RCW 43.20A.055 and chapter 440-44 WAC.

(2) The department may at any time inspect those parts of the premises of the hospice and examine those records necessary to determine compliance with this

chapter, pertaining to hospice care agency certification requirements pursuant to chapter 70.126 RCW and chapter 248-31 WAC.

(a) The certificate issued shall be valid for a maximum of twenty-four months.

(b) The certificate shall not be transferrable or assignable.

(3) Hospice certification may be denied, suspended, or revoked for failure to comply with chapter 70.126 RCW or chapter 248-31 WAC. Any action to deny, suspend, or revoke certification shall comply with chapter 34.04 RCW, Administrative Procedure Act.

(4) When a change of ownership is planned, the owner shall notify the department at least thirty days prior to the date of transfer.

(a) The notification shall be written and contain the following information:

(i) Full name of the current owner and prospective new owner,

(ii) Name and address of the hospice,

(iii) The date of the proposed change of ownership.

(b) The prospective new owner shall submit a new application for hospice care agency certification with the fee at least thirty days prior to the change of ownership.

(c) A new hospice certification shall be issued only following approval of the application by the department.

(5) The hospice shall inform the department and all patient units being served at least thirty days in advance of cessation of operation with a plan specifying arrangements for referral of patients to other agencies or facilities in a manner providing for continuity of care.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-010, filed 2/5/85.]

WAC 248-31-020 Governing body--Administration.

(1) There shall be a governing body assuming responsibility and authority for:

(a) Establishing policy related to safe, adequate patient care and operation of the hospice.

(b) Appointing an administrator.

(c) Adopting and periodically reviewing written by-laws or an acceptable equivalent.

(d) Overseeing the management and fiscal affairs of the agency.

(e) Maintaining a record of governing body proceedings.

(f) Assuring written evaluation of hospice care agency performance.

(2) The administrator shall:

(a) Organize and direct the hospice's ongoing functions,

(b) Maintain ongoing liaison among governing body and hospice personnel,

(c) Ensure:

(i) The inpatient provider has established policies consistent with those of the hospice and agrees to abide by the patient care protocols established by the hospice for its patients;

(ii) The hospice clinical records include a record of all inpatient services and events;

(iii) A copy of the discharge summary and, if requested, a copy of the medical record are provided to the hospice;

(iv) The responsibilities of parties involved for implementation of the provisions of the agreement are specified;

(v) The hospice retains responsibility for assuring appropriate hospice care training of the personnel providing the care under the agreement; and

(vi) Inpatient care for respite purposes is provided in a setting as defined in WAC 248-31-002(13).

(d) Arrange for professional services,

(e) Employ qualified personnel and ensure adequate education and evaluation of personnel,

(f) Ensure the accuracy of public information materials and activities,

(g) Implement an effective budgeting and accounting system, and

(h) Authorize in writing a qualified alternate to act in his or her absence.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-020, filed 2/5/85.]

WAC 248-31-030 Personnel. (1) Personnel practices shall be supported by written personnel policies.

(2) Personnel records shall be maintained to include:

(a) Job descriptions, including minimum qualifications for position;

(b) Qualifications of individuals who are personnel;

(c) Evidence of current licensure when applicable;

(d) Performance evaluations;

(e) Evidence of review of hospice care agency policy and procedures related to abuse and neglect of children and adults (particularly referencing chapter 26.44 RCW);

(f) Health records minimally to include one tuberculin skin test by the Mantoux method unless medically contraindicated with specifications as follows:

(i) Prior to providing patient care, each person expected to have contact with patients shall have or provide documented evidence of a tuberculin skin test by the Mantoux method;

(ii) When the skin test is negative (less than ten millimeters of induration), no further tuberculin skin testing shall be required;

(iii) A positive skin test consists of ten millimeters or more of induration read at forty-eight to seventy-two hours;

(iv) Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specific requirements follow:

(A) Results of skin tests, report of x-ray findings, or exceptions to such shall be maintained in the hospice agency;

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

(g) Evidence of cardiopulmonary resuscitation training and review for personnel, other than volunteers, providing services in the home.

(3) Personnel with a communicable disease in an infectious stage shall not provide direct patient care.

(4) There shall be documentation of orientation of personnel and volunteers to hospice standards, policies, and procedures.

(5) Each hospice shall make provisions for inservice or education of hospice personnel related to safe, current practice, minimally to include:

(a) Skills at providing palliation and comfort measures,

(b) Counseling skills including grief process and spiritual needs.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-030, filed 2/5/85.]

WAC 248-31-040 General requirements. (1) Organization, services provided, administrative control, and lines of authority for the delegation of responsibility to the patient care level shall be clearly set forth in writing and readily identifiable.

(a) Administrative and supervisory functions shall not be delegated to another agency or organization,

(b) Hospice shall assure continuity of care in the home, outpatient, respite, and inpatient settings.

(2) Direct personnel shall provide the following services:

- (a) Nursing,
- (b) Social work,
- (c) Physician consultation,
- (d) Counseling, and
- (e) Volunteers.

(3) Hospice shall ensure continuity of services provided directly or under arrangement and ensure services are provided in a manner consistent with accepted hospice principles and practices and the hospice plan of care. Hospice care shall be provided in all of the following, as necessary:

- (a) The patient's home or place of residence,
- (b) Inpatient care setting as defined in WAC 248-31-002(13),
- (c) Respite care setting as defined in WAC 248-31-002(27).

(4) Hospice shall provide twenty-four hours per day, seven days per week availability for consultation and emergency visits to include:

- (a) Nursing services, and
 - (b) Physician services.
- (5) Other services available shall include:
- (a) Home health aide,
 - (b) Physical therapist,
 - (c) Occupational therapist,
 - (d) Medical social services,
 - (e) Volunteer services,
 - (f) Counseling services,
 - (g) Bereavement services, and
 - (h) Spiritual care.

(6) Hospice shall provide access to emotional support as necessary for personnel providing hospice care.

(7) Hospice shall assist the patient to obtain medical supplies, drugs and biologicals, and use of medical appliances as specified in the hospice plan of care.

(8) If services are provided by arrangement with another agency or program, the hospice shall have a written contract or agreement for provision of each arranged service. The agreement shall include minimally:

(a) Identification of the service to be provided;

(b) A stipulation that services shall be provided only with the expressed authorization of the hospice;

(c) A description of the manner in which the contracted services are coordinated, supervised, and evaluated by the hospice;

(d) The delineation of the role of the hospice and the other agency;

(e) A requirement for documenting that services are furnished in accordance with the agreement;

(f) The qualifications of the personnel providing the services;

(g) Procedures for determining charges and reimbursements;

(h) Responsibilities of parties involved for implementation of the agreement; and

(i) Hospice responsibility for training of personnel providing hospice care.

(9) Hospice shall establish policies governing the day-to-day provision of hospice care and services minimally to include or address:

- (a) The scope of services offered;
- (b) Admission, transfer, and discharge;
- (c) Medical supervision of plans of care;
- (d) Technical procedures;
- (e) Infection control;
- (f) Emergencies, safety, and death;
- (g) Clinical records;
- (h) Personnel qualifications;
- (i) Quality assurance and utilization review mechanisms;
- (j) Recognition and reporting of child and elderly abuse and neglect;
- (k) Safety, cleanliness, and maintenance of equipment provided or utilized by the hospice;
- (l) Administration of patient-owned medications; and
- (m) The administration of treatment modalities including intravenous solutions, chemotherapy, parenteral feedings, and injections.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-040, filed 2/5/85.]

WAC 248-31-050 Quality assurance. (1) A hospice care agency shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of hospice care provided.

(2) At least quarterly appropriate health professionals representing the scope of the hospice care agency program shall review a ten percent sample of the clinical records opened and closed during that quarter to determine established hospice policies have been followed.

(3) The written findings shall be used by the hospice to correct identified problems and to revise hospice policies if necessary.

(4) Those responsible for the hospice care quality assurance program shall:

- (a) Implement and report on activities and mechanisms for monitoring the quality of patient care,
- (b) Identify and resolve problems, and
- (c) Make suggestions for improving care.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-050, filed 2/5/85.]

WAC 248-31-060 Hospice plan of care. (1) Hospice shall demonstrate respect for an individual's rights by:

(a) Obtaining from the patient or patient representative a written, informed consent specifying the type of care and services that may be provided as hospice care during the course of the illness; and

(b) Making a statement of rights and responsibilities available to the patient unit.

(2) There shall be assessment of needs of a patient requesting hospice and identification of service needs including:

(a) Patient and family goals;

(b) Physical, spiritual, psychosocial needs;

(c) Estimate of scope and frequency of services needed.

(3) A written hospice plan of care shall be established and maintained for each patient unit.

(a) The hospice plan of care shall be approved by the interdisciplinary team and the attending physician.

(b) The hospice plan of care shall be reviewed and updated as indicated by changes in patient unit needs and at intervals as specified in the plan with documentation of reviews.

(4) Hospice shall furnish appropriate information per phone or in writing to the inpatient care provider, in the event a hospice patient requires inpatient care, to include a summary of current care, condition, and reason for inpatient admission.

(5) Implementation of each hospice plan of care shall be coordinated by a designated registered nurse.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-060, filed 2/5/85.]

WAC 248-31-070 Interdisciplinary team. (1) The hospice shall designate an interdisciplinary team or teams composed of individuals providing or supervising the hospice plan of care and services offered by the hospice, to include at least the following individuals who are direct personnel of the hospice:

(a) A physician medical consultant;

(b) A registered nurse;

(c) A social worker; and

(d) A pastoral, spiritual, or other counselor.

(2) The interdisciplinary team shall be responsible for:

(a) Establishing a hospice plan of care within seven days following admission to hospice home care services,

(b) Provision or supervision of hospice care and services.

(3) A specific interdisciplinary team shall be designated for each patient unit.

(4) Liaison among all personnel providing services and care for each patient shall be maintained so efforts effectively complement one another and support objectives

outlined in the hospice plan of care with documented evidence of coordination to include:

(a) Reports in clinical records,

(b) A written summary report for each patient shall be sent to the attending physician at regular intervals, as specified in the hospice plan of care,

(c) Reports of case conferences or other interdisciplinary communication.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-070, filed 2/5/85.]

WAC 248-31-075 Clinical management. (1) There shall be a registered nurse who is direct personnel designated to manage hospice clinical services.

(2) The registered nurse designated to manage clinical services shall:

(a) Participate in development of hospice clinical policies, and

(b) Assume responsibility for clinical functions including clinical supervision of the interdisciplinary team.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-075, filed 2/5/85.]

WAC 248-31-080 Physician services. (1) Each patient admitted to hospice shall have a designated attending physician.

(2) There shall be a physician consultant to hospice who:

(a) Is direct personnel;

(b) Assumes overall responsibility for the medical component of the hospice's clinical care services.

(3) Physician direct personnel of the hospice shall:

(a) Participate in the interdisciplinary team;

(b) Provide medical management of hospice patients in the absence of an attending physician to include:

(i) Palliation;

(ii) Management of terminal illness and related conditions; and

(iii) Other medical needs.

(c) Provide medical consultation to the extent palliative and other medical needs are not met by the attending physician.

(4) Written policies and procedures shall address admission and medical treatment of patients minimally to include assessment and diagnosis by the attending physician to include:

(a) The admitting diagnosis and prognosis,

(b) Current medical findings,

(c) Any nutritional restrictions or needs,

(d) Medication orders, and

(e) Pertinent orders regarding the patient's terminal conditions.

(5) The hospice plan of care shall be reviewed and approved by the attending physician.

(6) Communication between the attending physician and other members of the interdisciplinary team shall be ongoing and documented.

(7) Provision shall be made for assuring continuity of medical care.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-080, filed 2/5/85.]

WAC 248-31-090 Nursing services. (1) The hospice shall provide nursing care and services by or under the supervision of a registered nurse.

(a) Nursing service shall be directed and staffed to assure the nursing needs of patients are met.

(b) Patient care responsibilities of nursing personnel shall be specified.

(c) Services shall be provided in accordance with state laws and rules and recognized standards and practices.

(2) Functions of registered nurses include:

(a) An initial assessment;

(b) Provision of services in accordance with hospice policies;

(c) Initiation of the plan of care and necessary revision;

(d) Regular re-evaluation of nursing needs;

(e) Provisions of those services requiring substantial and specialized nursing skills;

(f) Initiation of appropriate palliative nursing procedures;

(g) Preparation of clinical progress notes and summary reports;

(h) Coordination and implementation of hospice care plan for each patient;

(i) Participation in case conferences and other processes used to coordinate hospice care for each patient;

(j) Informing the physician and other personnel of changes in the patient's condition and needs;

(k) Teaching and counseling the patient unit to meet patient needs;

(l) Participation in inservice programs and consultation with other personnel;

(m) Supervision and teaching of other nursing personnel, volunteers, and home health aides.

(3) Functions of a licensed practical nurse shall be in accordance with hospice policy and chapter 18.78 RCW.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-090, filed 2/5/85.]

WAC 248-31-100 Counseling services. (1) Counseling services shall be available to each patient unit and shall include psychosocial, nutritional, spiritual, bereavement, and any other counseling services designated in the hospice plan of care.

(2) Psychosocial assessment and counseling related to the terminal nature of the illness shall be provided by hospice personnel as specified in the hospice plan of care.

(3) Bereavement services shall be provided through an organized program under the supervision of a qualified professional having education and experience appropriate to the care of bereaved individuals and demonstrated ability in family and/or individual counseling.

(a) The hospice plan of care for bereavement services shall reflect family needs for bereavement counseling as well as a clear delineation of services to be provided and the frequency of service delivery with duration of bereavement services up to one year following the death of the patient, as appropriate.

(b) Bereavement services available shall include, but need not be limited to:

(i) Regular survivor contact, as needed, following death;

(ii) An interchange of information between those providing bereavement services and hospice personnel providing care before the death of the patient; and

(iii) A process for the assessment of possible pathological grief reactions and, as appropriate, referral for intervention.

(c) Hospice personnel providing bereavement services shall receive appropriate training described in writing.

(d) Bereavement services, when provided, shall be documented.

(4) Nutritional counseling shall be provided, when indicated.

(5) Spiritual counseling shall be provided by a qualified interdisciplinary team member and/or through a working relationship with clergy and/or spiritual counselors or advisors in the community.

(a) Each patient unit shall be notified as to the availability of clergy, spiritual counselors, and advisors.

(b) Hospice program spiritual care shall be provided as desired by the patient unit and documented in the clinical record.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-100, filed 2/5/85.]

WAC 248-31-110 Therapy services. Any therapy service provided or under arrangement shall be provided as ordered by the attending physician, in accordance with the hospice plan of care, and in a manner consistent with applicable state practice laws and rules and accepted standards of practice as well as chapter 70.126 RCW and chapter 248-31 WAC.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-110, filed 2/5/85.]

WAC 248-31-120 Medical social services. (1) Social services shall be provided or directly supervised by a social worker as defined in WAC 248-31-002(30).

(2) Social services shall be provided in accordance with the plan of care with functions to include:

(a) Assisting, counseling, and consulting with the patient unit, physician, hospice team, and appropriate community agencies to increase understanding of the significant social and emotional factors related to patient health and medical problems and death.

(b) Participation in the development of the plan of care, case conferences, and other processes used to coordinate hospice care;

(c) Identification, mobilization, and utilization of appropriate community resources;

(d) Participation in transfer and discharge planning;

(e) Participation in inservice program; and

(f) Preparation of clinical progress notes and/or summary reports.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-120, filed 2/5/85.]

WAC 248-31-130 Home health aide services. (1) Home health aide services, when required, shall be

available to meet the needs of the patients and included in the hospice plan of care.

(2) A registered nurse shall visit the home site at least every two weeks when home health aide services are being provided. The visit shall include an assessment of the aide services.

(3) Written instructions for patient care shall be prepared by a registered nurse and available to each home health aide.

(4) Home health aides shall demonstrate ability to follow written and verbal directions and prepare reports.

(5) There shall be evidence of hospice orientation and training of home health aides to include:

(a) Functions and responsibilities of a home health aide;

(b) Purpose and goals of hospice;

(c) Documentation and recordkeeping;

(d) Rights of people receiving hospice care;

(e) Ethics and confidentiality;

(f) Personal care activities and simple nursing or therapy procedures including when and to whom to report any change in patient condition;

(g) Assistance with medications ordinarily self-administered, with assistance limited to:

(i) Communication of appropriate information to the patient unit regarding self-administration; and

(ii) Presenting a patient-owned, pharmacist- or manufacturer-prepared, original, medication container to the patient.

(h) Promotion of a safe, clean, healthful environment;

(i) Emergency and death procedures.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-130, filed 2/5/85.]

WAC 248-31-140 Volunteers. (1) Hospice shall have available and routinely utilize direct personnel volunteers in provision of care and services.

(2) A designated person who is direct personnel shall be responsible for volunteer coordination.

(3) Hospice shall provide or arrange for and document orientation and training consistent with standards of hospice.

(4) Volunteer activities shall be documented in the clinical record.

(5) Volunteers providing professional services shall meet all standards associated with their discipline including applicable federal and state laws and rules.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-140, filed 2/5/85.]

WAC 248-31-150 Medical supplies and equipment--Apparatus--Drugs. (1) Medical supplies, equipment, and apparatus specified in the hospice plan of care pursuant to RCW 70.126.020 (1)(b)(ii) and (b)(iii) shall be made available for the patient as needed for the palliation or medically necessary treatment of an illness or injury.

(a) Written policies and procedures shall assure the safety, cleanliness, and maintenance of equipment, apparatus, and supplies.

(b) Written policies and procedures shall provide for infection control.

(c) When medical supplies, equipment, and/or apparatus are secured through a vendor, provisions for safety, cleanliness, maintenance, and infection control shall be specified in writing.

(2) Policies and procedures related to storage or delivery of drugs by a hospice shall be established by the hospice in collaboration with a pharmacist and in accordance with applicable federal and state laws and rules.

(a) Hospice shall establish a policy for disposal of controlled drugs maintained in a patient's home when those drugs are no longer needed by the patient, e.g., patient expires.

(b) Drugs and treatments, when administered by hospice personnel, shall be administered by legally authorized personnel and as ordered by the physician.

(c) Verbal or phone orders issued by a physician shall be confirmed by authorized personnel.

(i) Orders shall be immediately recorded by the nurse or therapist confirming the order; and

(ii) Countersignature of the physician shall be obtained.

(d) Suspected drug allergies, adverse reactions to drugs, or treatments or other problems related to patient's use of drugs shall be promptly reported to the family and attending physician and addressed in the plan of care and clinical record.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-150, filed 2/5/85.]

WAC 248-31-160 Clinical records. (1) A clinical record shall be established and maintained in accordance with accepted professional standards for every individual receiving hospice care and services.

(a) There shall be annual or more frequent review by a medical records professional.

(b) The record shall be current, promptly and accurately documented, readily accessible, and systematically organized to facilitate retrieval of information.

(c) Entries shall be made and signed by personnel providing the service for all services provided by hospice whether furnished directly or under arrangements made by the hospice.

(2) Each clinical record shall contain:

(a) Pertinent past and current findings;

(b) Hospice plan of care;

(c) Appropriate identifying information;

(d) Name of attending physician; and

(e) Signed and dated clinical progress notes for each service rendered incorporated into the clinical record within seven days from the day service was rendered or more frequently.

(3) Completed clinical records shall contain a final diagnosis, complications, death or discharge summary, interdisciplinary team service notes, and bereavement assessment and services.

(4) Clinical records shall be retained or information readily retrievable in Washington state for a period of no less than ten years following discharge of the patient,

except the records of minors which shall be retained for a period of no less than three years following attainment of age eighteen years or ten years following discharge, whichever is longer.

(5) There shall be policies specific to the retention and destruction of clinical records.

(a) If a hospice discontinues operation, arrangements shall be made to preserve clinical records with the plan for such arrangements approved by the department prior to cessation of operation.

(b) Final destruction of clinical records or patient care data shall be accomplished in such a manner that retrieval and subsequent use of information are impossible.

(c) In the event of patient transfer to another hospice, home health agency, or to a health care facility, a copy of the clinical record or an abstract and copy of the most recent summary report shall accompany the patient or be provided as soon as possible.

(6) Clinical record information shall be safeguarded against loss, destruction, or unauthorized use.

(a) There shall be written procedures governing use and removal of records and conditions for release of information.

(b) Release of information not authorized by law shall require prior written consent of the individual in accordance with written policy of the hospice agency.

[Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-160, filed 2/5/85.]

Chapter 248-33 WAC APPROVAL OF EYE BANKS

WAC

248-33-020	Definitions.
248-33-040	Approval process.
248-33-060	Termination of approval.
248-33-080	Reinstatement of approval.
248-33-100	Records.

WAC 248-33-020 Definitions. As used herein the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Accepted medical standards" shall mean those standards relating to the removal and storage of eye tissue which preserve that tissue in a state wherein the tissue may be successfully transplanted.

(2) "Approved eye bank" shall mean a facility approved by the secretary wherein eye tissue may be received and stored in accordance with accepted medical standards for future transplantation or research.

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

(4) "Developmental loss" shall mean the loss of developmental opportunities including, but not limited to, hand-eye coordination, small muscle development and dexterity and large muscle coordination which would occur in the normal course of development if the loss of vision had not occurred.

(5) "Economic loss" shall mean the loss of wages from employment and the loss of services within a home

requiring the replacement of those services to provide for the care of dependent children and adults.

(6) "Educational loss" shall mean the loss of educational opportunities by virtue of an inability to perceive visual images.

(7) "Emergency" shall mean a situation which occurs as a result of trauma to the eyes necessitating the replacement of corneal tissue within 48 hours to prevent the loss of sight.

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

[Order 134, § 248-33-020, filed 10/21/76.]

WAC 248-33-040 Approval process. (1) A facility which seeks to qualify as an approved eye bank must submit a written request for approval to the secretary. The request must include a statement of the arrangements made for the storage of tissue received, the name and availability of ophthalmologists and the policies to be followed for the distribution of tissue.

(2) Approval may be granted by the secretary when:

(a) The eye bank meets accepted medical standards for the preservation of eye tissue in a condition suitable for transplantation including, but not limited to, the provision of a storage area for the tissue which is maintained at an appropriate temperature and in which the tissue may be protected from contamination and/or damage, and

(b) There are one or more board certified or board qualified ophthalmologists on the staff of a hospital which seeks approval for its eye bank who are able to, and express a willingness to, perform corneal transplants, and

(c) The director or administrator of the eye bank declares it to be the intention of those who direct and/or administer the eye bank to distribute available corneal tissue to recipients in a fair and reasonable manner, which means the distribution of corneal tissue to recipients requiring such tissue:

(i) Without discrimination based on race, creed, ethnic origin, sex, or age, and

(ii) With consideration of the length of time that the potential recipient has had a medically defined need to receive corneal tissue, and

(iii) With consideration of the impact of waiting to receive such tissue on the recipient and the resulting economic, educational, or developmental loss to the potential recipient, and

(iv) With provision made for emergency requests for corneal tissue.

[Order 134, § 248-33-040, filed 10/21/76.]

WAC 248-33-060 Termination of approval. The secretary may, in his or her discretion, terminate a prior approval of an eye bank when the approved eye bank fails to comply with the criteria set forth in WAC 248-33-040 for approval.

[Order 134, § 248-33-060, filed 10/21/76.]

WAC 248-33-080 Reinstatement of approval. The secretary may, in his or her discretion, reinstate the approval of an eye bank when there has been a correction of any condition which led to the termination of approval.

[Order 134, § 248-33-080, filed 10/21/76.]

WAC 248-33-100 Records. Every approved eye bank shall keep a record of requests made to county coroners or medical examiners for corneal tissue on forms provided by the department. Information recorded shall include the initial request, the tissue received and its condition (acceptable for transplant or not acceptable for transplant), the name of the person who removed the tissue from the donor, the date and time of the removal of tissue, the date and time of the donor's death (observed or otherwise determined), the age of the donor (if known), the age, sex and racial or ethnic group 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 legitimized.
248-40-020	Father and/or mother may change given name.
248-40-030	Certificates in pencil not allowed.
248-40-040	Funerals, care of bodies, and burial.
248-40-050	Transportation of human remains.
248-40-060	Cremated remains.
248-40-070	Confidential information on birth certificates.
248-40-080	Birth certificate to be filed for foundling child.
248-40-999	Legal authority of the state board of health.

WAC 248-40-010 New record when child is legitimized. Whenever it is alleged that the father and mother of an illegitimate child have become legally married, at any time subsequent to the birth of said child, the state registrar shall require such satisfactory evidence to be presented in the form of affidavits, certified copies of records or otherwise, as may be necessary to establish the fact of such marriage, and when so established a new certificate shall be substituted for the original to record the legitimate birth of the child.

[Regulation .40.010, effective 3/11/60.]

WAC 248-40-020 Father and/or mother may change given name. The father and/or mother of any child, or the mother alone of an illegitimate child, whose birth has been registered, may during the minority of said child change the given name of the child on the record by filing an affidavit of change with the state registrar.

[Title 248 WAC—p 274]

[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) Definitions applicable to WAC 248-40-040 and 248-40-050.

(a) "Burial transit permit" means a form, approved and supplied by the state registrar of vital statistics pursuant to chapter 43.20A RCW, identifying the name of the deceased, date and place of death, general information, disposition and registrar and sexton information.

(b) "Common carrier" means any person transporting property for the general public for compensation as defined in chapter 81.80 RCW.

(c) "Embalmer" means a person licensed pursuant to chapter 18.39 RCW and engaged in the profession or business of disinfecting, preserving, or preparing dead human bodies for disposal or transportation.

(d) "Local registrar of vital statistics" means the health officer or administrator who registers certificates of birth and death occurring in his or her designated registration district as defined in chapter 70.58 RCW.

(2) Individuals who have died of a reportable disease or condition, as described in chapter 248-100 WAC, shall be reported to the local health officer pursuant to chapter 248-100 WAC.

(3) Bodies of persons who have died of cholera or plague 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.

(4) The embalmer and anyone assisting in preparation of a dead body 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.

(5) All instruments and equipment used in the preparation of a body shall be properly disinfected immediately after use.

(6) Disposal of wastes.

(a) Preparation rooms or other places used for embalming or preparing a dead body for disposition shall be equipped with a liquid impervious disposal container.

(b) Disposal containers shall be lined with liquid impervious, disposable material.

(c) Disposal containers shall be equipped with tightly fitting closures.

(d) The contents of disposal containers shall be destroyed by incineration or by other methods approved by local ordinances and requirements related to disposal of infectious wastes.

(e) All containers or cans used in receiving solid or fluid matter taken from a dead human body shall be disinfected immediately after use.

(f) In case of death by communicable disease, as defined in chapter 248-100 WAC, fluids removed from said body shall be mixed immediately with equal parts of an effective disinfectant solution. Said solution shall be held a minimum of three hours prior to disposition including release into any drain, sewer, or other public or private disposal system.

(7) All ambulances, hearses, first call cars, equipment therein, and transfer cases shall be kept clean, sanitary, and free from deleterious odors at all times. Such ambulances, hearses, cars, equipment, and transfer cases thereof shall be sanitized with a suitable disinfectant solution immediately following transport of a human body dead of a communicable disease.

(8) All dead human bodies to be disposed of by earth burial in the state of Washington shall be buried in the ground at least three feet (top of casket to surface of ground).

[Statutory Authority: RCW 43.20.050. 86-14-008 (Order 300), § 248-40-040, filed 6/19/86; Regulation .40.040, effective 3/11/60.]

WAC 248-40-050 Transportation of human remains. (1) A burial-transit permit shall be required and used when transporting human remains by common carrier. The permit shall be obtained from the local health officer or the local registrar of vital statistics, enclosed in a strong envelope, and attached to the shipping case.

(2) When human remains are to be transported by common carrier, the casket or transfer case shall be enclosed in an outer box constructed of substantial material, securely constructed, and tightly closed. No human remains shall be transported pending final disposition more than twenty-four hours after the receipt of said remains unless:

(a) The remains are thoroughly embalmed, or

(b) The following conditions are satisfied:

(i) Orifices shall be packed with a material saturated with a topical preservative;

(ii) The remains shall be wrapped in absorbent material approximately one inch thick which has been saturated with a preservative or the remains shall be coated with heavy viscosity preservative gel;

(iii) The remains shall be placed in a light-weight, disposable burial pouch; and

(iv) The pouch shall be placed inside a heavy canvas rubberized pouch which is appropriately sealed along the zippered area with a substance such as collodion.

(3) Human remains routed to the point of final destination on a burial-transit permit may be held temporarily at a stopover point within the state of Washington for

funeral or for any other purpose without any additional permit.

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 remains at the point of interment or cremation.

[Statutory Authority: RCW 43.20.050. 86-14-008 (Order 300), § 248-40-050, filed 6/19/86; Regulation .40.050, effective 3/11/60.]

WAC 248-40-060 Cremated remains. Rules and regulations adopted by the state board of health pertaining to dead human bodies shall not be construed as applying to human remains after cremation: *Provided, however,* That a permit for disposition of cremated remains may be issued by local registrars in cooperation with the Washington state cemetery board. The permit for the disposition of cremated remains may be used in connection with the transportation of cremated remains by common carrier or other means: *Provided further,* That the state department of health may issue a permit for the disposition of cremated remains which have been in the lawful possession of any person, firm, corporation, or association for a period of two years or more. Issuance of such a permit shall not be construed as authorizing disposition which is inconsistent with any statute of the state of Washington or rule or regulation prescribed by the state department of licenses.

[Regulation .40.060, effective 3/11/60.]

WAC 248-40-070 Confidential information on birth certificates. The confidential section of the certificate of live birth shall contain the following information: Whether serological test for syphilis was taken before or after the fifth month of pregnancy, statement as to congenital malformations or other abnormalities (birth injuries to the infant), length of pregnancy, weight at birth, previous deliveries to mother, and legitimacy status. The confidential section of the certificate of live birth shall not be subject to public inspection and shall not be included on certified copies of the record except upon order of a court.

[Regulation .40.070, effective 3/11/60.]

WAC 248-40-080 Birth certificate to be filed for foundling child. When an infant is found for whom no known certificate of birth is on file and for whom no other identification is known, the finder shall notify the police authorities having jurisdiction within the area of finding.

The police authorities, within 48 hours, shall have the local health officer determine or cause to be determined the approximate date of birth of the child.

The health officer, within 72 hours of notification shall complete a certificate of live birth on a standard Washington certificate of live birth form designating the place of finding as the place of birth and place of residence, the approximate date of birth, sex, and assign a given name. He shall write across the face of the certificate in the sections provided for parental information the words, "foundling child," sign, and date the certificate

and cause the same to be filed with the local registrar of the area in which the finding occurred.

[Regulation .40.080, effective 3/11/60.]

WAC 248-40-999 Legal authority of the state board of health. Chapter 70.58 RCW.

[Regulation .40.999, effective 3/11/60.]

Chapter 248-46 WAC

UPHOLSTERED FURNITURE AND BEDDING

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."

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(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 describe 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 relabels such article.

(14) It is the responsibility of any person accepting delivery of unlabeled articles containing a filling material to secure and attach the proper label.

[Regulation .46.080, effective 3/11/60.]

WAC 248-46-090 Labels--Articles of upholstered furniture and bedding. (1) If an article of upholstered furniture would not be complete without cushions, a label shall be attached to the body of the article. The label shall designate the number of cushions and the names of the materials used for filling the cushions as well as the materials used in the body of the article.

(2) Mattresses made in more than one part shall have a label attached to each part, unless fastened together by a slide fastener or other means to comprise one unit. The label on each unit shall designate the number of component parts and the mattress shall be shipped as one unit. If the articles are shipped in separate parts, each part shall be labeled.

(3) Rubber mattress cores and quilted mattress tops and side walls, contained in a carton, need not be labeled providing a label is attached to the carton.

(4) Bed pads or mattress protectors containing filling material shall be labeled.

(5) Labels may be attached to the bottoms of slip seats or other lightweight articles. They may also be attached to the backs or bottoms of upholstered dining room or bedroom chairs but they shall not be attached to the bottoms or backs of divans, sofas, love seats, daybeds, davenport or studio couches.

(6) Wood furniture which is not upholstered except for detachable cushions which are a part of the complete article, shall have a label attached to the body of the article, which label shall designate the number of cushions and the names of the filling materials used therein.

(7) Upholstered furniture with a detachable cushion shall have the label securely attached to the top at the front of the platform where it may be clearly visible when the front of the cushion is raised.

(8) Upholstered furniture without detachable cushions shall have the top of the label securely attached to the front of the bottom of the article in such position that the label is clearly visible.

(9) **Cushions.** The following shall be interpreted as cushions and the list is to be considered incomplete: Cushions or pads of kitchen chair sets; life preserver cushions unless approved by the U.S. Coast Guard; auto seat cushions measuring more than 15" x 15" x 3"; high chair sets; back rests, except those manufactured expressly for use in automobiles and are displayed and sold as such; chair pads; sanitary chair pads; cushions measuring more than 6" in any direction unless otherwise provided for in these regulations.

(10) The law is fully applicable to the rental of beds, mattresses, invalid chairs, cushions, etc., customarily used by invalids. It is not intended to and it does not apply to renting out for a few hours folding chairs used by caterers and undertakers, etc.

[Regulation .46.090, effective 3/11/60.]

WAC 248-46-100 Labels--Repaired and renovated articles, owner's own. (1) Every remade or renovated article not for sale but for return to the owner for his own use shall have a label approved by the director affixed to it.

(2) The label shall be attached to the article upon its receipt and the name and address of the owner shall immediately be entered on the label.

(3) Any such article wherein the filling material(s) is distributed or exposed during making or renovating shall be fumigated by a process approved by the director, except that this may not apply to owner's own upholstered furniture.

(4) The presence of added material and whether it is new or secondhand shall be designated on the label.

(5) Immediately after the article has been remade, repaired or renovated, if no additional material has been used, the word "none" shall be entered in the label.

(6) There shall also be entered the date of fumigation, the permit number of the fumigator and the license number of the repairer and renovator where applicable.

[Regulation .46.100, effective 3/11/60.]

WAC 248-46-110 Cleanliness of secondhand articles. (1) Secondhand shall mean any filling material or article of upholstered furniture or bedding, any part of which has been used.

(2) Except as provided under WAC 248-46-110(3) any person before selling or offering for sale a secondhand article which does not have a new complete outer covering shall:

(a) Vacuum the outer surface and recess area of the articles so as to remove all loose dust and debris and

(b) Clean the outer surface of the article so as to remove all oil, grease, and physical accumulations of soil other than stains.

(3) Hospital-type mattresses. All mattresses that are provided as part of rented hospital-type bed equipment shall have a washable outer surface and after each rental be cleaned with a detergent solution containing a sanitizing agent.

(4) As provided under RCW 18.45.450 the director may condemn or withhold sale any secondhand damaged article or any filling material to be used in the manufacture of any article found to be hazardous or detrimental to health.

[Order 137, § 248-46-110, filed 12/2/76; Regulation .46.110, effective 3/11/60.]

WAC 248-46-120 Sterilization. (1) The method of sterilization of bedding and upholstered furniture shall be determined by the director.

(2) No person shall engage in the business of sterilizing articles of upholstered furniture and bedding, or such filling materials as are or that may be used in the construction, either for himself or for others without first applying to the state department of health for a license. Such license shall not be issued until the sterilizing equipment has been inspected and has been found to comply with the recommendations of the director.

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(3) Every article of upholstered furniture or bedding from any private or public hospital, jail, nursing home, or any other institution or which has been used by any person suffering from an infectious or contagious disease shall be sterilized before being offered for sale, or repaired and renovated.

[Regulation .46.120, effective 3/11/60.]

WAC 248-46-130 Fumigation. (1) Fumigation may be carried out by the atmospheric chamber method, vacuum chamber method, or by any other method demonstrated to be effective and approved by the director.

(2) No person shall engage in the business of fumigating articles of upholstered furniture and bedding or such filling materials as are or may be used in the construction thereof, either for himself or for others, without first applying to the state department of health for a license. Such license shall not be issued until the fumigation chamber has been inspected and has been found to comply with the regulations.

(3) It shall be the responsibility of the registrant to be assured that any person who operates and/or maintains the chamber has demonstrated his ability to operate such fumigation chamber in an effective and safe manner.

(4) The director of health may revoke at any time the permission to operate a fumigation chamber when he deems it necessary for the sake of safety and welfare of the public or individuals concerned, or if there is non-compliance with chapter 183, Laws of 1951 (chapter 18.45 RCW) of the state of Washington.

(5) **Atmospheric and vacuum fumigation.** Natural or mechanical means shall be provided to insure a healthful atmosphere throughout the premises. Minimum requirements for safe ventilation, including air change, temperature, humidity, air velocity, and removal of atmospheric contaminant in all work rooms shall be such that harmful conditions are obviated.

(6) Whenever toxic gases are employed in a chamber or other types of fumigation used, an adequate system of aeration shall be provided which will insure against a hazardous exposure to the operator or to others.

(7) In any type of fumigation there shall be adequate warning system for the protection of the operator and the public. This shall include the posting of a sign printed in English using red block letters not less than three inches in height for the two lines:

DANGER - POISON GAS

STAY AWAY

(8) General ventilation may be used to maintain, by dilution, the concentrations of atmospheric contaminants below the maximum allowable concentrations, provided that general ventilation shall not be used when it is feasible to prevent the escape or dispersion of the contaminants into the workroom atmosphere.

(9) Adequate facilities for rendering medical service, including prompt first aid or emergency treatment of all

accidents occurring during employment should be provided. In any operation or process employing toxic material, there must be readily available the essential drugs and equipment necessary for effective emergency first aid treatment by a physician. Such drugs and equipment shall be clearly labeled and marked

"For Use by Physician"

(10) In fumigation with any toxic gas, a helper or second person must always be present and able to render necessary aid to protect the operator in the event of errors, failure of equipment, or accident. Such person should be proficient in the technique of back pressure-arm lift method of artificial respiration.

(11) Employers and employees shall familiarize themselves with the use, sanitary care, and limitations of such respiratory equipment as they may have occasion to use.

(12) Respiratory or other protective equipment provided shall be types approved by the Washington state department of health for the specific employments involved.

(13) Protective devices and safety protective clothing shall be worn or used at all times during the period of exposure.

(14) Any vault or chamber used for fumigation purposes shall be so constructed as to be gas and air tight. This shall include making inlet and outlet vent traps, gas and air tight, and providing for their control from without.

(15) Whenever fumigation air-gas concentrations approach or exceed the lower explosive limit of the particular toxic substance used, all electrical equipment, fittings, and connections must be of explosion-proof type.

(16) In vault or chamber fumigation there must be provided a gas-tight vent pipe or stack of adequate size which will connect above the vent trap and extend at least six feet above adjacent buildings and an inlet vent of adequate size and proper location.

(17) Any vault or chamber used for fumigation purposes must be no less than 500 cubic feet capacity nor more than 1,000 cubic feet except with the written approval of the department. It must be so constructed as to be gas and air tight. It must be so designed and equipped that it can be kept clean and the fumigating agent have proper access to the material to be fumigated. It must be used only for fumigation purposes.

(18) When fumigation vaults or chambers are to be built for operation within the limits of any incorporated city, construction plans, safety devices to be employed, and nature of fumigant to be used should be discussed with the local fire marshal or other agency having jurisdiction in such matters.

(19) Each chamber or vault shall be provided with equipment to conform with these regulations and with the standards and regulations of the department of health.

(20) **Cyanide.** This method of fumigation may not be used except by professional fumigators approved by the department.

(21) **Methyl bromide.** The use of methyl bromide is restricted to professional fumigators except with the written permission of the department.

(22) **Professional fumigator.** The term "professional fumigator" as used in these regulations shall mean a person exclusively engaged in the business of fumigating buildings, vessels, or enclosed spaces; has passed an examination and been issued a license by a municipality as a fumigator or master fumigator.

(23) **Ethylene dichloride and carbon tetrachloride.** This noninflammable liquid mixture of 75% ethylene dichloride and 25% carbon tetrachloride is approved for use in an atmospheric chamber. Liquid should be placed in a shallow tray not more than 2-1/2 inches deep. Tray should be placed 18 inches below ceiling. Not less than 14 pounds (5 quarts) per 1,000 cubic feet of air space should be used, and temperature of room maintained at not less than 75°F. nor more than 90°F. for 24 hours.

(24) Any method of fumigation not provided for herein shall be submitted to the department of health for approval before adoption or use.

(25) The fumigator shall submit to the director a monthly report of all articles treated. The necessary forms may be procured from the state department of health.

(26) All items that are so treated must be stamped, labeled, or tagged as having been treated.

(27) Fumigation chambers licensed by the state department of health are for the purpose of fumigating upholstered furniture, bedding, and filling materials, and all secondhand articles containing a soft, hidden filling material which comes within the scope of the law. The holder of the license is authorized to fumigate within the chamber, using the recommended fumigant. No other fumigant may be used without the approval of the director and no fumigation is authorized outside the chamber.

[Regulation .46.130, effective 3/11/60.]

WAC 248-46-140 Supply dealers--Standards. (1) **Batts.** Paper sleeves, cartons, wrappers, or containers of any kind for individual cotton or wool batts, or batts made of any other material or combination of materials, concealed or not concealed, shall state whether the material is new or secondhand and show the grades and types of filling materials used, and the statement: "Certification is made that this material is described in accordance with the law."

(2) The batt stamp or label must show the registration number of the manufacturer or supply dealer.

(3) A stamp may be used in lieu of label providing the stamp used is not smaller than the minimum size approved by the department.

(4) When a stamp is approved in lieu of label such stamp shall show or state such information as would be required on the label which it replaces.

(5) The label or stamp shall not be smaller than six square inches in area.

(6) **Batting** made of any material or combination of materials for use in upholstered furniture or bedding

shall be labeled or stenciled as set forth in the appropriate filling material regulations.

(7) Punched pads having muslin or burlap back shall show the required information without reference to, or inclusion of, the backing or binding element.

(8) Stamps or labels on pads shall show the kinds and grades of materials used.

(9) Rubberized pads, or those using bindershaving, a similar effect, likewise need not show the percentage of rubber or other binder element, when rubber or other material is used solely as a binder element.

(10) **Bulk materials.** All filling materials sold in bulk or packages and intended for use in the manufacture of

upholstered furniture or bedding, shall be tagged or labeled in accordance with regulations covering the labeling of each kind of filling material.

(11) Bulk material in packages shall show on the stamp or label, the net avoirdupois weight; the kinds and grades of materials used, together with the registration number of the manufacturer or supply dealer.

(12) For labeling of secondhand material see WAC 248-46-110.

(13) The standards and definitions for filling materials shall be those included in these rules and regulations.

[Regulation .46.140, effective 3/11/60.]

WAC 248-46-200 Forms.

(1)

(Space for stitching)	
DO NOT REMOVE THIS LABEL UNDER PENALTY OF LAW	
ALL NEW MATERIAL Consisting of _____	
(This space for revenue stamp when required)	Reg. No. _____ Certification is made that the materials in this article are described in accordance with Law
Name and Address of Vendor or manufacturer	

ALL NEW MATERIAL LABEL

WHITE STOCK

BLACK PRINT

Minimum type size one-eighth inch high, capital letters

Insert description of filling materials by clearly imprinting in English, using capital letters not less than one-eighth inch high

Minimum size of exposed part of label is 2 x 3 inches

(2)

(Space for stitching)	
DO NOT REMOVE THIS LABEL UNDER PENALTY OF LAW	
This Article Contains 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 _____	Per. No. _____
Address _____	
Date _____	
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)

ALL NEW MATERIAL	
Net Wt.	Size
Reg. No.	

BLACK INK

24 Point Gothic Type in capital letters

Insert description of filling material by clearly imprinting in English using capital letters not less than one-eighth inch high

OWNER'S OWN MATERIAL LABEL

GREEN STOCK — BLACK PRINT

WHITE STOCK — GREEN PRINT

(5)

(Space for stitching)
DO NOT REMOVE THIS TAG UNDER PENALTY OF LAW
This Article contains the same material received from the owner, to which has been added
Reg. No. _____
This Article Must Not Be Sold It is the property of and must be returned to the owner for his own or his tenant's use
CONTENTS FUMIGATED BY Per. No. _____
Repairer or Renovator Certifies this Article Complies with the Law
Repaired & Renovated By
Name _____ Address _____
Owner _____ Address _____

Minimum type size for description of filling material one-eighth inch high, capital letters

Minimum type size, one-eighth inch

FUMIGATORS OR STERILIZERS

(6)

DO NOT REMOVE THIS TAG UNDER PENALTY OF LAW	
This Article Contains SECOND HAND MATERIAL	
Certificate is made that the materials are treated in accordance with law	
FUMIGATED BY _____	
Name _____	
Address _____	
Per. No. _____	Date _____

LABEL

RED STOCK
BLACK PRINT

Minimum type size one-eighth inch high, capital letters
Minimum type size one-eighth inch high, capital letters

SUPPLY DEALERS TAGS — BULK MATERIALS

(7)

Net wt.	DO NOT REMOVE UNDER PENALTY OF LAW	Reg. No.
ALL NEW MATERIAL		
consisting of _____		
Name of Vendor or Manufacturer _____		

LIGHT STOCK
BLACK PRINT

24 Point Gothic

Insert description of filling materials by
clearly imprinting in English using
capital letters not less than one-eighth
inch high

(8)

Net wt.	DO NOT REMOVE UNDER PENALTY OF LAW	Reg. No.
SECOND HAND MATERIAL		
consisting of _____		
FUMIGATED BY _____		
Date _____	Per. No. _____	

RED STOCK
BLACK PRINT

24 Point Gothic

Minimum type size one-eighth inch
high

FOR SECONDHAND BATTING, FELT OR PADDING
WRAPPER STENCIL OR RUBBER STAMP

(9)

SECONDHAND MATERIAL	
Net wt.	Size
Reg. No.	

RED INK

24 Point Gothic Type in capital letters

Insert description of filling material by clearly imprinting in English using capital letters not less than one-eighth inch high.

[Forms (codified as WAC 248-46-200), effective 3/11/60.]

WAC 248-46-999 Legal authority of the state board of health. RCW 18.45.480 (section 38, chapter 183, Laws of 1951).

[Regulation .46.999, effective 3/11/60.]

**Chapter 248-50 WAC
GENERAL SANITATION**

WAC

- 248-50-010 Definition—Public or common nuisance.
- 248-50-020 Spitting.
- 248-50-030 Common towel.
- 248-50-060 Water sold to the public for drinking purposes in bottles or other containers.
- 248-50-070 Ice sold for public use.
- 248-50-080 Pollution of ground water prohibited.
- 248-50-090 Stream pollution.
- 248-50-100 Disposal of human excreta.
- 248-50-110 Kitchen and laundry water.
- 248-50-120 Disposal of garbage, trash, rubbish, offal, dead animals, and manure.
- 248-50-130 Keeping of animals.
- 248-50-140 Stagnant water.
- 248-50-150 Highway sanitation.
- 248-50-160 Sanitation of public buildings.
- 248-50-170 Objectionable establishments 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.

[Title 248 WAC—p 288]

(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.]

(1986 Ed.)

WAC 248-50-140 Stagnant water. (1) All marshes or swamps, and all pools or ponds, either natural or artificial, shall be maintained by the owners free from the breeding of mosquitoes. If treatment is required to prevent the breeding of mosquitoes, it shall be accomplished by filling, draining, stocking with larvae-eating fish, treating with larvicide or mineral oil or by some other method approved by the state department of health.

(2) No person shall maintain or permit to be maintained any privy vault, cesspool, well, cistern, rain barrel, or other receptacle containing water in such condition that mosquitoes may breed therein.

[Regulation .50.140, effective 3/11/60.]

WAC 248-50-150 Highway sanitation. Any municipality, community, institution, corporation, association, firm or person who owns, operates, or maintains on or near any public highway, a place catering to the traveling public, shall maintain and operate said place in such a way that it does not constitute a menace to public health or a public nuisance.

[Regulation .50.150, effective 3/11/60.]

WAC 248-50-160 Sanitation of public buildings. (1) **Definition.** A public building shall be construed to mean any theater, show-house, public hall, public meeting place, public transportation terminal, or any other public building not covered by specific regulations: *Provided*, That a public building shall not be construed to include any store, market, supermarket, or other commercial establishment open to the general public for commercial purposes which does not cater to an audience.

(2) **Lighting and ventilation.** All public buildings shall be properly lighted and ventilated according to the type of said building and the uses to which it is put.

(3) **Water supply.**

(a) Any public place supplied with water under pressure shall be equipped with sanitary drinking fountains of an approved type.

(b) Where water supplied for drinking is not obtained from a public water supply, such water shall be of a quality approved by the secretary of the department of social and health services. When not under pressure, drinking water shall be stored in a covered container of an approved type.

(c) The use of the common drinking cup is prohibited.

(4) **Toilet facilities.** Every public building shall be provided with adequate sanitary toilet facilities for each of the sexes; and such facilities shall be convenient and accessible. Every public building which must provide adequate sanitary toilet facilities shall provide at least one free sanitary toilet facility for each of the sexes. Where toilet facilities are voluntarily provided by any store, market, supermarket, or other commercial establishment for use by customers of such establishment or the general public, there shall be at least one free sanitary toilet facility provided for each of the sexes. It shall be the duty of the owner, manager, or other responsible person in charge to see that the toilet system is properly installed and maintained in a usable and sanitary condition at all times.

The method of sewage disposal for all public buildings shall comply with the rules and regulations of the state board of health.

(5) **Cleaning.** All public buildings shall be kept at all times in a clean and sanitary condition and the cleaning shall be carried on under proper sanitary conditions. All rooms used for public meetings shall be cleaned after each meeting held in them, such cleaning to consist of thorough sweeping of the floors and wiping of the woodwork, together with proper airing of the rooms. No room shall be swept without the use of a proper dust-laying substance. Dry dusting is prohibited. In construing this regulation all meetings held during the course of a single day shall be regarded as one meeting.

[Order 98, § 248-50-160, filed 4/5/74; Order 89, § 248-50-160, filed 10/3/73; Regulation .50.160, effective 3/11/60.]

WAC 248-50-170 Objectionable establishments and industrial wastes. (1) No person, partnership, firm or corporation maintaining a slaughter house, rendering works, depository of dead animals, glue works, tannery, wool washing establishment, paper mill, by-product coke oven, dye works, oil refinery, dairy, creamery, cheese factory, milk station or similar establishment; or engaged in the manufacture of gas, chemicals, explosives, fertilizers, or similar products; or in the business of soap making, fish oil extraction, bone boiling or similar occupation, shall allow any noxious exhalation, odors or gases that are deleterious or detrimental to public health to escape into the air, or any substance that is deleterious or detrimental to public health to accumulate upon the premises; or be thrown or allowed to discharge into any street, roadway or public place; or be thrown or allowed to discharge into any stream or other waters of the state.

(2) All slaughter houses, rendering works, bone boiling establishments, depositories for dead animals, garbage disposal works, piggeries and similar establishments handling organic matter shall have an adequate water supply for the purpose of keeping the place clean and sanitary. All floors shall be constructed of concrete or other impervious material and shall have adequate provision for drainage to a sewer or treatment works approved by the state department of health.

[Regulation .50.170, effective 3/11/60.]

WAC 248-50-180 Piggeries. (1) No pigsty or piggery shall be built or maintained on marshy ground or land subject to overflow, nor within 200 feet of any stream or other source of water supply.

(2) When garbage is fed to pigs all unconsumed garbage shall be removed daily and disposed of by burial or incineration.

(3) No organic material furnishing food for flies shall be allowed to accumulate on the premises.

(4) All garbage shall be handled and fed upon platforms of concrete or other impervious material.

(5) Unslaked lime, hypochlorite of lime, borax or mineral oil shall be used daily in sufficient quantities to prevent offensive odors and the breeding to flies.

(6) All garbage, offal and flesh fed to swine must be sterilized by cooking before feeding.

[Order 44, § 248-50-180, filed 12/11/70; Regulation .50.180, effective 3/11/60.]

WAC 248-50-200 Disease producing organisms for rodent extermination forbidden. The use of any disease-producing organisms such as the so-called "rat viruses" or any bacteria for the purpose of rodent extermination is prohibited.

[Regulation .50.200, effective 3/11/60.]

WAC 248-50-210 Common drinking cups. No person, firm, corporation or authorities owning, in charge of, or in control of any hotel, theatre, restaurant, lodging house, factory, school, church, store, office building, railway, trolley or other public conveyance station, or public conveyance by land, water or air, or other institution or conveyance frequented by the public or which may be used for the purpose of public assembly or as a place of employment, is permitted to furnish any cup, vessel or other receptacle for common use in any such place for drinking or eating purposes.

The term "common use" in this section shall be construed to mean, for use by more than one person without adequate cleansing.

[Regulation .50.210, effective 3/11/60.]

Chapter 248-54 WAC PUBLIC WATER SUPPLIES

WAC

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248-54-235	Fluoridation of drinking water.
248-54-245	Distribution reservoirs.

- 248-54-255 Public notification.
- 248-54-265 Analyses and records, reporting.
- 248-54-275 Sanitary survey.
- 248-54-285 Cross-connection control.
- 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—Bypasses 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.
- 248-54-550 Purpose and scope. [Order 153, § 248-54-550, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-560 Definitions. [Statutory Authority: RCW 43.20.050. 81-21-054 (Order 215), § 248-54-560, filed 10/19/81; Order 153, § 248-54-560, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-570 Administration. [Order 153, § 248-54-570, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-575 Class 4 public water systems. [Order 153, § 248-54-575, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-580 Water system plan. [Order 153, § 248-54-580, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-590 Engineering report. [Order 153, § 248-54-590, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-600 Plans and specifications. [Order 153, § 248-54-600, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-610 Operations program. [Order 153, § 248-54-610, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-620 Approval of water systems existing prior to August 1, 1977. [Order 153, § 248-54-620, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-630 Requirements for engineers. [Order 153, § 248-54-630, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-640 Approval by health officer. [Order 153, § 248-54-640, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-650 Inspection and certification by a professional engineer. [Order 153, § 248-54-650, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-660 Source protection and treatment. [Order 153, § 248-54-660, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-670 Fluoridation. [Order 153, § 248-54-670, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-680 Design of public water system facilities. [Order 153, § 248-54-680, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-690 Distribution reservoirs. [Order 153, § 248-54-690, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-700 Disinfection of facilities. [Order 153, § 248-54-700, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-710 Quantity and pressure. [Order 153, § 248-54-710, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-720 Reliability. [Order 153, § 248-54-720, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-730 Location of public water system facilities. [Order 153, § 248-54-730, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-740 Quality. [Statutory Authority: RCW 43.20.050. 81-21-054 (Order 215), § 248-54-740, filed 10/19/81; Order 153, § 248-54-740, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-750 Reporting and public notification. [Statutory Authority: RCW 43.20.050. 81-21-054 (Order 215), § 248-54-750, filed 10/19/81; Order 153, § 248-54-750, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-760 Analyses and records. [Order 153, § 248-54-760, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-770 Emergency measures. [Order 153, § 248-54-770, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-780 Enforcement. [Order 153, § 248-54-780, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-790 Waiver. [Order 153, § 248-54-790, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-800 Variances and exemptions. [Order 153, § 248-54-800, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-810 Sanitary survey. [Order 153, § 248-54-810, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-820 Cross-connections. [Order 153, § 248-54-820, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-830 Cross-connection terms. [Order 153, § 248-54-830, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-840 Cross-connections prohibited. [Order 153, § 248-54-840, filed 12/5/77.] Repealed by 83-19-002 (Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.
- 248-54-850 Use of backflow prevention devices. [Order 153, § 248-54-850, filed 12/5/77.] Repealed by 83-19-002

(Order 266), filed 9/8/83. Statutory Authority: RCW 43.20.050.

PART 1. GENERAL

WAC 248-54-005 Purpose and scope. These state board of health regulations address the health aspects of public water supply in a manner designed to encourage sound design, construction, management, and operations practice.

The regulations set forth are adopted pursuant to the provision of chapter 43.20 RCW. These regulations are intended to conform with the intent of P.L. 93-523, the Federal Safe Drinking Water Act of 1974, to assure the supply of safe, high-quality drinking water in a reliable manner and in a quantity suitable for intended use.

Other statutes relating to this chapter are: Chapters 43.20A, 70.05, 70.116, and 70.119 RCW.

[Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-005, filed 9/8/83.]

WAC 248-54-015 Definitions. (1) Abbreviations

kPa – kilo pascal (metric equivalent of psi)

m – meter

MCL – maximum contaminant level

mL – milliliter

mm – millimeter

mg/L – milligrams per liter

MPN – most probable number of coliform bacteria per 100 mL

pCi/L – picocuries per liter

psi – pounds per square inch

umhos/cm – micromhos per centimeter

(2) Classes of public water systems

(a) "Class 1" – A water system having one hundred or more permanent services or serving a transitory population of one thousand or more people on any one day. When the class designation is based on transitory population, the suffix "T" will follow the 1, i.e., 1T designating a class 1 transitory system.

(b) "Class 2" – A water system having ten through ninety-nine permanent services or serving a transitory population of three hundred through nine hundred ninety-nine people on any one day. When the class designation is based on transitory population, the suffix "T" will follow the 2, i.e., 2T, designating a class 2 transitory system.

(c) "Class 3" – A water system serving a transitory population of twenty-five through two hundred ninety-nine on any one day.

(d) "Class 4" – A water system having two through nine permanent services or serving a transitory population of less than twenty-five people on any one day or any other public water system which is not a class 1, 2 or 3 system. When the class designation is based on transitory population, the suffix "T" will follow the 4, i.e., 4T, designating a class 4 transitory system.

Note: If the water system serves *both* permanent services and a transitory population, the system is classified according to the number of permanent services, and transitory population. The higher classification will be used (class 1 being the highest, class 4T the lowest).

(3) "Contaminant" – Any physical, chemical, biological, or radiological substance or matter when present in drinking water above an acceptable level may adversely affect the health of the consumer and/or the aesthetic qualities of the water consumed.

(4) "Cross-connection" – Any physical arrangement connecting a public water system, directly or indirectly, with anything other than another potable water system, capable of contaminating the public water system as a result of backflow.

(5) "Department" – The Washington state department of social and health services.

(6) "Disinfection" – Introduction of chlorine or other agent or process approved by the department, in sufficient concentration, followed by adequate contact time so as to kill or inactivate pathogenic and indicator organisms.

(7) "Distribution system" – Any pipe network conveying flow from system storage and/or transmission lines to the service connections.

(8) "Emergency plan" – A document outlining procedures necessary for timely response to emergency situations and conditions.

(9) "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 defined by applicable codes.

(10) "Health officer" – The health officer of the city, county or city-county health department or district or an authorized representative.

(11) "Hydraulic analysis" – The study of the water system network: To evaluate the ability of the system to conduct flow throughout the distribution system under worst case conditions, consisting of the maximum hourly flow plus fire flow when required or maximum instantaneous demand (MID) when fire flow is not required. Hydraulic analysis includes consideration of all factors affecting system energy losses.

(12) "Maximum contaminant level" – The maximum permissible level of a contaminant in water 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. 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.

(13) "Maximum daily turbidity" – The level determined by the average of the maximum hourly readings over a twenty-four hour period when continuous monitoring is used or the average of two grab samples taken within one hour when daily monitoring has been approved by the department.

(14) "Maximum instantaneous demand" (MID) – The flow rate of water needed to supply all the consumers of a water system with water at the same moment in time, excluding fire flow.

(15) "Operations program" – A document defining the necessary elements of management, maintenance, and quality control in an easily understood manner.

(16) "Permanent population" – Population normally resident to the system for three continuous months or more.

(17) "Primary inorganic chemical and physical standards" – Standards based on the health effects of arsenic, barium, cadmium, chromium, fluoride, lead, mercury, nitrate (as N), selenium, silver, sodium, and turbidity.

(18) "Protected ground water source" – A ground water source shown to the satisfaction of the department to be well-protected from any potential source of contamination on the basis of geohydrologic data and/or satisfactory water quality history.

(19) "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, but excluding a water system serving one single family residence.

Note: This definition excludes bottled water operations falling under federal food and drug administration regulations, except where the number of people served on site places the system into one of the water system class categories.

(20) "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 the authorized agent.

(21) "Secondary chemical and physical standards" – Standards based on the aesthetic effects of chloride, color, copper, iron, manganese, odor, sulfate, total dissolved solids, and zinc.

(22) "Service" – A physical connection to a public water system designed to serve a single family or equivalent use. For example, a single family home or a dormitory room would each be one service. If the facility has group home or barracks-type accommodations allowing more than three persons to occupy the same room, the formula of three persons served equals one service will be used.

(23) "Standard methods" – The current edition of the book titled *Standard Methods for the Examination of Water and Waste Water*, which is jointly published by the American Public Health Association, American Water Works Association (AWWA), and Water Pollution Control Federation. This is available through public libraries or may be ordered from AWWA, 6666 West Quincy Avenue, Denver, Colorado 80235.

(24) "Transitory population" – People using a public water system for drinking water on a nonpermanent basis (i.e., campground, airport, motel, restaurant).

(25) "Well field" – A group of closely spaced wells, approximately the same depth, obtaining water from the same aquifer.

(26) "Wholesale" – To sell water to another utility.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-015, filed 9/8/83.]

WAC 248-54-025 General administration. (1) The department and the health officer for each local health

jurisdiction shall have a joint plan of operation listing the responsibilities of each agency for administering these regulations. The plan shall provide for a minimum necessary level of water system supervision. This plan shall be submitted to the local board of health for adoption. The department shall, upon request, review and report on the adequacy of water supply supervision to both the state and local boards of health. The plans shall be approved and updated as necessary.

Wherever in these regulations the term "department" is used, the term "health officer" may be substituted, according to the terms of this plan of operation.

(2) The local board of health may adopt regulations establishing a program for regulation of the water systems within the jurisdiction for which the health officer has assumed primary responsibility. The adopted regulations shall be consistent with this section, local needs, and resources.

(3) The health officer may waive all requirements of these regulations for class 4 systems with two connections where the health officer has assumed primary responsibility for these systems.

(4) For those public water systems where the health officer has assumed primary responsibility, the health officer may approve preliminary reports, plans, and specifications in accordance with engineering criteria approved by the department.

(5) An advisory committee shall be established to provide guidance to the department concerning drinking water issues. The committee shall be appointed by the department and conform to department policies for advisory committees. The committee shall be composed of representatives of public water systems, public groups, agencies, and individuals involved with or having an interest in drinking water.

(6) The department may develop guidelines to clarify sections of the regulations as needed and make these available for distribution.

(7) Fees may be charged by the department as authorized in chapter 43.20A RCW and by local health agencies as authorized in RCW 70.05.060 to recover all or a portion of operational costs incurred in administering these regulations.

(8) The applicant should allow a minimum of thirty days for the department to review documents that are submitted for approval.

(9) All other state and local agencies involved in review, approval, surveillance, testing, and/or operation of public water systems, or issuance of permits for buildings or sewage systems shall be governed by these rules and regulations and any decisions of the department pursuant hereto.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-025, filed 9/8/83.]

WAC 248-54-035 Requirements for engineers. (1) All water system plans, engineering reports, and plans and specifications submitted to the department for new public water systems, extensions, or alterations as required in WAC 248-54-065, 248-54-085, and 248-54-

095, except minor projects not requiring engineering expertise as determined by the department, shall be prepared by a professional engineer licensed in the state of Washington in accordance with chapter 18.43 RCW and shall bear his or her seal and signature.

(2) A construction report shall be submitted to and accepted by the department within sixty days of completion and prior to use of any project for which plans and specifications have been approved by the department for projects designed by a professional engineer. The construction report must be signed by a professional engineer. The report shall state in the opinion of the signee whether the project has been constructed in accordance with approved plans and specifications and the installation, testing, and disinfection of the system were carried out in accordance with department regulations.

(3) It shall be the responsibility of the purveyor to assure the requirements of this section have been fulfilled prior to the use of any completed project, and an updated water facilities inventory (WFI) form has been submitted when necessary. The WFI shall accompany the construction report.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-035, filed 9/8/83.]

WAC 248-54-045 Enforcement. When any public water system is found to be out of compliance with these regulations, appropriate enforcement actions may be initiated by the department. These actions may include any one or combination of the following:

(1) Noncompliance letters informing the public water purveyor of noncompliance and instructing or requesting appropriate corrective measures.

(2) Issuance of a compliance schedule for specific actions necessary for the water purveyor to achieve compliance status.

(3) Departmental orders instructing the public water purveyor to take specific required actions or cease unacceptable activities within a designated time period. In emergency situations, orders may be issued in the field by the department requiring immediate actions be taken.

(4) Legal action may be taken by the attorney general or local prosecutor. The legal action requested may be criminal or civil.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-045, filed 9/8/83.]

WAC 248-54-055 Waiver. The state board of health may waive any portion of these regulations, pursuant to WAC 248-08-595: *Provided*, That the waiver is consistent with the intent of these regulations and no public health hazard will result, and the waiver will not be in conflict with the requirements of the Federal Safe Drinking Water Act.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-055, filed 9/8/83.]

(1986 Ed.)

PART 2. PLANNING AND ENGINEERING DOCUMENTS

WAC 248-54-065 Water system plan. (1) The purpose of this section is to establish a uniform process for public water systems to identify present and future needs and set forth means for meeting those needs in an efficient manner consistent with other relevant plans and policies affecting the area where they are located.

(2) The following categories of public water systems shall develop an implementable water system plan for review and approval by the department:

(a) All public water systems having one thousand or more services.

(b) Public water systems with one hundred to nine hundred ninety-nine services as required by the department. The department may require a water system plan in the following situations:

(i) New systems.

(ii) Expansion of existing system facilities and/or operations.

(iii) Any system experiencing water supply problems related to inadequate planning.

(c) Public water systems located in areas utilizing the Public Water System Coordination Act of 1977, chapter 70.116 RCW.

(3) The department shall work with the purveyor and other parties to establish the level of detail for a water system plan. In general, the scope and detail of the water system plan will be directly related to size and complexity of the water system. An engineering report may be combined with a water system plan when both are required for water systems defined in this section.

(4) The water system plan shall address the following elements as a minimum for a period of at least ten years into the future. A planning handbook is available from the department to assist the utility in adequately addressing these elements:

(a) Basic water system planning data.

(b) Existing system analysis.

(c) Planned improvements.

(d) Financial program.

(e) Relationship and compatibility with other plans.

(f) Supporting maps.

(g) Operations program (see WAC 248-54-195).

(h) State Environmental Policy Act.

(i) Watershed control when applicable (see WAC 248-54-225).

(5) Department approval of a water system plan shall be in effect for up to five years after the date of issuance appearing on the formal letter of approval.

(a) The purveyor shall update the water system plan every five years or sooner if any of the following occurs:

(i) Major system improvements are contemplated which are not addressed in the water system plan.

(ii) Changes occur in the basic planning data affecting improvements identified in the plan.

(iii) The department requests an updated plan.

(b) If after five years no alteration to the plan is considered necessary, the purveyor shall submit evidence

supporting this conclusion in a letter to the department for approval.

(6) Engineering reports and plans and specifications submitted for approval in accordance with WAC 248-54-085 and 248-54-095 by purveyors required to have a water system plan, will not be considered for approval unless there is a current approved water system plan and the plan adequately addresses the project.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-065, filed 9/8/83.]

WAC 248-54-085 Engineering report. (1) The purpose of the engineering report is to assure and document that proper engineering concepts and design criteria are used in the preparation of plans and specifications for a specific project.

(2) An engineering report shall be required for:

(a) All systems which are planning a filtration or other complex process project;

(b) All class 1 systems planning a corrosion control, iron and manganese control, simple disinfection and/or fluoride addition project;

(c) All new systems which, when constructed, will have over one hundred permanent services; and

(d) A major system modification, as determined by the department.

(3) The engineering report shall include as a minimum the following elements (information contained in a current and approved water system plan or current engineering report need not be duplicated in the new engineering report. Any planning information in an engineering report will be project specific):

(a) Planning considerations relevant to the proposal, project or problem, including:

(i) General background about the project including compatibility with population projections and water demand forecasts;

(ii) Description of project and its relationship with other system components;

(iii) Schedule and financial program for the project;

(iv) A relevant operations program for the project;

(v) Assessment of potential impacts of the project upon neighboring water systems;

(vi) Status of water rights for the project, including water right application or permit number;

(vii) 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.

(b) Engineering considerations relevant to the proposal, project or problem, including:

(i) Design criteria, including proposed water demand, source quantity, storage, and pressure parameters;

(ii) Details of source including location and water quality;

(iii) Details of preliminary design performed for the selected alternatives and discussion of other alternatives considered;

(iv) Discussion of a proposal for planning phased construction and development; and

(v) Discussion of operational requirements.

(c) When a surface water source is proposed, there must also be included:

(i) A general description of the watershed and adjacent areas which may affect the quantity or quality of flow within the watershed;

(ii) Upstream water uses which could affect either water quality or quantity; and

(iii) Detailed information regarding all aspects of water quality addressed in WAC 248-54-175, and the results of pilot plant testing for the proposed treatment process.

(d) When a well or spring is to be developed, there must also be included:

(i) All of the elements listed in subsection (3) of this section for surface water when a spring source is proposed, except the spring recharge area will be addressed instead of watershed. A detailed hydrogeologic justification must be provided as a basis for the definition of the spring recharge area;

(ii) 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;

(iii) A hydrogeologic assessment of the proposed source with respect to the probable long-term capacity of the source to meet system needs;

(iv) The dimensions and location of sanitary control area as set forth in WAC 248-54-125; and

(v) Results of site inspection by the department.

(e) Other information may be required by the department. Prior to initiating an engineering report, the purveyor should contact the department in order to identify any such additional information.

(4) An engineering report approval will be in effect for a period of two years following issuance. After two years following approval, the report shall be updated and reviewed and approved before plans and specifications will be approved, unless the purveyor requests an extension of the approval period. Extension of the approval may be obtained by submitting a status report with a written schedule for completion of the work to the department for approval.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-085, filed 9/8/83.]

WAC 248-54-095 Plans and specifications. (1) Every water purveyor, before installing any portion of a new public water system or additions, extensions, changes, or alterations to an existing public water system shall submit to the department complete plans and specifications fully describing the proposed project, except for minor projects as follows:

(a) The installation of hydrants, valves, fittings, and meters.

(b) The repair of a system component or replacement with a similar component.

(c) Performing maintenance or painting of surfaces not contacting potable water.

(d) Pump motor controls.

(e) Interior building plumbing.

(2) Projects submitted for approval according to this section shall conform with the appropriate water system plan (WAC 248-54-065) or engineering report (WAC 248-54-085). If the project does not conform to these regulations, then either the project, the plan or the report shall be updated as necessary before the project will be considered for approval. Where a current engineering report or water system plan is in effect, information need not be duplicated in the plans and specifications.

(3) Plans and specifications used in a public water system project shall conform with applicable design standards as outlined in WAC 248-54-105 through 248-54-155.

(4) Complete plans and specifications shall be submitted. Incomplete submittals received by the department may be returned without review. Plans and specifications shall contain:

(a) All engineering information, technical calculations, and sizing calculations necessary to support the project, plus the specifications for all potable water contact materials and coatings, and for the construction and disinfection of the project.

(b) Detailed construction drawings including elevations, distribution line sizes, valving, source and reservoir locations, site plan, and all other necessary engineering details.

(c) A plan for ownership and operation of the system.

(d) Information for all new or previously unapproved sources of supply shall be provided, as follows:

(i) Prior to source development, an on-site inspection and approval made by the department or a local health department representative is required. A copy of the site approval and a map of the site and vicinity shall be included with the plans and specifications.

(ii) A copy of the water right permit obtained from the department of ecology for the source and quantity to be used.

(iii) Copies of the recorded legal documents for the sanitary control area necessary for source of supply protection.

(iv) The results of an initial analysis of the raw water quality, including as a minimum a bacteriological and complete chemical analysis from each source. When source water quality is subject to variation, additional monitoring may be required by the department. The range of variation shall be defined.

(v) All data relating to the source site and development obtained after completion of the engineering report (WAC 248-54-085). Items such as a well log, spring source recharge area, and/or watershed information, etc., shall be included.

(vi) Detailed construction plans to include all planned source development and treatment facilities as described in the engineering report (WAC 248-54-085).

(vii) Well source development data to establish the capacity of the source shall 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. Interference between existing sources and the source being tested must also be shown.

(A) A source being constructed and pump tested to determine a sustained design flow up to 200 gpm (750 liters per minute) shall be tested as follows:

The source shall be pump tested at 1.5 times the design pumping rate until drawdown stabilization has been established for at least two hours. (Drawdown stabilization is two inches (fifty mm) or less of drop in two hours.) In no case shall the proposed source be pump tested for less than four hours.

(B) A source being constructed to provide a sustained design flow of 200 gpm (750 liters per minute) or more shall be tested as follows:

The source shall be pump tested at no less than design flow until drawdown stabilization has been established for at least ten hours. (Drawdown stabilization means three inches (75 mm) or less drop in ten hours.) The proposed source shall be pump tested for not less than twenty-four hours, except that where extensive hydrogeological data exists for the aquifer system being developed, the pump test may be reduced to four hours.

(C) 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. In a well field situation, a hydrologic study of the aquifer may have been completed and determined adequate by the department. In such a case, the duration of the pump test may be altered as directed by the department.

(viii) Source development data for spring and surface sources to include seasonal variation.

(e) The document necessary to fulfill the State Environmental Policy Act (SEPA), RCW 43.21C.120 considerations relevant to the project in accordance with the guidelines of the department in chapter 248-06 WAC.

(f) Additional information as required by the department.

(5) Upon receipt of the written approval from the department, the plans and specifications shall be adhered to unless changes are submitted to and approved by the department in writing. Minor field revisions required during construction need not be submitted for approval.

(6) If the department finds a project is being constructed prior to or without the required written approval, a departmental order may be issued to stop work and prevent use of the project until proper approvals have been obtained.

(7) If the purveyor has received approval of a water system plan in accordance with WAC 248-54-065, 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.

(8) It is the responsibility of the purveyor to provide to the department a written explanation of how construction inspection of the ongoing project will be performed in compliance with WAC 248-54-035. An engineer's construction report shall be submitted within sixty days of construction completion.

(9) If construction has not been started within two years of the date 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 thirty 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 with a written schedule for completion of the work to the department for approval.

(10) Plans and specifications for existing systems may be approved retroactively subject to a satisfactory review of the following:

(a) As-built plans of the subject area;

(b) An engineering report in conformance with WAC 248-54-085; and

(c) Other data defined by the department, i.e., well data, water quality information, and sanitary protection of source.

(11) After review of plans and specifications packages, the department shall take any of the following actions:

(a) Approve the plans and specifications for the system.

(b) Issue a limited or provisional approval based upon a defined program for the system to achieve complete approval.

(c) Disapprove and issue a list of items required for approval.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-095, filed 9/8/83.]

PART 3. DESIGN OF PUBLIC WATER SYSTEMS

WAC 248-54-105 Design standards. Good engineering practice, such as the current edition of *Recommended Standards for Water Works, a Committee Report of the Great Lakes - Upper Mississippi River Board of State Sanitary Engineers*, department guidelines - Sizing Guidelines for Public Water Supplies, American Public Works Association (APWA), American Water Works Association (AWWA) standard specifications or other design criteria and standards acceptable to the department, shall be used in the design of all public water systems.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-105, filed 9/8/83.]

WAC 248-54-115 Location. New public water systems or additions to existing systems which in the judgment of the department are within an area subject to significant risk from earthquakes, floods, fires, or other disasters causing a breakdown to any portion of the public water system shall not be allowed.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-115, filed 9/8/83.]

WAC 248-54-125 Source protection. Public drinking water shall be obtained from the highest quality source feasible. Existing and proposed sources of supply shall conform to the water quality standards established in WAC 248-54-175.

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(1) For wells and springs, the water purveyor shall provide an area of sanitary control for a radius of one hundred feet (thirty meters) and two hundred feet (sixty meters) respectively; except the water purveyor shall control land of a greater or lesser size or of a different shape than is defined by a one hundred or two hundred foot radius where an engineering justification has been reviewed and accepted by the department. The engineering justification must address geological and hydrological data, well construction details, and other relevant factors indicating a control area of different size or shape is necessary to assure adequate sanitary control in the vicinity of the source.

Within the control area, no source of contamination may be constructed, stored, disposed of, or applied without the permission of the department and the purveyor. The control area must be owned by the water purveyor in fee simple, or he or she must have the right to exercise complete sanitary control of the land through other legal provisions.

A purveyor owning all or part of the control area in fee simple, or who has possession and control of the sanitary control area, even though the legal title is held by another, shall convey to the department a restriction on the use of the land in accordance with these rules, by appropriate legal document, such as a declaration of covenant. This document shall state no source of contamination may be constructed, stored, disposed of, or applied without the permission of the department and the purveyor, and if any change in ownership of the system or sanitary control area is considered, all affected parties shall be informed of these requirements.

Where portions of the control area are in the possession and control of another, the purveyor must obtain a duly recorded restrictive covenant which shall run with the land, restricting the use of said land in accordance with these rules, which shall be recorded in the county wherein the land is located.

(2) Adequate watershed control, consistent with treatment provided, shall be demonstrated and documented for all surface water sources pursuant to WAC 248-54-225. A department guideline regarding watershed control is available to assist utilities in this regard.

(3) In situations where regional ground water resources are being utilized, collaborative actions may be taken by appropriate local, state, or federal agencies when necessary to protect underground sources of drinking water. These may include, but not be limited to: Sole source aquifer designation; special design criteria; or ground water resource management.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-125, filed 9/8/83.]

WAC 248-54-135 Distribution systems. (1) All new distribution reservoirs shall have suitable watertight roofs or covers which excludes birds, animals, insects, and dust, and shall include appropriate provisions to safeguard against trespass, vandalism, and sabotage. Existing uncovered distribution reservoirs shall comply with the provisions of WAC 248-54-245.

(2) Distribution systems shall be evaluated by use of a hydraulic analysis acceptable to the department.

(3) In general, the minimum diameter of all distribution mains should be six inches (150 mm). Systems designed to provide fire flows shall have a minimum distribution main size of six inches (150 mm). Installation of standard fire hydrants shall not be allowed on mains less than six inches (150 mm) in diameter. In general, distribution lines smaller than two inches (50 mm) in diameter are not acceptable, except for class 4 systems, when justified by hydraulic analysis.

(4) New public water systems or additions to existing systems shall provide a design quantity of water at a positive pressure of at least 30 psi (200 kPa) under maximum instantaneous demand flow conditions measured at the water meter or at the property line of the premises when meters are not used. When a system is being designed to provide fire flows, a positive pressure shall be maintained throughout the system under fire flow conditions at the water meter or at the property line.

(5) 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 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.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-135, filed 9/8/83.]

WAC 248-54-145 Disinfection of facilities. No portion of a public water system containing potable water shall be put into service, nor may the use of any facility be resumed after being out of service, until the facility has been effectively disinfected. The procedure used for disinfection shall conform to the American Water Works Association standards or other standards acceptable to the department. In cases of new construction, drinking water shall not be furnished for the use of the consumer until bacteriological samples have been analyzed by a laboratory having a current certificate of approval from the department and satisfactory results obtained.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-145, filed 9/8/83.]

WAC 248-54-155 Treatment design. (1) Finished water quality from existing and proposed sources of supply shall conform to the minimum water quality standards established in WAC 248-54-175.

(2) Predesign studies shall be required for proposed surface water supplies and those ground water supplies requiring treatment. The goal of the predesign study shall be to establish the most acceptable method to produce satisfactory finished water quality.

(3) The minimum level of treatment for all ground water supplies shall be continuous and effective disinfection. The requirement for disinfection may be waived for public water systems with:

(a) Well sources with a satisfactory bacteriological history drawing from a protected ground water aquifer as determined by the department, or

(b) Spring sources with a satisfactory bacteriological history provided sufficient evidence is submitted to the department demonstrating to the satisfaction of the department the spring originates in a stratum not subject to contamination.

(4) The minimum treatment for surface water supplies shall be coagulation, flocculation, filtration, and disinfection. In certain cases with cost analysis and adequate engineering justification, alternative treatment designs followed by disinfection may be acceptable to the department. Disinfection as the sole means of treatment for existing surface water supplies may be acceptable to the department provided the purveyor can demonstrate to the satisfaction of the department adequate watershed control pursuant to WAC 248-54-225, raw and finished water quality, and water system design and operation.

(5) Disinfection methods, other than chlorine, i.e., ozonation, ultraviolet radiation, iodination may be approved by the department under special circumstances with appropriate engineering justification.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-155, filed 9/8/83.]

PART 4. WATER QUALITY

WAC 248-54-165 Monitoring requirements. (1) General.

(a) The purveyor shall be responsible for satisfying the requirements of this section. The monitoring requirements in this section are minimums. Additional monitoring may be required by the department.

(b) Samples required in this section shall be collected, transported, and analyzed according to methods approved by the department. The analyses shall be done only by the state public health laboratory or by any other laboratory having a current certificate of approval from the state office of laboratories and epidemiology for the analyses to be performed, except turbidity as required by this section may be tested by qualified water utility operators or health department personnel.

(c) When one public water system receives water from another public water system, the receiving system is required to take only the bacteriological samples as noted in Table 1 or Table 2 as appropriate.

The department may reduce the monitoring requirement of the receiving system provided the receiving system has had a good water quality history, is operated in a satisfactory manner, and the supplying system includes the receiving system in a regular monitoring schedule, and includes the number of services and population of the receiving system in the totals of the supplying system.

Periodic reviews of the system's sampling record will be made to determine if continued reduction is appropriate.

(d) Special purpose samples, such as check samples or samples taken to determine if disinfection following pipe

repair has been sufficient, shall not count toward fulfillment of these monitoring requirements.

(e) All monitoring requirements in subsections (2) through (9) of this section apply equally to systems serving permanent or transitory populations unless otherwise stated.

(2) Bacteriological.

(a) Drinking water samples shall be collected for bacteriological analysis from representative points in the distribution system at regular time intervals.

(b) The frequency for monitoring drinking water shall be determined according to the following:

(i) For systems whose class is determined by the number of permanent connections served, the minimum number of routine samples to be analyzed is shown on Table 1.

(ii) For systems whose class is determined by the transitory population served, the minimum number of routine samples to be analyzed is shown on Table 2. In the case where class is determined by an event of one week or less in duration, sampling shall be as directed by the health officer.

(iii) For systems having both permanent connections and transitory population, the minimum number of routine samples to be analyzed may vary from month to

month. The number of samples required each month will be the higher number of samples from Table 1 and Table 2.

(c) When disinfection is practiced, the purveyor shall collect untreated (raw) water samples from each source for bacteriological analysis of total coliform in addition to the number of treated samples required. The frequency of monitoring untreated water shall be determined according to the following:

(i) For protected ground water sources, one sample every three months shall be analyzed.

(ii) For unprotected ground water sources, the number of samples analyzed shall be twenty percent of the distribution samples required each month, and in no case less than one every three months.

(iii) For surface sources with treatment including coagulation, filtration, and disinfection or other treatment practice, the number of samples analyzed shall be ten percent of the distribution samples required each month, and in no case less than one every three months.

(iv) For surface sources without coagulation and filtration treatment, the number of samples analyzed shall be twenty percent of the distribution samples required each month, and in no case less than one every three months.

TABLE 1

MINIMUM NUMBER OF ROUTINE BACTERIOLOGICAL SAMPLES TO BE TAKEN FROM THE DISTRIBUTION SYSTEM FOR SYSTEMS WHOSE SAMPLING REQUIREMENTS ARE BASED ON PERMANENT SERVICES

Number of Permanent Services	Permanent Population* Served	Minimum No. of Samples Per Month	Permanent Population Served	Minimum No. of Samples Per Month
3 - 9	-	1 every 12 months	37,001 - 41,000	45
10 - 99	-	1**	41,001 - 46,000	50
100 or more	Less than 1,001	1	46,001 - 50,000	55
	1,001 - 2,500	2	50,001 - 54,000	60
	2,501 - 3,300	3	54,001 - 59,000	65
	3,301 - 4,100	4	59,001 - 64,000	70
	4,101 - 4,900	5	64,001 - 70,000	75
	4,901 - 5,800	6	70,001 - 76,000	80
	5,801 - 6,700	7	76,001 - 83,000	85
	6,701 - 7,600	8	83,001 - 90,000	90
	7,601 - 8,500	9	90,001 - 96,000	95
	8,501 - 9,400	10	96,001 - 111,000	100
	9,401 - 10,300	11	111,001 - 130,000	110
	10,301 - 11,100	12	130,001 - 160,000	120
	11,101 - 12,000	13	160,001 - 190,000	130
	12,001 - 12,900	14	190,001 - 220,000	140
	12,901 - 13,700	15	220,001 - 250,000	150
	13,701 - 14,600	16	250,001 - 290,000	160
	14,601 - 15,500	17	290,001 - 320,000	170
	15,501 - 16,300	18	320,001 - 360,000	180
	16,301 - 17,200	19	360,001 - 410,000	190
	17,201 - 18,100	20	410,001 - 450,000	200
	18,101 - 18,900	21	450,001 - 500,000	210
	18,901 - 19,800	22	500,001 - 550,000	220
	19,801 - 20,700	23	550,001 - 600,000	230
	20,701 - 21,500	24	600,001 - 660,000	240

Number of Permanent Services	Permanent Population* Served	Minimum No. of Samples Per Month	Permanent Population Served	Minimum No. of Samples Per Month
	21,501 - 22,300	25	660,001 - 720,000	250
	22,301 - 23,200	26	720,001 - 780,000	260
	23,201 - 24,000	27	780,001 - 840,000	270
	24,001 - 24,900	28	840,001 - 910,000	280
	24,901 - 25,000	29	910,001 - 970,000	290
	25,001 - 28,000	30	970,001 - 1,050,000	300
	28,001 - 33,000	35	1,050,001 - 1,140,000	310
	33,001 - 37,000	40	More than 1,140,001	***

*Does not include population of utilities wholesaled to, except as provided in WAC 248-54-165 (1)(c).

**May be reduced by the department to no less than one every three months for systems with protected ground water sources.

***See Federal Regulation 12-24-75, EPA, National Interim Primary Drinking Water Regulations, Section 141.21.

TABLE 2

MINIMUM NUMBER OF ROUTINE BACTERIOLOGICAL SAMPLES TO BE TAKEN FROM THE DISTRIBUTION SYSTEM FOR WATER SYSTEMS WHOSE SAMPLING REQUIREMENTS ARE DETERMINED BASED ON TRANSITORY POPULATIONS

Maximum Day Population Served in Any One Month	Minimum Number Samples That Month
Less than 25	1 every 12 months
25 - 299	1 every 3 months
300 - 999	1*
1,000 - 2,499	2
2,500 - 3,499	3
3,500 - 4,999	4
5,000 - 9,999	6
10,000 - 14,999	8
15,000 - 19,999	10
20,000 - 29,999	12
30,000 - 39,999	14
40,000 - 49,999	16
50,000 - 74,999	20
75,000 - 99,999	25
100,000 or more	30

*May be reduced by the department to one every three months for systems with protected ground water sources.

(3) Inorganic chemical and physical

(a) The complete inorganic chemical and physical analysis consists of the primary and secondary chemical and physical standards.

(i) Primary chemical and physical standards - Arsenic, barium, cadmium, chromium, fluoride, lead, mercury, nitrate (as N), selenium, silver, sodium, and turbidity.

(ii) Secondary chemical and physical standards - Chloride, color, copper, iron, manganese, specific conductivity, sulfate*, total dissolved solids*, and zinc.

*Required only when specific conductivity exceeds seven hundred micromhos/centimeter.

(b) Samples taken for inorganic chemical analyses shall be collected at the source prior to any treatment.

(c) The frequency for monitoring shall be according to the following:

(i) Class 1 and 2 systems shall have one complete analysis from each surface water source every twelve months.

(ii) Class 1 and 2 systems shall have one complete analysis from each ground water source or well field every thirty-six months.

(iii) Class 1T, 2T, 3, 4, and 4T systems shall have one initial complete analysis from each source or well field. The minimum requirement for the initial complete analysis may be waived or reduced by the department if available information shows to the satisfaction of the department that the aquifer provides water of satisfactory inorganic chemical quality.

(iv) After the initial complete analysis, class 3 and 4 systems shall have analyzed from each source or well field one nitrate sample every thirty-six months.

(d) When treatment is provided for one or more inorganic chemical or physical contaminants, samples shall be taken for the specific contaminant or contaminants before and after treatment. The frequency shall be determined by the department.

(4) Turbidity.

(a) Class 1, 2, and 3 systems with surface water sources shall continuously monitor turbidity.

(b) Automatic turbidity measuring and recording equipment shall be operated at the entry point to the distribution system and where needed for treatment process control. Manual monitoring of turbidity may be allowed by the department in special cases.

(c) The monitoring requirements for class 4 systems shall be determined by the department.

(d) Turbidimeters shall be properly operated, maintained, and calibrated at all times, based on the manufacturer's recommendations.

(5) Trihalomethanes.

(a) Class 1 systems serving a population of 10,000 or more and using chlorine or other oxidants in the treatment process shall monitor for total trihalomethanes.

(b) Systems with surface water sources shall monitor according to the following schedule:

(i) Four samples for each treatment plant every three months shall be collected. The samples shall be taken within a twenty-four hour period with twenty-five percent of the samples taken from the extreme end of the distribution system and seventy-five percent from locations representing the population distribution. The samples shall be analyzed for total trihalomethanes (TTHM).

(ii) The monitoring requirement may be reduced after one year of taking samples if the TTHM levels are less than 0.10 mg/L. The reduced frequency will be a minimum of one sample every three months for each treatment plant, taken at a point representative of the extreme end of the distribution system.

(c) Systems with ground water sources shall collect one sample for each treatment plant or well field every twelve months. This sample shall be analyzed for maximum total trihalomethane potential (MTTP).

(6) Corrosivity.

(a) Class 1 and 2 systems shall monitor for corrosion characteristics according to the following:

(i) Systems with surface water sources shall take a series of samples twice during a consecutive twelve-month period at appropriate times defining winter and summer water quality during that period. One sample shall be taken from each source (prior to treatment) and for each source, two additional samples shall be collected from free-flowing outlets at different locations within the distribution system reasonably judged to represent worst case locations for corrosion, to screen for corrosion effects. Samples from additional distribution system locations may be required in larger systems using several pipe materials.

(ii) Systems with ground water sources shall take a series of samples once during a twelve-month period in the same manner as required for surface water sources.

(b) The analysis shall be for the corrosion byproducts including cadmium, copper, iron, lead, and zinc. In addition, alkalinity, pH, hardness, temperature, total dissolved solids (TDS), and the Langelier index value shall be determined.

(c) Monitoring of corrosion characteristics after the initial sampling has been completed shall be as required by the department.

(7) Pesticides.

Class 1 and 2 systems with surface water sources shall monitor for pesticides for which MCLs are established every thirty-six months or as directed by the department. The sample shall be collected during the time of year designated by the department as the time when pesticide contamination is most likely to occur.

(8) Radionuclides.

(a) Monitoring requirements for gross alpha particle activity, radium-226 and radium-228 are:

(i) Class 1 and 2 systems shall monitor once every forty-eight months or as directed by the department. 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 five pCi/L.

(iii) If the results of the initial analysis are less than half of the established MCL, the department may allow compliance with the monitoring requirements to be based on analysis of a single sample collected every forty-eight months.

(b) Monitoring requirements for man-made radioactivity:

(i) Class 1 systems using surface water sources and serving more than one hundred thousand persons and other water systems designated by the department shall monitor for man-made radioactivity every forty-eight months or as required by the department. Compliance shall be based on the analysis of a composite of four consecutive quarterly samples or the analysis of four quarterly samples.

(ii) Any water system, as directed by the department, downstream from a nuclear facility shall monitor once every three months for gross beta and iodine-131, and monitor once every twelve months 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 public water system.

(9) Other parameters.

On the basis of public health concerns, monitoring of additional parameters may be required by the department.

TABLE 3
MINIMUM MONITORING REQUIREMENTS

System Class	Sample Type	Minimum Number of Samples Required*
1 and 1T	Bacteriological	Permanent connections – refer to Table 1 Transitory population – refer to Table 2
	Inorganic Chemical and Physical (Primary and Secondary)	Surface water sources – one complete analysis per source every 12 months Ground water sources – one complete analysis per source or well field every 36 months
	Turbidity	Surface water sources – continuously

System Class	Sample Type	Minimum Number of Samples Required*
	Trihalomethanes	Systems with 10,000 or more population only Surface water sources – 4 per treatment plant every 3 months. After one year may be reduced to 1 per plant every 3 months Ground water sources – 1 per plant every 12 months
	Corrosivity	Surface water sources – 2 per treatment plant during a 12-month period Ground water sources – 1 per plant or well field
	Pesticides	Once every 36 months for surface water sources or as directed by the department
	Radionuclides	Once every 48 months or as directed by the department
2 and 2T	Bacteriological	Permanent connections – refer to Table 1 Transitory population – refer to Table 2
	Inorganic Chemical and Physical (Primary and Secondary)	Surface water sources – one complete analysis per source every 12 months Ground water sources – one complete analysis per source every 36 months
	Turbidity	Surface water sources – continuously
	Trihalomethanes	As required by the department
	Corrosivity	Surface water sources – 2 per treatment plant during a 12-month period Ground water sources – 1 per plant or well field
	Pesticides	Once every 36 months for surface water sources, or as directed by the department
	Radionuclides	Once every 48 months, or as directed by the department
3	Bacteriological	One every 3 months during which system provides drinking water to the public
	Inorganic Chemical and Physical (Primary and Secondary)	An initial complete analysis per source or well field unless waived by the department per WAC 248-54-165 (3)(c)(iii). After initial sample, one nitrate per source every 36 months
	Turbidity	Surface water sources – continuously
	Trihalomethanes, Corrosivity, Pesticides, and Radionuclides	As required by the department
4 and 4T	Bacteriological	One every 12 months

System Class	Sample Type	Minimum Number of Samples Required*
	Inorganic Chemical and Physical (Primary and Secondary)	An initial complete analysis per source or well field unless waived by the department per WAC 248-54-165 (3)(c)(iii). After initial sample, one nitrate per source every 36 months
	Turbidity, Trihalomethanes, Corrosivity, Pesticides, and Radionuclides	As required by the department

*These are the minimum requirements. Additional monitoring may be required by the department.

[Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-165, filed 9/8/83.]

WAC 248-54-175 Maximum contaminant levels.

(1) The standards of water quality in this section shall apply throughout the entire water system 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 representing the quality of water typically served to and ingested by the consumer.

If any parameter exceeds the maximum contaminant level, follow-up action as outlined in WAC 248-54-185 shall be taken.

(2) Bacteriological.

(a) If any coliform bacteria are present in any sample, follow-up action as outlined in WAC 248-54-185 shall be taken.

(b) The maximum contaminant level for coliform bacteria is as follows:

(i) When the membrane filter test is used, the number of coliform bacteria shall not be greater than:

(A) One per one hundred milliliters as the average of all samples tested each month;

(B) Four per one hundred milliliters in two or more samples when less than twenty samples are tested each month; or

(C) Four per one hundred milliliters in more than five percent of the samples when twenty or more samples are tested each month.

(ii) When the five-tube MPN method is used, coliform bacteria shall not be present in:

(A) More than ten percent of the tubes tested each month;

(B) Three or more tubes in two or more samples when less than twenty samples are tested each month; or

(C) Three or more tubes in more than five percent of the samples when twenty or more samples are tested each month.

(iii) The department may allow systems required to take less than four samples each month to base compliance with this section on the samples taken during the three-month period consisting of the month in question and the previous two months.

(iv) Special purpose samples, such as those taken to determine if disinfection following pipe repair or replacement has been sufficient, or check samples shall not be used to determine compliance with the maximum contaminant level.

(3) Inorganic chemical and physical.

The maximum contaminant levels are as follows:

Primary Chemical and Physical Contaminants	Level	Secondary Chemical and Physical Contaminants	Level
Arsenic	0.05 mg/L	Chloride	250 mg/L
Barium	1.0 mg/L	Color	15 units
Cadmium	0.01 mg/L	Copper	1.0 mg/L
Chromium	0.05 mg/L	Iron	0.3 mg/L
Fluoride	2.0 mg/L	Manganese	0.05 mg/L
Lead	.05 mg/L	Specific conductivity	700 umhos/cm
Mercury	.002 mg/L	Sulfate	250 mg/L
Nitrate (as N)	10.0 mg/L	Total dissolved solids	500 mg/L

Primary Chemical and Physical Contaminants	Level	Secondary Chemical and Physical Contaminants	Level
Selenium	.01 mg/L	Zinc	5.0 mg/L
Silver	.05 mg/L		
Sodium			
Turbidity	1.0 TU		

Note: Although there has not been a maximum contaminant level established for sodium, there is enough public health significance connected with sodium levels to require inclusion in inorganic chemical and physical monitoring. Information on sodium levels in drinking water should be provided to physicians needing these results to treat persons on sodium-restricted diets.

(4) Turbidity.

The maximum contaminant levels for turbidity are as follows:

(a) One nephelometric turbidity unit (NTU), based on a monthly average of the maximum daily turbidity. The limit may be increased to five NTUs if the purveyor can show the source is within a controlled watershed and meets all the requirements of WAC 248-54-125 and 248-54-225.

(b) Five NTUs based on an average of the maximum daily turbidity for two consecutive days.

(5) Trihalomethanes.

The maximum contaminant level for total trihalomethanes (TTHM) is 0.10 mg/L. The concentrations of each of the trihalomethane compounds [trichloromethane (chloroform), dibromo-chloromethane, bromo-dichloromethane, and tribromomethane (bromoform)] are added together to determine the TTHM level.

(6) Corrosivity.

If any corrosion byproduct parameter exceeds the maximum contaminant level or the increase in parameter levels between source and distribution sampling points is significant, follow-up action as outlined in WAC 248-54-185 shall be taken.

The corrosivity characteristics as generalized by the Langelier index are as follows: Highly aggressive = < -2.0 , moderately aggressive = -2.0 to < 0.0 , nonaggressive = > 0.0 .

(7) Pesticides.

The maximum contaminant levels for organic chemicals are as follows:

(a) Chlorinated hydrocarbons:

Endrin	0.0002 mg/L
Lindane	0.004 mg/L
Methoxychlor	0.1 mg/L
Toxaphene	0.005 mg/L

(b) Chlorophenoxys:

2, 4-D	0.1 mg/L
2, 4, 5-TP Silvex	0.01 mg/L

(8) Radionuclides.

(a) The maximum contaminant levels for radium-226, radium-228, and gross alpha particle radioactivity are as follows:

Radium-226	3 pCi/L
Combined Radium-226 and Radium-228	5 pCi/L
Gross alpha particle activity (excluding uranium)	15 pCi/L

(b) The maximum contaminant level for beta particle and photon radioactivity from man-made radionuclides is that the average annual concentration shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirem/year.

Compliance with the four 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, provided that if both radionuclides are present, the sum of their annual dose equivalents to bone marrow shall not exceed four millirem/year.

(9) The maximum levels allowable for any additional parameters monitored shall be determined by the department.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-175, filed 9/8/83.]

WAC 248-54-185 Follow-up action. (1) General.

(a) If water quality exceeds any maximum contaminant levels (MCL) listed in WAC 248-54-175, follow-up action as outlined in this section shall be taken.

(b) When an MCL has been exceeded, the purveyor shall notify the public according to the procedures outlined in WAC 248-54-255.

(c) When an MCL violation is confirmed, the purveyor shall determine the cause of the contamination. Corrective action shall be taken as required by the department.

(2) Bacteriological.

(a) All additional samples required by this section shall be collected from the same location where the unsatisfactory sample was taken, except as specified by the department.

(b) All additional samples shall be submitted for analyses as soon as possible after the unsatisfactory results are known.

(c) When any coliform bacteria is present in any sample analyzed by the membrane filter method, the purveyor shall take action as follows:

(i) When the sample result is less than two per one hundred milliliters, an additional drinking water sample shall be collected to verify the initial sample result.

(ii) When the sample result is two through four per one hundred milliliters, the sample is unsatisfactory and an additional drinking water sample shall be taken to confirm the presence of contamination.

(iii) When the sample result is greater than four per one hundred milliliters, the sample is unsatisfactory and nonconforming. The purveyor shall take action to determine and correct the cause of the contamination. Daily check samples shall continue to be collected until at least two consecutive daily check samples show less than one per one hundred milliliters coliform bacteria. When the presence of coliform bacteria in water has been confirmed by any daily check samples, the purveyor shall notify the department within forty-eight hours.

(d) When any coliform bacteria is present in any sample analyzed by the five-tube MPN method, the purveyor shall take action as follows:

(i) When the sample result is one tube positive, the sample is unsatisfactory and an additional drinking water sample shall be collected to verify the initial sample result.

(ii) When the sample result is two tubes positive, the sample is unsatisfactory and an additional drinking water sample shall be taken to confirm the presence of contamination.

(iii) When the sample result is three or more tubes positive, the sample is unsatisfactory and nonconforming. The purveyor shall take action to determine and correct the cause of the contamination. Daily check samples shall continue to be collected until at least two consecutive daily check samples show no coliform bacteria is present. When the presence of coliform bacteria in water has been confirmed by any daily check samples, the purveyor shall notify the department within forty-eight hours.

(e) Samples with unsuitable test results, i.e., confluent growth, TNTC (too numerous to count), excess debris, etc., will not be accepted as routine samples and will not count toward fulfillment of the monitoring requirement. The purveyor shall notify the department of these sample results within forty-eight hours. An additional drinking water sample shall then be submitted for analysis for each unsuitable result immediately upon notification of the unsuitable result. The additional sample shall be analyzed by the MPN testing method.

(f) The location where the daily check samples were taken to fulfill the requirements of this section shall not be eliminated from future sampling without the department's approval.

(3) Inorganic chemical and physical.

(a) When a primary chemical or physical parameter exceeds the MCL, the purveyor shall take action to determine and correct the cause of the contamination. The purveyor shall notify the department of the violation

within forty-eight hours. When a primary MCL violation is confirmed, the purveyor shall notify the public according to the procedures outlined in WAC 248-54-255. When a secondary MCL violation is confirmed, the purveyor shall notify the department and take corrective action as directed.

(i) The method for confirming an MCL violation for all inorganic chemical and physical parameters except nitrate is as follows: When an initial analysis of any parameter exceeds the MCL, the purveyor shall take three additional samples for analysis of that parameter within one month of the initial sample and from the same sampling point.

If the average of the initial analysis and the three additional analyses exceeds the MCL, a violation has been confirmed. The purveyor shall report the confirmed violation to the department. When a primary MCL violation occurs, the purveyor shall notify the public according to the procedures outlined in WAC 248-54-255.

(ii) The method for confirming an MCL violation for nitrate is as follows: When an initial analysis for nitrate exceeds the MCL, the purveyor shall immediately take one additional sample from the same sampling point. If the average of the two samples exceeds the MCL, a violation has been confirmed. The purveyor shall report the confirmed violation to the department and notify the public according to the procedures outlined in WAC 248-54-255.

(b) Since an MCL for sodium has not yet been established, the purveyor shall make analytical results available to the public on request. (This will allow physicians and persons on sodium-restricted diets to obtain results as needed.)

(4) Turbidity.

(a) When the turbidity exceeds the maximum allowable limit identified in WAC 248-54-175 for longer than one hour monitored continuously, the purveyor shall report to the department within forty-eight hours. When the results of a manual turbidity analysis exceeds the maximum allowable limit, another sample shall be collected within one hour. When the repeat sample confirms the maximum allowable limit has been exceeded, the purveyor shall notify the department within forty-eight hours. The purveyor shall also determine the cause of the contamination and take necessary corrective action as required.

(b) When the MCL is exceeded, the purveyor shall notify the department and notify the public according to the procedures outlined in WAC 248-54-255.

(5) Trihalomethanes.

When the average of all samples taken during any twelve-month period exceeds the MCL for total trihalomethanes, the purveyor shall notify the department within forty-eight hours and the public according to the procedures outlined in WAC 248-54-255. If the maximum trihalomethane potential result is equal to or greater than 0.10 mg/L and the result is confirmed by a check sample, the system shall monitor according to WAC 248-54-165 (5)(b)(i) for at least one year. The purveyor shall also take corrective action as required by

the department. Monitoring after public notification in addition to the minimum sampling required in WAC 248-54-165 shall be as required by the department.

(6) Corrosivity.

(a) When an MCL is exceeded, the purveyor shall notify the department and complete an evaluation of the situation and establish a correction program acceptable to the department. If daily check sampling confirms an MCL violation, the purveyor shall also notify the public according to the procedures outlined in WAC 248-54-255.

(b) When a comparison of the byproduct parameter level shows substantial increases from source to distribution system and the primary parameter MCL has not been exceeded, the purveyor shall take action as directed by the department.

(7) Pesticides.

When any organic chemical contaminant exceeds the MCL or maximum allowable level, the purveyor shall notify the department within forty-eight hours. The purveyor shall determine the cause of the contamination and take necessary corrective actions as required. Public notification shall be required by the department.

(8) Radionuclides.

(a) When the average annual MCL for gross alpha particle activity or total radium is exceeded, the purveyor shall notify the department within forty-eight hours and notify the public according to the procedures listed in WAC 248-54-255. The purveyor shall determine the cause of the contamination and take corrective action as required by the department. Additional monitoring shall be as required by the department.

(b) When the average annual MCL for man-made radioactivity is exceeded, the purveyor shall notify the department and notify the public according to the procedures outlined in WAC 248-54-255. The purveyor shall determine the cause of the contamination and take corrective action as required by the department. Additional monitoring shall be as required by the department.

(9) Follow-up action shall be determined by the department when the maximum allowable level for any additional parameter is exceeded.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-185, filed 9/8/83.]

PART 5. WATER SYSTEM OPERATIONS

WAC 248-54-195 General operations program. (1) An operations program shall be developed and implemented to assure continuous and reliable management of water system operations. The operations program shall be submitted when:

(a) A public water system has water quality and/or reliability problems associated with improper operations.

(b) Required by a water system plan pursuant to WAC 248-54-065.

(c) An existing water system is without approved plans and specifications.

(2) The department shall assist the purveyor in establishing the level of detail and content of the operations

program. Content and detail shall be consistent with the size, complexity, past performance, and use of the public water system. General content topics may include but not be limited to the following: Personnel responsibility and authority, system operation and control, system preventive maintenance, water quality monitoring, emergency response, watershed control, and cross-connection control.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-195, filed 9/8/83.]

WAC 248-54-205 Continuity of service. (1) A public water system facility shall be designed to provide an adequate quantity and quality of water in a reliable manner at all times. The system shall be constructed, operated, and maintained to protect against failures of the power supply, treatment process, equipment, or structural failure, with appropriate backup facilities. Security measures shall be employed to assure the water source, water treatment process, water storage facilities, and the distribution system are under the strict control of the purveyor.

(2) Where applicable, fire flow as established in WAC 248-57-500 shall be maintained.

(3) A public water system shall have an emergency response plan as part of the operations program as required in WAC 248-54-195. The emergency response plan shall include:

(a) General procedures for routine or major emergencies within the water system, and

(b) A vulnerability analysis and a contingency plan for facilities becoming inoperable in a major emergency.

The emergency plan shall be reviewed and updated as necessary (at least each time the water system plan is updated) to assure adequate emergency response. 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 emergencies.

(4) The department and customers shall be notified immediately when a breakdown or failure of public health significance occurs in the water treatment process, when an emergency arises causing or threatens to cause, a loss in water service for more than twenty-four hours, or when any other situation occurs where the water quality may be degraded and public health may be threatened.

(5) No intake or other connection shall be maintained between a public water system and a source of water not 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.

(6) No purveyor shall transfer system ownership without providing written notice to the department and all customers at least one year prior to the transfer, unless new ownership agrees to an earlier date. Notification shall include a time schedule for transferring responsibilities, identification of the new owner, and under what authority the new ownership will operate.

(7) It will be the responsibility of the utility transferring ownership to ensure all health-related standards

pursuant to chapter 248-54 WAC are met during transfer of the utility. It is also the responsibility of the utility transferring ownership to inform and train the new ownership regarding operation of the utility.

(8) No purveyor shall end utility operations without providing written notice to all customers and the department at least one year prior to termination of service.

(9) Where this section may be in conflict with existing state statutes, the appropriate statute will prevail.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-205, filed 9/8/83.]

WAC 248-54-215 Treatment facility operation. (1) No bypass may 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.

(2) The water purveyor may allow treatment by other organizations or individuals only in a manner approved by the department in consultation with the purveyor and the local health agency.

(3) When chlorine 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 in all parts of the system. A minimum contact time of thirty minutes with a 0.2 mg/L free chlorine residual or ten minutes with a 0.6 mg/L free chlorine residual 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, higher chlorine residuals, or additional treatment may 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 which may interfere with disinfection efficiency.

(4) All water purveyors practicing chlorination shall monitor chlorine residual at a representative number of points in the system on at least a daily basis. The analysis shall be conducted in accordance with *Standard Methods for the Examination of Water and Waste Water*. Reports shall be sent to the department on forms provided by the department within ten days of the end of the reporting month. In order to assure adequate monitoring of chlorine residual, the department may require the use of continuous chlorine residual analyzers and recorders.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-215, filed 9/8/83.]

WAC 248-54-225 Watershed control. (1) All public water systems utilizing surface water shall adequately exercise surveillance over conditions affecting source water quality.

(2) Those public water systems using unfiltered surface waters shall, in addition to subsection (1) of this section, document a watershed control program. All facilities and activities in the watershed affecting 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, and radiological quality of the source of supply.

(3) Those public water systems using unfiltered surface water shall submit to the department for approval a report identifying all conditions, activities, and facilities within the 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 248-54-065, included in an operations program as required in WAC 248-54-195, 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.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-225, filed 9/8/83.]

WAC 248-54-235 Fluoridation of drinking water. (1) Where fluoridation is practiced, the concentration of fluoride shall be maintained in the range 0.8 through 1.3 mg/L. Determination of fluoride concentration shall be made daily, and reports of such analyses shall be submitted to the department on forms provided by the department within ten days of the end of the reporting month. Such analyses shall be made in accordance with procedures listed in *Standard Methods for the Examination of Water and Waste Water*.

(2) Monthly check samples shall be taken downstream, at the first sample tap where adequate mixing has taken place, from each fluoride injection point. These samples should be taken at the same place and time as the routine daily check samples. The samples shall then be submitted for testing along with a completed form to the state public health laboratory. A comparison of the results should then be made between samples analyzed in the field and the appropriate monthly check sample to assure the results are equivalent and field equipment is operating properly. An increased sampling schedule may be applied by the department if necessary to assure the adequacy and consistency of fluoridation.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-235, filed 9/8/83.]

WAC 248-54-245 Distribution reservoirs. Existing uncovered distribution reservoirs shall be operated based on a plan of operation approved by the department. The plan of operation shall address the following elements as a minimum:

- (1) Disinfection.
- (2) Control of debris and undesirable growths of algae or other aquatic organisms.
- (3) Control of airborne contamination.
- (4) Construction.
- (5) Security.
- (6) Monitoring and reporting.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-245, filed 9/8/83.]

WAC 248-54-255 Public notification. (1) Class 1 or 2 water purveyors shall issue a notice to the permanent residences served by the system and send a copy of

the notice or a written explanation of how the system users were notified, to the department within thirty days of the occurrence of any of the following events: Exceeding a maximum contaminant level, failure to comply with an applicable testing procedure or failure to perform any required monitoring. The water purveyor shall take the following steps to notify the water users:

(a) The purveyor shall publish a notice on three or more consecutive days in a newspaper of general circulation in the area served by the system. This notice shall be run within fourteen days of the violation.

(b) If the area served by a class 1 or 2 system is not served by a daily newspaper of general circulation, notification shall be published in a weekly newspaper of general circulation serving the area on three consecutive weeks.

(c) If no weekly or daily newspaper of general circulation serves the area, notices shall be posted in post offices or other buildings within the system's service area.

(d) In addition to or in lieu of subsection (1)(a), (b), or (c) of this section, the users may be individually notified in writing, by telephone or in person, except that when a maximum contaminant level is exceeded the users must be notified by direct mail.

(2) If any of the events identified in subsection (1) of this section occur in any system serving a transitory population, the water purveyor shall post written notice of the violation at conspicuous locations and points of use throughout the system.

(3) Notices given to comply with this section shall be issued in a manner to assure the public using the system is adequately informed of the violation or system failure. The notice shall be easily understood. It 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 to 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 additional sampling. Notices shall be consistent with guidelines prepared by the department concerning format and content.

(4) When circumstances dictate a broader and/or more immediate notice be given to protect public health, the department may require notification by whatever means necessary.

(5) Notice to the public required by this section may be given by the department on behalf of the water purveyor.

(6) When parameters do not exceed a maximum contaminant level, but have levels of health significance, the department may require the purveyor to notify the public.

WAC 248-54-265 Analyses and records, reporting.

(1) The water purveyor shall keep the following records of operation and water quality analyses:

(a) Records of bacteriological and turbidity analyses shall be kept for five years. Records of chemical analyses shall be kept for ten years. Other records of operation and analyses required by the department shall be kept for 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 or his or her representative. Class 1 and 2 systems shall keep these records available for inspection by the department and shall send the records to the department if requested. Actual laboratory reports may be kept or data may be transferred to tabular summaries, provided the following information is included:

(i) The date, place, and time of sampling, and the name of the person collecting the sample;

(ii) Identification of the sample 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 and copies of public notifications shall be kept for 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 system personnel, by a consultant or by any local, state, or federal agency, shall be kept for ten years after completion of the sanitary survey involved.

(d) Where applicable, daily records of operation and analyses shall include the following:

(i) Chlorine residual;

(ii) Fluoride level;

(iii) Water treatment plant performance;

(iv) Turbidity; and

(v) Other techniques as specified by the department.

(2) Reporting.

(a) Except where a shorter reporting period is specified, the water purveyor shall report to the department prior to the tenth of the following month all tests, measurements, or analyses.

(b) The water purveyor shall report to the department within forty-eight hours the failure to comply with monitoring requirements, as provided in WAC 248-54-165.

(c) The water purveyor shall notify the department within thirty days of any change in name, ownership, or responsibility for management of the public water system.

(d) Water facilities inventory and report (WFI).

(i) Every purveyor of a class 1 and 2 water system shall submit to the department an updated WFI report annually.

[Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-255, filed 9/8/83.]

(ii) Purveyors of class 3 and 4 water systems shall submit a WFI report to the department every three years.

(e) Public water systems using an unfiltered surface water source shall submit an annual report summarizing the watershed control program and activities within the watershed during the previous year pursuant to WAC 248-54-225.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-265, filed 9/8/83.]

WAC 248-54-275 Sanitary survey. The department or the local health officer, as determined by the joint plan of operation developed in accordance with WAC 248-54-025, shall periodically conduct a sanitary survey with the cooperation of the management of those public water systems surveyed.

(1) Facilities inspection - The sanitary survey shall include an inspection of all physical facilities of the public water system.

(2) Operations and management inspection - The sanitary survey shall include an inspection of any procedures, records, and data compiled or used by the purveyor relating to the operation and management of the 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.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-275, filed 9/8/83.]

WAC 248-54-285 Cross-connection control. (1) Administration.

(a) A cross-connection control program is required as part of the operations program outlined in WAC 248-54-195.

(b) The purpose of a cross-connection control program is to protect the health of water consumers by:

(i) The inspection and regulation of plumbing in existing and proposed piping networks; and

(ii) The proper installation and surveillance of backflow prevention devices when actual or potential cross-connections exist and cannot be eliminated.

(c) It shall be the primary responsibility of the water purveyor to work cooperatively with local authorities to eliminate or control potential cross-connections.

(d) The water purveyor shall develop and document enforcement authority and operating policies in a manner acceptable to the department. The current edition of *The Accepted Procedure and Practice in Cross-Connection Control Manual - Pacific Northwest Section - American Waterworks Association*, shall be used as a resource to establish minimum cross-connection control operating policies. Water purveyors and local authorities shall have the option of establishing more stringent requirements.

(e) If an immediate hazard to health is caused by a cross-connection, then the water purveyor shall discontinue water service to the premises impacted by the cross-connection, until it is verified the cross-connection has been eliminated or controlled.

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(2) Backflow prevention device installation and testing.

(a) If a cross-connection cannot be eliminated, then a backflow device shall be required:

(i) An air-gap separation or reduced pressure principle device shall be installed if the cross-connection creates an actual or potential health or system hazard.

(ii) An air-gap separation, reduced pressure principle backflow prevention device or double-check valve assembly shall be installed if the cross-connection is objectionable, but not hazardous to health.

(iii) Backflow prevention devices shall be installed at the service connection or within the following facilities, unless in the judgment of the water purveyor and the department, no hazard exists: Hospitals, mortuaries, clinics, laboratories, piers and docks, sewage treatment plants, food and beverage processing plants, chemical plants using water process, metal plating industries, petroleum processing or storage plants, radioactive material processing plants or nuclear reactors, car washes, facilities having an auxiliary water supply, and others specified by the department.

(b) All reduced pressure principle backflow prevention devices and double-check valve assemblies installed shall be a model approved by the department. The department shall publish and maintain a list of approved devices.

(c) All reduced pressure principle backflow prevention devices and double-check valve assemblies shall be inspected and tested by a certified backflow device tester or cross-connection control specialist. Tests shall be conducted:

(i) At the time of initial installation, and

(ii) After the device is repaired, and

(iii) Annually thereafter, and/or

(iv) More often when tests indicate repeated failures.

(d) The devices shall be repaired, overhauled or replaced whenever 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.

(e) 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.

[Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-285, filed 9/8/83.]

Chapter 248-55 WAC

WATER WORKS OPERATOR CERTIFICATION

WAC

248-55-010	Purpose.
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-55-100	Fees. [Statutory Authority: RCW 70.119.050, 78-10-053 (Order 1343), § 248-55-100, filed 9/22/78.] Repealed by 82-13-009 (Order 1823), filed 6/4/82. Statutory Authority: Chapter 201, Laws of 1982.
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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

ITEM	POINTS ASSIGNED
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 (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 (b). The WDM shall be responsible for the administration and operation of the entire public water system or a major segment of a public water system necessary for monitoring or improving the quality of water and shall be certified at a level determined by the population served. (See WAC 248-55-050(2) for rating details.)

(c) Distribution system specialties - A third classification of operator certification, water distribution specialist (WDS), shall be available to operators on a voluntary basis. Any person who is engaged in a specialized phase of waterworks operation such as main repair, meter repair, pump maintenance and operation, service installation, chlorination process operation, or watershed control but is not working in a direct responsible charge capacity is encouraged to become certified as a water distribution specialist.

(2) If the public water system normally practices shift work; then a certified operator shall be in direct responsible charge for each operating shift.

(3) The same individual may be certified as a WDM, WTPO, or WDS.

[Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-060, filed 9/22/78.]

WAC 248-55-070 Minimum education and experience requirements for water works operators. (1) Minimum education and experience requirements for the following classifications and grades of operators shall be:

Table 3

MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS

EDUCATION/OPERATING EXPERIENCE(DRC)

	OIT *	I	II	III	IV
Water Distribution Manager (WDM)	12/3 months	12/1	12/3	14/4(2)	16/4(2)
Water Treatment Plant Operator (WTPO)	12/3 months	12/1	12/3	14/4(2)	16/4(2)
Water Distribution Specialist (WDS)	12/3 months	12/1	12/3	14/4(2)	16/4(2)
Cross-Connection Control Specialist (CC)	NA	**	***	NA	NA

(Education and experience requirements are expressed in years unless otherwise noted.)

*Operator in training experience can be fulfilled by 3 months experience or 30 hours of relevant classroom training (3 CEU)

**Experience required is a special 30-hour backflow prevention device testers class that includes hands-on-training, lectures, and a field trip

***Experience required is training as a cross-connection control instructor and certification as a CCI

(2) Substitution – The board may allow substitutions of experience when short of formal education, or vice versa.

(3) Policy – A listing of minimum requirements and responsibilities for each classification and grade including rules regarding substitutions shall be adopted by the board and published by the department.

[Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-070, filed 9/22/78.]

WAC 248-55-080 Examination. (1) The board shall prepare examinations to be used in determining the competency of operators.

(2) Periodic review and revision of the examinations shall be undertaken as necessary to ensure validity and applicability.

(3) Certificates of competency shall be issued to applicants who successfully pass the examination for the classification and grade for which they were eligible.

(4) Applicants who fail to pass an examination may repeat the same examination at no additional fee at the next regularly scheduled examination.

(5) Examinations shall be held at least three times annually at convenient places and times as set by the board. Advance announcements of places and times shall be published by the department.

(6) The board shall forward its recommendations for certification to the secretary.

[Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-080, filed 9/22/78.]

WAC 248-55-090 Certification without examination. (1) The secretary shall issue certificates without examination under the following conditions:

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(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 248-55-110 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 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 failing to renew the operator certificate before the end of the certificate year that the 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 failing 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: Chapter 201, Laws of 1982. 82-13-009 (Order 1823), § 248-55-110, filed 6/4/82. 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.]

WAC 248-55-210 Purpose. These rules implement chapter 70.119 RCW and are adopted pursuant to RCW 70.119.050.

[Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-210, filed 12/1/82.]

WAC 248-55-220 Notice of revocation. Whenever the department has reasonable cause to believe that in the administration of chapter 70.119 RCW, grounds exist to revoke a certificate of competency, the department shall notify the certificate holder. The notice must:

- (1) Be in writing;
- (2) State the grounds the department relies on to revoke the certificate; and
- (3) Be delivered personally to the certificate holder or be mailed by certified mail to his or her last known residence or business address.

[Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-220, filed 12/1/82.]

WAC 248-55-230 Appeal of revocation. The certificate holder may appeal the department's proposal to revoke his or her certificate. The notice of appeal must:

- (1) Be in writing;
- (2) Clearly and concisely state each and every basis for the appeal;
- (3) State whether the appellant will represent himself or herself or be represented by another;
- (4) State the name, mailing address, and telephone number of the appellant and, if represented by another,

the representative's name, address, and telephone number; and

(5) Be mailed by certified mail to Office of Hearings, Post Office Box 2465, Olympia, Washington 98504 and be received by the office of hearings within twenty days of the certificate holder's receipt of the decision to revoke his or her certificate.

[Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-230, filed 12/1/82.]

WAC 248-55-240 Hearing and recommendation by board. (1) The board shall hold a hearing to make a record upon which it shall base its recommendation to the secretary. The hearing shall be conducted in accordance with chapter 34.04 RCW and under the procedural rules of chapter 10-08 WAC.

(2) The board may have a hearings examiner assigned to preside at the hearing. The hearings examiner:

- (a) Shall conduct the hearings;
- (b) Shall offer advice and assistance to the board upon request by the board; and
- (c) Shall not be a member of the board.

(3) The department has the burden of proving its case by a preponderance of the credible evidence.

(4) At least four members of the board including the water industry representative must consider the record. A majority of the board members who considered the record shall make a written recommendation to the secretary to, or not to, revoke the certificate. The recommendation shall contain findings of fact and conclusions of law.

(5) The board's recommendation shall be personally delivered to the certificate holder or mailed to him or her by certified mail to his or her last known residence or business address.

[Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-240, filed 12/1/82.]

WAC 248-55-250 Final decision by secretary. (1) If the board's recommendation is to revoke the certificate, the recommendation shall be a proposal for decision as defined in RCW 34.04.110. The certificate holder has the right to file exception and argument to the board's recommendation with the secretary. Any exception or argument must:

- (a) Be in writing;
- (b) Clearly and concisely state each and every basis for exception or argument;

(c) State the certificate holder's mailing address; and

(d) Be mailed by certified mail to Office of Hearings, Post Office Box 2465, Olympia, Washington 98504 and be received by the office of hearings within twenty days of the board's recommendation to the secretary being personally delivered to or mailed to the certificate holder.

(2) If the board's recommendation is to revoke the certificate, the board shall send its recommendation and the record of the board's proceedings to the secretary.

(3) If the board's recommendation is to revoke, the secretary shall make the decision to, or not to, revoke the certificate after considering so much of the record

made by the board as he or she deems necessary. The secretary must consider the whole record or such portions thereof as are cited by a party in any exception or argument timely filed in response to the board's recommendation.

(4) If the board's recommendation is not to revoke the certificate, the board's decision shall be binding on the department.

[Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-250, filed 12/1/82.]

WAC 248-55-260 Judicial review. Any certificate holder aggrieved by the decision of the secretary has the right to judicial review pursuant to RCW 34.04.130.

[Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-260, filed 12/1/82.]

Chapter 248-56 WAC

WATER SYSTEM COORDINATION ACT— PROCEDURAL REGULATIONS

WAC

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248-56-800	Coordinated water system plan—Local review.
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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.]

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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 subdivisions (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.)

(1986 Ed.)

[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

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(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.

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(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, 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 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 nonmunicipally 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 248-56-810.

(2) In the event that plans and specifications for water system improvements are submitted to the department for approval under WAC 248-54-600 and the design of the proposed improvements is inconsistent with development classifications identified in the water system plan, (see WAC 248-57-400) the department shall not approve the plans and specifications.

(3) Plans and specifications for water system improvements (see WAC 248-54-600) proposed within those cities, towns, or counties which operate under local fire flow standards shall include written confirmation that they meet the requirements of adopted local standards from the authority administering those standards. (See WAC 248-57-900.)

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-300, filed 3/12/79.]

WAC 248-57-400 Application. (1) Water system plans prepared by those public water systems identified in WAC 248-57-200 shall include a section in their plans addressing fire flow, hydrant and system reliability standards in accordance with WAC 248-57-500, 248-57-600, and 248-57-700 respectively. The section shall include a map entitled development classifications consistent with the following:

(a) The map shall delineate the existing and future service area of the water system into the following categories:

(i) Rural - lot sizes greater than one acre (including parks, open space, agricultural lands, etc.)

(ii) Residential - lot sizes one acre or less, (including all single and multi-family structures less than 4000 square feet, and mobile home and recreational vehicle parks)

(iii) Commercial and multi-family residential structures with a floor area 4000 square feet or greater.

(iv) Industrial

(b) Assignment of the above categories shall be based upon:

(i) Existing development, and

(ii) Future development for a minimum of ten years as identified in proposed or adopted land use plans and policies applicable within the existing and future service area.

(c) The development classifications outlined in (a) above shall be determined by any method acceptable to the planning jurisdiction(s), provided that the criteria used is consistent within a given critical water supply service area.

(2) The water system plan shall identify and schedule improvements needed in order for the water system to be

capable of supplying required fire flow for new and expanding public water systems consistent with these regulations.

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-400, filed 3/12/79.]

WAC 248-57-500 Minimum standards for fire flow.

(1) Minimum fire flows shall be those set forth by city, town or county legislative authority where local standards have been promulgated in accordance with WAC 248-57-900.

(2) Where local standards have not been promulgated in accordance with WAC 248-57-900, minimum fire flows shall be those identified in Table 1. Contact with the county and local fire protection authority shall be made before applying these standards in a water system plan or to design of individual development.

TABLE 1

MINIMUM FIRE FLOWS *

Development Classification	Minimum Fire Flow Requirement
(as described in WAC 248-57-400)	
Rural	None
20 Residential	500 gallons per minute for 30 minutes
Commercial and multifamily structures greater than 4000 sq. ft.	750 gallons per minute 60 minutes**
Industrial	1000 gallons per minute for 60 minutes**

* Minimum flows are in addition to requirements for normal domestic maximum use.

** Commercial and industrial buildings may be subject to higher flow requirements when evaluated on an individual basis by the local fire protection authority.

Note: These minimum standards in most cases require less flow than categories in the guidelines published by the Insurance Services Office (Municipal Survey Service, 160 Water Street, New York, New York 10038) and therefore may not result in lower insurance rates.

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-500, filed 3/12/79.]

WAC 248-57-600 Minimum standards for fire hydrants.

(1) In those areas where minimum fire flow requirements must be met, fire hydrants shall be provided in accordance with WAC 248-57-600. If phased installation of water facilities are approved by the department, fire hydrants do not need to be installed until source, storage, and transmission capacity needed to meet the minimum flow requirements are operational: *Provided*, That in such instances a "T" shall be installed every 900 feet where fire hydrants will be located.

(2) Fire hydrants shall be located at roadway intersections wherever possible and the distance between them shall be no further than 900 feet.

(3) All fire hydrants shall conform to American Water Works Association specifications for dry barrel fire hydrants. Each hydrant shall have at least two hose connections of 2 1/2" diameter each and one pumper connection. All connections must have national standard

threads or other connection devices consistent with local fire protection authority requirements.

(4) Fire hydrants shall be installed plumb and be set to the finished grade. The bottom of the lowest outlet of the hydrant shall be no less than eighteen inches above the grade. There shall be thirty-six inches of clear area about the hydrant for operation of a hydrant wrench on the outlets and on the control valve. The pumper port shall face the most likely route of approach of the fire truck as determined by the local fire protection authority.

(5) Fire hydrants shall be located so as to be accessible by fire engines and not be obstructed by any structure or vegetation or have the visibility impaired for a distance of fifty feet in the direction of vehicular approach to the hydrant. Fire hydrants subject to vehicle damage (e.g., such as those located in parking lots) shall be adequately protected.

(6) Provisions shall be made to drain fire hydrant barrels to below the depth of maximum frost penetration.

(7) Out of service fire hydrants shall be repaired as soon as possible.

(8) Public water systems are encouraged to enter into contracts with local fire protection authorities to insure proper maintenance of fire hydrants.

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-600, filed 3/12/79.]

WAC 248-57-700 Minimum standards for system reliability. (1) The public water system shall be capable of supplying minimum fire flows either by gravity, or under the following conditions where fire flows are supplied by pumping:

(a) The largest pump out of service at any pumping level,

(b) The highest capacity treatment unit out of service, while maintaining minimum acceptable standards of water quality.

(c) A power outage in effect, unless the appropriate power utility(ies) records indicate a low incidence of electrical outage, defined as follows:

(i) Outages shall average three or less per year based on data for the three previous years with no more than six outages in a single year. Power must be lost for a minimum of 30 minutes in order to qualify as an "outage."

(ii) Outage duration shall average less than four hours based on data for the three previous years. Not more than one outage during the three previous year period shall have exceeded eight hours.

(2) In assessing system reliability, the department shall also give consideration to potential reliability hazards such as reservoir repair or cleaning and/or lack of parallel water transmission lines.

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-700, filed 3/12/79.]

WAC 248-57-800 Alternate methods. Fire protection may be provided by means other than those discussed in these regulations, provided that such alternate

methods are fully documented in the water system plan and approved by both the local fire protection authority and the department.

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-800, filed 3/12/79.]

WAC 248-57-900 Local standards. (1) Where standards in these regulations do not fully meet the fire protection needs of a city, town or county, the appropriate city, town or county legislative authority may promulgate fire flow and system reliability performance standards applicable within their respective jurisdiction. Such standards shall be fully documented and provide at least equal performance and protection as the minimum requirements contained in these regulations.

(2) Standards established by local jurisdictions shall be submitted to the department for review, and approval if they at least meet the minimum level of protection required by these regulations.

(3) The city, town, or county which adopts local fire flow or system reliability standards shall be responsible for administering those standards.

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-900, filed 3/12/79.]

WAC 248-57-990 Severability. If any provision of the chapter or its application to any person or circumstance is held invalid, the remainder of this chapter or the application of the provision to other persons or circumstances, shall not be affected.

[Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-990, filed 3/12/79.]

Chapter 248-58 WAC

SANITARY CONTROL OF SHELLFISH AND SHRIMP, CRAB AND LOBSTER MEAT

WAC

248-58-001	Scope and purpose.
248-58-005	Definitions.
248-58-010	Growing areas.
248-58-020	Storage, cleansing and washing and shipping of shell stock.
248-58-030	Shucking of shellfish.
248-58-040	Packing of shucked shellfish.
248-58-050	Personal health and cleanliness.
248-58-060	Construction and maintenance.
248-58-070	Identification and records.
248-58-080	Certificate of compliance—Certificate of approval—Suspension for revocation of certificate of approval—Licensure—Revocation of license.
248-58-090	Administrative provisions.
248-58-500	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 or her determination as to conformance with appropriate standards and good public health practice.

(2) "Commercial quantity" means any quantity exceeding:

- (a) Forty pounds of mussels;
- (b) One hundred oysters;
- (c) Fourteen horse clams;

- (d) Six geoducks; or
 - (e) Fifty pounds of hard or soft shell clams.
- (3) "Department" means the state department of social and health services.

(4) "Director" means the director of the division of health of the department of social and health services, or his or her authorized representative.

(5) "Easily cleanable" means readily accessible and of such material and finish, and so fabricated that residue may be completely removed by approved cleaning methods.

(6) "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.

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

(8) "Person in charge" means an individual responsible for the supervision of employees and the management of any shellfish operation as defined in subsection (12) of this section.

(9) "Sanitized" means the treatment of clean surfaces of equipment and utensils by an approved process which is effective in destroying microorganisms, including pathogens.

(10) "Shellfish" means all varieties of fresh or frozen oysters, clams, or mussels, either shucked or in the shell, and all fresh or frozen edible products thereof.

(11) "Shellfish growing areas" means the lands and waters in and upon which shellfish are grown for harvesting in commercial quantities or for sale for human consumption.

(12) "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 in commercial quantities or for sale for human consumption.

[Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-005, filed 10/14/85. 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 commercial quantities of shellfish or 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 and 43.20.050. 85-21-048 (Order 296), § 248-58-010, filed 10/14/85. 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.]

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WAC 248-58-040 Packing of shucked shellfish. (1) Shucked shellfish shall be protected from contamination during all phases of processing and shall be packed in approved containers which are clean, and free from contamination.

(2) Shucked shellfish shall be maintained at forty degrees Fahrenheit or less until received by the consumer. A temperature of thirty-four degrees Fahrenheit to forty degrees Fahrenheit shall be maintained in refrigerators where shucked shellfish are stored.

(3) Shellfish which are to be marketed as a frozen product shall be frozen as quickly as practicable and maintained at a product temperature of zero degrees Fahrenheit or less until received by the consumer.

(4) The packing of shucked shellfish shall take place in the same plant in which the shellfish are shucked, unless specific approval for repacking is granted by the director. Repacking plants shall meet all requirements as specified for packing plants. Frozen shucked shellfish shall not be repacked.

[Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-040, filed 7/24/78; Regulation 58.040, effective 3/11/60.]

WAC 248-58-050 Personal health and cleanliness.

(1) Persons ill with or the carrier of a communicable disease which is transmissible through food and is in the infectious stage, or persons having exposed boils, infected lesions or wounds, or similar skin infections, or persons having an acute respiratory infection shall not work in any growing area, shucking, packing or repacking plant in any capacity where they might contaminate the shellfish or food contact surfaces with pathogenic organisms. Both the person in charge and the employee shall be responsible for compliance with the requirements of this section.

(2) Persons who shuck or handle shucked shellfish shall wear clean, waterproof aprons or coats and clean clothing that can be easily cleaned and shall practice good personal cleanliness during all periods of duty. They shall wash their hands thoroughly with soap and warm water before starting to work and as often thereafter as may be necessary to remove soil and contamination. Gloves or other protective gear worn on the hands shall be made of waterproof, easily cleanable material and shall be clean. When manual handling of shucked shellfish becomes necessary, sanitized rubber gloves shall be worn or the hands shall be thoroughly cleaned immediately before such handling. Effective means shall be taken to keep hair from shellfish (shucked meats) and from food contact surfaces.

[Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-050, filed 7/24/78; Regulation 58.050, effective 3/11/60.]

WAC 248-58-060 Construction and maintenance.

(1) Equipment and utensils: All food contact surfaces of equipment and utensils shall be constructed of nontoxic, corrosion resistant, and nonabsorbent materials, designed to be easily cleanable and shall be clean and in an approved condition of repair. Equipment shall be installed and maintained so that it and adjacent areas can

be readily cleaned. Articles intended for single service use shall be used only once and then discarded.

Utensils and food contact surfaces of equipment shall be cleaned, sanitized and stored in an approved manner so as to be protected from recontamination. Cleaning and sanitization shall occur before use and at such intervals as necessary to preclude contamination of the shucked product.

Nonfood contact surfaces of equipment shall be constructed of corrosion resistant and nonabsorbent materials, designed to be easily cleanable and shall be clean and in an approved condition of repair.

(2) Physical facilities: The plant shall be so arranged to facilitate the flow of the product through processing and storage areas in a manner that will preclude contamination. Shucking and packing operations shall be conducted in separate rooms. Only authorized persons shall be allowed in the packing room during periods of operation.

Interior surfaces of rooms or areas where shellfish are stored, processed or utensils or hands are washed, and in walk-in refrigerators and freezers shall be easily cleanable, clean and in an approved condition of repair.

Rooms for utensil and packaging material storage shall be provided, and separate from areas which shall be provided for employee clothing storage. These areas shall be separate and apart from the shucking and packing rooms.

Approved lighting, heating and ventilation shall be provided. Approved measures for control of rodents and flies, roaches, and other insects on the premises shall be utilized. Live animals shall be excluded from all areas of the plant.

(3) Sanitary facilities: Hot and cold water adequate in quality and quantity, and under pressure shall be provided or easily accessible to all rooms in which shellfish are processed or utensils are washed. The water supply, plumbing, sewage, garbage and rubbish disposal, hand-washing, 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--License--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) No person shall possess a commercial quantity of shellfish or sell or offer to sell for human consumption shellfish in the state which have not been grown, harvested, shucked, packed, or shipped in accordance with the provisions of these regulations or chapter 69.30 RCW.

(3) 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.

(4) 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.

(5) The department shall have cause to deny, revoke, or suspend the license required herein where any licensee has:

(a) Had his or 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.

(6) All licenses and certificates issued under the provisions of these regulations shall be posted in a conspicuous place on the licensed premises. The licensee, or at least one employee thereof, shall have a certificate of approval on his or her person while engaged in the harvesting of shellfish. Such certificates of approval shall be provided by the department. All licenses and certificates of approval shall expire on the thirtieth day of September each year.

(7) Certificates of approval shall be displayed, upon request, to an authorized representative of the department, a fisheries patrol officer, or an ex officio patrol officer. Failure to do so subjects the grower to the penalty provisions of this chapter, as well as immediate seizure of the shellfish by the representative or officer.

[Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-080, filed 10/14/85. 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 operations are conducted in a manner complying 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 or 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 such operation fails to comply with the requirements of the law, rules and regulations, he or she shall issue to the person in charge of the shellfish operation a written order specifying 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 or she suspects 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. The person in charge shall thereafter cease from offering such shellfish for human consumption and shall store such shellfish in a suitable place as prescribed by the director until the hold order is lifted or modified by the director or by a court of competent jurisdiction. Shellfish placed under a hold order shall not be destroyed for at least two days and shall not be held longer than fifteen days; however, upon a finding that the shellfish are safe for human consumption, the director may release them immediately.

(e) If, during an inspection of a shellfish harvesting operation, the owner or person in charge of the operation fails to immediately display his or her certificate of approval upon request from an authorized representative of the department, a fisheries patrol officer, or an ex officio patrol officer, a written hold order may be issued prohibiting the disposition or sale of the shellfish or the shellfish may immediately be seized. If a hold order is issued, the person in charge shall thereafter cease from offering such shellfish for human consumption and shall store such shellfish in a suitable place as prescribed by the director until the hold order is lifted or modified by the director or by a court of competent jurisdiction. Shellfish placed under a hold order or seizure shall not be destroyed for at least two days and shall not be held longer than fifteen days; however, upon a finding that the shellfish are safe for human consumption, the director shall determine disposition. If the director determines that the operation is certified, the shellfish shall be released to the owner or person in charge of the operation. If the director determines that the operation is not certified, the director may release the shellfish according to his or her discretion.

(f) If after investigation the director determines the shellfish are unsafe for human consumption, he or 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 by measures such as denaturing and placement in a sanitary landfill. Such destruction shall be accomplished by at least two employees of the department or authorized representatives.

(iii) At the discretion of the director, shellfish having been found to be unsafe for human consumption may be relayed to an approved growing area for subsequent reharvest.

(g) When the director, after conducting an appropriate investigation, determines either that:

(i) A shellfish operation or employee is transmitting a disease; or

(ii) There is a substantial risk a shellfish operation or employee may be transmitting a disease, he or 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.

(h) As an alternative to the abatement order described in subsection (2)(g) of this section, the director may require any or all of the employees to submit to adequate medical and laboratory examinations, including examination of their bodily discharges.

(i) 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.

(j) In the event 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 and 43.20.050. 85-21-048 (Order 296), § 248-58-090, filed 10/14/85. 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 shall be guilty of a gross misdemeanor, and upon conviction thereof shall be subject to a fine of not less than twenty-five dollars nor more than one thousand dollars, or imprisonment in the county jail of the county in which the offense was committed for not less than thirty days nor more than one year, or to both fine and imprisonment.

[Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-500, filed 10/14/85. 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 248-59 WAC

RULES FOR RESOLVING WATER SERVICE AREA CONFLICTS

WAC

248-59-005	Purpose.
248-59-010	Public hearing.
248-59-020	Initial decision.
248-59-030	Appeal procedure.
248-59-040	Appeal hearing.
248-59-050	Appeal decision.
248-59-060	Review by secretary.
248-59-070	Decision of secretary.
248-59-080	Judicial review.

WAC 248-59-005 Purpose. The purpose of this chapter is to provide a process for resolving service area conflicts which arise from implementation of the Public Water System Coordination Act, chapter 70.116 RCW, and its procedural regulations, chapter 248-56 WAC.

[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-005, filed 12/6/82.]

WAC 248-59-010 Public hearing. (1) If no service area boundary agreement has been established after a conscientious effort by existing water purveyors within one year of establishment of external critical water supply service area boundaries, or if the legislative authority or authorities have filed written objections with the department, the water supply and waste section of the department of social and health services (DSHS) shall work with the affected parties in an informal manner in order to reach an agreement.

(2) If, in the judgment of the water supply and waste section of DSHS, informal negotiations with the affected parties fail to make progress toward reaching an agreement, the water supply and waste section of DSHS shall hold a public hearing to determine its course of action.

(3) The water supply and waste section of DSHS shall provide at least thirty days' notice of the public hearing; thus, giving the affected parties a final opportunity to agree upon service area boundaries prior to the public hearing.

(4) Notice of the public hearing shall be mailed by certified mail to:

- (a) Each purveyor providing service in the area of conflict;
- (b) Each legislative authority having jurisdiction in the area; and
- (c) The public pursuant to chapter 65.16 RCW.

[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-010, filed 12/6/82.]

WAC 248-59-020 Initial decision. (1) The public hearing may be continued from time to time if good cause can be shown for such a continuance.

(2) After conclusion of the hearing, the water supply and waste section of DSHS may decide to take no action or restrict any or all purveyors from carrying out improvements within the conflicting area. Affected parties shall be notified of the decision by certified mail. The decision shall be issued as a written report and include justification based upon:

- (a) Compliance with DSHS regulations;
- (b) A record of the hearing; and
- (c) Criteria established in WAC 248-56-730.

[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-020, filed 12/6/82.]

WAC 248-59-030 Appeal procedure. (1) Any party affected by the decision of the water supply and waste section of DSHS may appeal that decision within twenty days from the date received by certified mail. If no appeal is filed, the decision of the water supply and waste shall be final.

(2) Notice of appeal must:

- (a) Be in writing;
- (b) Clearly and concisely state the basis for the appeal;
- (c) State whether the appellant will represent himself or herself or be represented by another;
- (d) State the name, address, and telephone number of the appellant and, if represented by another, the representative's name, address, and telephone number; and
- (e) Be mailed by certified mail to Office of Hearings, Post Office Box 2465, Olympia, Washington 98504.

(3) The office of hearings shall notify all affected parties of the appeal and schedule of events.

[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-030, filed 12/6/82.]

WAC 248-59-040 Appeal hearing. (1) A hearings examiner assigned by the office of hearings shall conduct the appeal hearing in accordance with chapters 34.04 and 34.12 RCW, and chapters 10-08 and 248-08 WAC.

(2) Evidence not considered in arriving at the initial water supply and waste section decision shall not be presented at the appeal hearing unless agreed to by all parties.

(3) The hearings examiner shall not modify the initial water supply and waste section decision unless the preponderance of evidence shows it to be in error either substantially or legally.

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[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-040, filed 12/6/82.]

WAC 248-59-050 Appeal decision. (1) Within thirty days after the appeal hearing, the hearings examiner shall render a reasoned decision affirming, reversing, modifying or remanding the initial decision by the water supply and waste section of DSHS. The decision shall be in writing, and:

- (a) Correctly caption the name of the parties and the name of the proceedings;
- (b) Designate all parties;
- (c) Include a concise statement of the issue or issues considered;
- (d) Contain findings of fact and conclusions of law as to each contested issue of fact and law. The findings must be based upon evidence adduced at the hearings; the conclusions must be justified by the findings; and the order must be supported by the findings and conclusions; and

(e) Be transmitted to affected parties by certified mail.

(2) The decision shall be rendered without ex parte communication and shall be based exclusively on evidence and argument introduced at the hearing or submitted for review.

[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-050, filed 12/6/82.]

WAC 248-59-060 Review by secretary. (1) Any party may petition the secretary of DSHS for review of the decision of the hearings examiner within twenty days from the date received by certified mail. If no petition for review is filed, the decision of the hearings examiner shall be the final decision.

(2) The twenty-day time limit for filing a petition for review shall be waived when the petitioner demonstrates good cause for failure to file a timely petition for review. Good cause may include mistake, inadvertence, and excusable neglect on the part of the petitioner or unavoidable casualty or misfortune. If a petitioner demonstrates good cause, the twenty-day time limit shall be extended to a maximum of fifty days.

(3) Petition for review must:

- (a) Be in writing;
- (b) Clearly and concisely state the basis for the review;

(c) Clearly and concisely present any and all arguments for modifying the decision;

(d) State the name, address, and telephone number of the petitioner; and

(e) Be mailed by certified mail to the Secretary, Department of Social and Health Services, Mail Stop OB-44, Olympia, Washington 98504, and to the other party or parties at his or her last known address.

(4) The other party or parties may respond in writing to the petition for review. The response shall be mailed postage prepaid to the secretary and the petitioner at his or her last known address.

[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-060, filed 12/6/82.]

WAC 248-59-070 Decision of secretary. (1) The secretary shall consider the entire record or such portions thereof cited by the petitioner in his or her review of the decision of the hearings examiner.

(2) Upon review of the record, the secretary shall render a reasoned decision affirming, reversing, modifying or remanding the decision of the hearings examiner.

(3) The secretary's decision shall be transmitted to the affected parties by certified mail.

[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-070, filed 12/6/82.]

WAC 248-59-080 Judicial review. Any party aggrieved by the decision of the secretary has the right to judicial review pursuant to RCW 34.04.130.

[Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-080, filed 12/6/82.]

Chapter 248-63 WAC STANDARDS FOR LABOR CAMPS

WAC

248-63-001	Purpose.
248-63-010	Definitions.
248-63-020	Administration.
248-63-030	Water supply.
248-63-040	Sewage disposal.
248-63-050	Plumbing.
248-63-060	Refuse disposal.
248-63-070	Rodent and insect control.
248-63-080	Location and maintenance.
248-63-090	Construction and maintenance of dwelling units and other buildings.
248-63-100	Heating.
248-63-110	Lighting.
248-63-120	Toilet, handwashing, bathing, and laundry facilities.
248-63-130	Foodhandling facilities.
248-63-140	Beds and bedding.
248-63-150	Safety provisions.
248-63-160	Supervision and responsibility.
248-63-170	Communicable disease.
248-63-180	Exemptions.

WAC 248-63-001 Purpose. The following rules and regulations are established as the minimum sanitation requirements for labor camps. The regulations set forth are adopted pursuant to the provisions of chapter 43.20 RCW.

The person responsible for labor camps is encouraged to use innovative ideas and incorporate new approaches to solve the environmental problems of worker housing, such as relocatable housing, dual-purpose buildings, and new design techniques: *Provided however*, That all ideas and approaches shall meet the intent of these rules and regulations.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-001, filed 8/30/84. Formerly WAC 248-61-001.]

WAC 248-63-010 Definitions. (1) "Central food-handling facility" shall mean any facility provided by employers, growers, management, or other person as defined in subsection (8) of this section where food is served or provided to the labor camp occupants with or without charge.

(2) "Common foodhandling facility" shall mean a facility provided by employers, growers, management, or other person as defined in subsection (8) of this section for use by the labor camp occupants in the preparation and consumption of their own food.

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

(4) "Director" shall mean the director of the division of health of the Washington state department of social and health services or authorized representative.

(5) "Dwelling unit" shall mean family unit, single unit, dormitory, or other facility and/or housing provided by a person for temporary workers and 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 both sexes for living and/or sleeping, with or without facilities for cooking and eating purposes.

(c) "Single unit" shall mean facilities and/or housing accommodating one person only for living and/or sleeping, with or without facilities for cooking and eating purposes.

(6) "Health officer" means the legally qualified person appointed as the health officer for the city, town, county, or district public health department as defined in RCW 70.05.010(2) or authorized representative.

(7) "Labor camp" shall mean all facilities, housing, and/or real property consisting of five or more dwelling units, recreational vehicle spaces, campground spaces, or other areas set aside and/or provided to accommodate temporary worker supplied shelter or any combination thereof, together with the land appurtenant thereto provided with or without charge by employers, growers, management, or other person, for occupancy by temporary workers or temporary workers and dependents, and shall include facilities, housing, and/or real property located either at the site of employment or elsewhere. Separate dwelling units, or clusters of units containing less than five units, shall constitute a labor camp, where a cumulative total of five or more dwelling units is maintained by the same owner or person responsible. Any dormitory building accommodating five or more persons shall be considered a labor camp. The provisions hereof shall not apply to any person who, in the ordinary course of that person's business, regularly provides housing on a commercial basis to the general public and who provides housing to any temporary worker of the same character and on the same or comparable terms and conditions as provided to the general public.

(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.

(10) "Temporary worker" shall mean any individual employed by a person where the labor is performed on a

seasonal basis, where, ordinarily, the employment pertains to or is of the kind exclusively performed at certain seasons or periods of the year and which, from its nature, may not be continuous or carried on throughout the year or when the worker is employed for a limited time only or his or her performance is contemplated for a particular piece of work, usually of short duration.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-010, filed 8/30/84. Formerly WAC 248-60A-010 and 248-61-010.]

WAC 248-63-020 Administration. (1) The department and health officer for each local health jurisdiction may enter into an agreement whereby the health officer assumes primary responsibility for administering these regulations. The agreement shall provide for a minimum necessary level of labor camp supervision. This agreement shall be submitted to the local board of health for adoption. The agreement shall be approved and updated as necessary. Wherever in these regulations the term "department" is used, the term "health officer" may be substituted where an agreement between the department and the health officer is in effect.

(2) Except as provided in subsection (6) of this section, the person owning or controlling a labor camp shall not permit the labor camp to be occupied by any temporary worker unless issued a certificate of occupancy by the department in the name of the person owning or controlling the specified labor camp.

(3) The department may issue a provisional certificate of occupancy for a labor camp when said camp does not fully meet all requirements of these rules and regulations. The issuance of a provisional certificate of occupancy shall be contingent upon approval by the department of a written plan and time schedule for compliance with the requirements of these rules and regulations.

(4) Every certificate of occupancy shall be valid for a period not in excess of one year and may be renewed.

(5) Applications for certificates of occupancy or renewals thereof must be submitted in writing to the department at least forty-five days prior to occupancy of the camp and shall contain such information as may be reasonably required by the department for the proper administration of these rules and regulations.

(6) If an application for a certificate of occupancy or renewal is made to the department at least forty-five days prior to the date the labor camp is to be occupied by a temporary worker but the department has not issued or denied a certificate of occupancy by such a date, the facility or property may be occupied by temporary workers unless prohibited by other local, state, or federal laws.

(7) Fees may be charged by the department as authorized in chapter 43.20A RCW and by local health agencies as authorized in RCW 70.05.060 to recover all or a portion of operational costs incurred in administering these regulations.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-020, filed 8/30/84. Formerly WAC 248-60A-020 and 248-61-020.]

[Title 248 WAC—p 332]

WAC 248-63-030 Water supply. (1) The water supply system for a labor camp shall be designed, constructed, maintained, and operated in accordance with chapter 248-54 WAC.

(2) The use of common drinking cups or containers is prohibited.

(3) Hot and cold running water shall be provided for each central bathing, handwashing, and laundry facility twenty-four hours daily.

(4) All family units shall be provided with cold running water under pressure and plumbed to a properly trapped sink.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-030, filed 8/30/84. Formerly WAC 248-60A-030 and 248-61-030.]

WAC 248-63-040 Sewage disposal. All sewage and waste water from a labor camp shall be drained to a sewerage disposal system approved by the jurisdictional agency. On-site sewage disposal systems shall be designed, constructed, and maintained in accordance with chapters 248-96 and 173-240 WAC and local regulations.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-040, filed 8/30/84. Formerly WAC 248-60A-040 and 248-61-040.]

WAC 248-63-050 Plumbing. All plumbing within the labor camp shall comply with chapter 248-94 WAC ("Basic plumbing principals") not including WAC 248-94-060.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-050, filed 8/30/84. Formerly WAC 248-60A-050 and 248-61-050.]

WAC 248-63-060 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, watertight, and rodent-proof containers with tight-fitting lids. Such containers shall be located adjacent to dwelling units except when other department-approved methods are used.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-060, filed 8/30/84. Formerly WAC 248-60A-060 and 248-61-060.]

WAC 248-63-070 Rodent and insect control. Appropriate measures shall be taken to control rodents and insects in labor camps.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-070, filed 8/30/84. Formerly WAC 248-60A-070 and 248-61-070.]

WAC 248-63-080 Location and maintenance. (1) Labor camps shall be well-drained and located and maintained as not to create a health or safety hazard.

(2) Labor camps shall be located no closer than two hundred feet of an occupied feedlot, dairy, or poultry operation except with the approval of the department.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-080, filed 8/30/84. Formerly WAC 248-60A-080 and 248-61-080.]

WAC 248-63-090 Construction and maintenance of dwelling units and other buildings. (1) All dwelling units and other buildings related to the labor camp constructed or remodeled after the effective date of these regulations shall have a valid certificate of occupancy as issued by the local building official.

(2) Dwelling units and other buildings shall be structurally sound, in good repair, and in a sanitary condition. Dwelling units shall provide protection against the elements.

(3) Floors shall be of wood, concrete, tile, or other impervious material. Wood floors shall be smooth, planed, and tight-fitting.

(4) Interior walls shall have cleanable surfaces without excessive peeling paint. Interior walls shall be maintained clean.

(5) A person shall not assign temporary workers or temporary workers and dependents to housing having less than seventy square feet of gross floor space for the first assigned occupant and thirty-five square feet of gross floor space for each additional assigned occupant: *Provided however*, That dormitories shall have at least forty square feet per assigned occupant for sleeping purposes.

(6) At least one-half of the floor area in each dwelling unit shall have a minimum ceiling height of seven feet: *Provided however*, That the ceiling height in factory built housing may be less than seven feet. No floor space shall be counted toward minimum requirements where the ceiling height is less than five feet.

(7) All habitable rooms, including bathrooms, laundry rooms, and similar rooms shall be provided with natural ventilation by means of operable windows or skylights or shall be equipped with an adequate mechanical ventilation system. Windows and skylights shall open directly to the outside and shall be openable to at least forty-five percent of their aggregate area and, except for bathrooms, shall be not less than four square feet in dimension.

(8) Trailers and recreational vehicles manufactured after July 1968 provided by the person responsible for operation of the camp as dwelling units shall have a Washington state department of labor and industries insignia in accordance with the requirements of chapters 296-150A and 296-150B WAC.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-090, filed 8/30/84. Formerly WAC 248-60A-090 and 248-61-090.]

WAC 248-63-100 Heating. (1) Dwelling units used during periods requiring artificial heating shall be provided with heating facilities capable of maintaining sixty-five degrees Fahrenheit temperature in all rooms.

(2) Heating facilities shall be installed, vented, and maintained to prevent fire hazard or fume concentrations, and be so located as to prevent impeded egress from the dwelling unit in case of emergency.

(3) All trailers, mobile homes and recreational vehicles, provided by the person responsible for operation of the camp as dwelling units, which have a wood burning appliance, shall have a Washington state department of labor and industries insignia in accordance with the requirements of chapters 296-150A and 296-150B WAC.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-100, filed 8/30/84. Formerly WAC 248-60A-100 and 248-61-100.]

WAC 248-63-110 Lighting. (1) All dwelling unit rooms, common foodhandling facilities, toilet, shower, and laundry rooms shall have a minimum of twenty footcandles 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 and lighting fixtures shall be installed and maintained in a safe condition.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-110, filed 8/30/84. Formerly WAC 248-60A-110 and 248-61-110.]

WAC 248-63-120 Toilet, handwashing, bathing, and laundry facilities. (1) Where dwelling units lack toilets and bathroom facilities or where recreational vehicle spaces, campground spaces, or other areas are provided to accommodate temporary worker supplied shelter, conveniently located central toilet, handwashing, and bathing facilities, separate for men and women, shall be provided. These facilities shall be maintained in a clean and sanitary condition.

(2) Toilets shall be provided in a ratio of one for every fifteen occupants or major fraction thereof. Urinals may be substituted for up to one-third of the toilets required for each sex. Water flush toilets shall be required: *Provided however*, That the department may make exception to allow privies or other approved methods.

(3) Where central toilet facilities are provided, an adequate and accessible supply of toilet tissue, with holders, shall be furnished.

(4) Lavatories, supplied with hot and cold water under pressure, shall be provided in the ratio of one for every fifteen occupants or major fraction thereof.

(5) Bathing facilities, supplied with hot and cold water under pressure, shall be provided in the ratio of one shower head for each fifteen occupants or major fraction thereof.

(6) Conveniently located central laundry facilities, supplied with hot and cold water under pressure, 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: *Provided however*, That the department may waive this requirement when

in the department's opinion commercial facilities are accessible and conveniently located.

(7) Where sanitary facilities are provided in each dwelling unit, there shall be provided a minimum of one toilet, lavatory, and bathing facility.

(8) The number of toilets, lavatories, bathing, and laundry facilities provided in central facilities are to be based on the maximum housing capacity of the labor camp, excluding the housing capacity of dwelling units with individual facilities. Where recreational vehicle spaces, campground spaces, or other areas are provided to accommodate temporary worker supplied shelter, the minimum number of toilets, lavatories, bathing, and laundry facilities provided in central facilities for that portion of the camp's occupants shall be determined according to the following table: *Provided however*, That the department may modify these requirements based upon a mutual written agreement between the department and person as to the number and type of facilities necessary to satisfy the intent of these regulations.

Number of Spaces	Toilets		Bathing		Handwashing Sinks		Laundry Facilities
	Men	Women	Men	Women	Men	Women	
1- 5	1	1	1	1	1	1	0
6-10	1	1	1	1	1	1	1
11-20	2	2	2	2	2	2	1
21-30	3	3	3	3	3	3	2
31-40	4	4	4	4	4	4	2
41-50	5	5	5	5	5	5	3
51-60	6	6	6	6	6	6	4

(9) The floors of central toilet, lavatory, bathing, and laundry facilities shall be sloped to properly trapped floor drains connected to an approved disposal system.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-120, filed 8/30/84. Formerly WAC 248-60A-120 and 248-61-120.]

WAC 248-63-130 Foodhandling facilities. (1) Where central food facilities are provided, the facilities 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 a minimum of two burners.

(b) Food storage shelves and food preparation counter.

(c) Mechanical refrigeration capable of maintaining temperatures of forty-five degrees Fahrenheit 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 space for storing perishable food items of all labor camp occupants. Inasmuch as certain refrigerator units not in use constitute a health hazard to children when such refrigerator units are not in use, precautions shall be taken by the camp owner or operator to assure 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 in this subsection, this shall be permitted.

(3) Where dwelling units, other than family units, do not have foodhandling facilities equal to those described in subsections (1) and (2) of this section, a common foodhandling facility shall be provided. This shall consist of a room or building provided for cooking and eating 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) Food storage shelves and a counter for food preparations;

(c) Mechanical refrigeration capable of maintaining the temperature of food at forty-five degrees Fahrenheit or below;

(d) Tables and chairs or equivalent seating for the intended use of the facility;

(e) Sinks with hot and cold water under pressure; and

(f) Floors of nonabsorbent, easily cleanable materials.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-130, filed 8/30/84. Formerly WAC 248-60A-130 and 248-61-130.]

WAC 248-63-140 Beds and bedding. (1) Sleeping facilities shall be provided for each occupant. Such facility shall consist of beds or bunks provided with clean mattresses or cots.

(2) Where bedding is provided by the person responsible for operation of the labor camp, the bedding shall be issued and maintained in a clean and sanitary condition.

(3) Each bed or bunk shall clear the floor by a minimum of twelve inches.

(4) Where the occupant provides beds and bedding equal to or better than those described in this section, this shall be permitted.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-140, filed 8/30/84. Formerly WAC 248-60A-140 and 248-61-140.]

WAC 248-63-150 Safety provisions. (1) In dwelling units two means of escape shall be provided: One may be an accessible window, at least five hundred and seventy-six square inches (four square feet) in size with no side less than sixteen inches.

(2) Flammable or volatile liquids or materials, other than those intended for household use, shall not be stored in or adjacent to rooms of dwelling units.

(3) Pesticides and toxic chemicals, other than those intended for household use, shall not be stored or mixed in the housing area.

(4) The existence of conditions presenting a potential health, safety, and/or fire hazard to occupants of the labor camp are in violation of these regulations.

(5) If the department has reason to believe there exists a violation of any state or local fire, safety or electrical code the department shall immediately refer the suspected violation to the responsible agency.

(6) All dwelling units shall be equipped with a smoke detector. Prior to occupancy and at each change of occupant the person responsible for operation of the labor camp shall assure the smoke detector in the dwelling unit is operational. Occupants shall be responsible for maintaining the smoke detector in their dwelling units in an operable condition.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-150, filed 8/30/84. Formerly WAC 248-60A-150 and 248-61-150.]

WAC 248-63-160 Supervision and responsibility.

(1) The person responsible for operation of the labor camp shall, once the labor camp is occupied, supervise and maintain such facility and property so as to ensure the labor camp remains in compliance with these rules and regulations.

(2) Receipt of a certificate of occupancy as provided under WAC 248-63-020(2) or the failure of the department to issue such a certificate of occupancy within the forty-five-day-time period shall not relieve the person owning or controlling a labor camp from the responsibility of ensuring such facility or property meets the requirements of these rules and regulations.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-160, filed 8/30/84. Formerly WAC 248-60A-160 and 248-61-160.]

WAC 248-63-170 Communicable disease. The person responsible for operation of the labor camp or his or her 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 local health officer.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-170, filed 8/30/84. Formerly WAC 248-60A-170 and 248-61-170.]

WAC 248-63-180 Exemptions. The director, at his or her discretion, may, upon written application, exempt a labor camp from complying with a requirement of these rules and regulations when it has been found after thorough investigation and consideration that such an exemption may be made in an individual case without placing the health or safety of the occupants in jeopardy and that strict enforcement of the regulation would create an undue hardship on the labor camp: *Provided however,* That where the health officer has assumed primary responsibility for administering these regulations in accordance with WAC 248-63-020(1) the health officer may, upon concurrence of the director, grant such an exemption.

[Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-180, filed 8/30/84. Formerly WAC 248-61-180.]

**Chapter 248-64 WAC
PRIMARY AND SECONDARY SCHOOLS**

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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) "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.

(6) "Site" – Shall include the areas used for buildings, playgrounds and other school functions.

(7) "Portables" – Any structure that is transported to a school site where it is placed or assembled for use as part of a school facility.

(8) "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.

(9) "Secretary" – Means secretary of the Washington state department of social and health services or his designee.

(10) "Department" – Means Washington state department of social and health services.

[Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-220, filed 3/9/82; 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.

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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) 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.

(3) All stairway and steps shall have handrails and nonslip treads.

(4) The floors shall have an easily cleanable surface.

(1986 Ed.)

(5) 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.

(6) 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.

(7) 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.

(8) 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.

(9) 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. 82-07-015 (Order 225), § 248-64-260, filed 3/9/82; 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: Plumbing shall be sized, installed, and maintained in accordance with the state building code. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the state building code.

(2) Water supply: The water supply system for a school shall be designed, constructed, maintained and operated in accordance with chapter 248-54 WAC.

(3) Toilet and handwashing facilities.

(a) Adequate, conveniently located toilet and handwashing facilities shall be provided for students and employees. At handwashing facilities soap and single-service towels shall be provided. Common use towels are prohibited. Warm air dryers may be used in place of single-service towels. Toilet paper shall be available, conveniently located adjacent to each toilet fixture.

(b) The number of toilet and handwashing fixtures in schools established in existing structures, previously designed or utilized for other purposes shall be in accordance with the state building code. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the state building code.

(c) Toilet and handwashing facilities must be accessible for use during school hours and scheduled events.

(d) Handwashing facilities shall be provided with hot water at a maximum temperature of 120 degrees Fahrenheit. If hand operated self-closing faucets are used, they must be of a metering type capable of providing at least ten seconds of running water.

(4) Showers:

(a) Showers shall be provided for classes in physical education, at grades 9 and above. An automatically controlled hot water supply of 100 to 120 degrees Fahrenheit shall be provided. Showers with cold water only shall not be permitted.

(b) Drying areas, if provided, shall be adjacent to the showers and adjacent to locker rooms. Shower and drying areas shall have water impervious nonskid floors. Walls shall be water impervious up to showerhead heights. Upper walls and ceiling shall be of smooth, easily washable construction.

(c) Locker and/or dressing room floors shall have a water impervious surface. Walls shall have a washable surface. In new construction, floor drains shall be provided in locker and dressing areas.

(d) 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. 82-07-015 (Order 225), § 248-64-270, filed 3/9/82; 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 sewage and waste water from a school shall be drained to a sewerage disposal system which is approved by the jurisdictional agency. On-site sewage disposal systems shall be designed, constructed and maintained in accordance with chapters 248-96 and 173-240 WAC.

[Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-280, filed 3/9/82; 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. The entire facility inhabited by students and employees shall be heated during school hours to maintain a minimum temperature of 65 degrees Fahrenheit except for gymnasiums which shall be maintained at a minimum temperature of 60 degrees Fahrenheit.

[Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-300, filed 3/9/82; Order 55, § 248-64-300, filed 6/8/71.]

WAC 248-64-310 Temperature control. Heating, ventilating and/or air conditioning systems shall be equipped with automatic room temperature controls.

[Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-310, filed 3/9/82; Order 55, § 248-64-310, filed 6/8/71.]

WAC 248-64-320 Sound control. (1) In new construction the entire facility shall be designed and constructed to limit ambient room noise levels to the average values published in chapter 35 of the 1973 edition of the *American Society of Heating, Refrigeration and Air Conditioning Engineers Guide and Data Book* for the respective type of area involved. Both exterior and interior sources of sound generation shall be considered in arriving at the final values. The maximum ambient noise level in industrial arts, vocational agriculture and trade and industrial facilities shall not exceed 65 dB(A) when all fume and dust exhaust systems are operating. The A-scale or octave band analysis method shall be utilized in making noise level measurements.

(2) The occupants in a school shall not be exposed to amplified music exceeding 90 dB(A).

(3) The maximum noise exposure in shop instructional areas shall correspond to WAC 296-62-090(11), the general occupational health standards as enforced by the department of labor and industries.

MAXIMUM NOISE EXPOSURES PERMISSIBLE

Duration per day (hours)	Sound Level (dba)
8 hours	90
6 hours	92
4 hours	95
3 hours	97
2 hours	100
1-1/2 hours	102
1 hour	105
1/2 hour	110
1/4 hour	115

Should the total noise exposure in shops exceed these levels, hearing protective devices such as ear plugs or muffs shall be provided to the students so exposed.

[Order 124, § 248-64-320, filed 3/18/76; Order 88, § 248-64-320, filed 10/3/73; Order 55, § 248-64-320, filed 6/8/71.]

WAC 248-64-330 Lighting. (1) The following maintained light intensities shall be provided as measured 30 inches above the floor or on working or teaching surfaces. General, task and/or natural lighting may be used to maintain the minimum lighting intensities.

	Minimum Foot - candle Intensity
General instructional areas including: Study halls, lecture rooms and libraries.	30

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Minimum Foot - candle Intensity

Special instructional areas where safety is of prime consideration or fine detail work is done including: Sewing rooms, laboratories (includes chemical storage areas), shops, drafting rooms and art and craft rooms.	50
Kitchen areas including: Food storage and preparation rooms.	30
Noninstructional areas including: Auditoriums, lunch rooms, assembly rooms, corridors, stairs, store-rooms, and toilet rooms.	10
Gymnasiums: Main and auxiliary spaces, shower rooms and locker rooms.	20

(2) Excessive brightness and glare shall be controlled in all instructional areas. Surface contrasts and direct or indirect glare shall not cause excessive eye accommodation or eye strain problems.

(3) Lighting shall be provided in a manner which minimizes shadows and other lighting deficiencies on work and teaching surfaces.

[Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-330, filed 3/9/82; 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. 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.

[Statutory Authority: RCW 43.20.050, 82-07-015 (Order 225), § 248-64-360, filed 3/9/82; Order 55, § 248-64-360, filed 6/8/71.]

Chapter 248-72 WAC CAMPS

WAC

248-72-001	Definitions.
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248-72-020	Location or site.
248-72-030	Supervision.
248-72-040	Water supply.
248-72-050	Toilets and handwashing facilities.
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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.
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WAC 248-72-001 Definitions. The following definitions shall apply in the interpretations and the enforcement of these rules and regulations. (1) The term "camp" as used herein shall refer only to an established group camp which is established or maintained for recreation, education, vacation, or religious purposes for use by organized groups and wherein these activities are conducted on a closely supervised basis and wherein day to day living facilities, including food and lodging, are provided either free of charge or by payment of a fee.

(2) "Owner" shall mean any person or persons, organization, association, corporation, or agency of federal, state, county or municipal government, operating, maintaining or offering for use within the state of Washington any camp either free of charge or by payment of a fee.

(3) "Director" shall mean the person in charge of the camp program.

(4) "Existing camp" shall mean a camp which was established prior to the date of adoption of these rules and regulations.

(5) "New camp" shall mean a camp which is established after the date of adoption of these rules and regulations.

(6) "Health officer" shall mean the state director of health, or the city, county, or district health officer, as defined in RCW 70.05.010(2) or his or her authorized representatives.

[Order 140, § 248-72-001, filed 2/7/77; Regulation 72.001, effective 3/11/60.]

WAC 248-72-010 Registration. Every owner shall make an annual application to the health officer for the registration of his camp at least 30 days prior to the day it is to be opened for use.

Every application for registration made pursuant to these regulations shall be on a form to be supplied by the health officer and the applicant shall furnish all information required by the health officer.

[Order 140, § 248-72-010, filed 2/7/77; Regulation 72.010, effective 3/11/60.]

WAC 248-72-020 Location or site. (1) All camps shall be located on land that provides good natural drainage. The site shall not be subject to flooding or located adjacent to swamps or marshes which might have an adverse effect on the health of the occupants.

(2) No camp shall be so located as to endanger any public or private water supply or the health of the public or health of the occupants.

(3) Where corrals or stables exist, or where large animals are maintained in connection with any camp, the quarters for any animals shall be located so as not to create a nuisance or health hazard.

[Order 140, § 248-72-020, filed 2/7/77; Regulation 72.020, effective 3/11/60.]

WAC 248-72-030 Supervision. (1) All camps shall be under the supervision of an adult having mature judgment and ability to understand and apply state laws and regulations relating to operation and maintenance of the camp.

(2) The director, or a responsible person reporting to him, shall make or have made frequent inspections of the premises and sanitary equipment for the purpose of maintaining proper sanitation and compliance with these regulations.

(3) The director shall maintain all sanitary facilities, and other equipment of camps, in good repair and appearance.

(4) The supervision and equipment shall be sufficient to prevent littering of the premises with rubbish, garbage, or other wastes and to maintain general cleanliness. Fly-tight metal garbage containers shall be provided for the collection of garbage. These containers shall not be permitted to become foul smelling, unsightly, or breeding places for flies, and the contents shall be disposed of by incineration or some other method approved by the health officer.

(5) All toilet rooms, eating, sleeping and other living facilities shall be cleaned at least daily.

(6) The owner or director of every camp shall maintain the buildings and grounds free from flies, mosquitoes and other insects through the use of screens and/or approved sprays or other effective means.

All premises shall be kept free from rats, mice and other rodents.

(7) Where bedding is furnished it shall be kept clean and aired at least once a week. Where sheets and pillow cases are furnished they shall be freshly laundered at least for each new user.

Mattress covers to completely cover the mattress shall be provided and shall be freshly laundered at least for each new user.

[Order 140, § 248-72-030, filed 2/7/77; Regulation 72.030, effective 3/11/60.]

WAC 248-72-040 Water supply. (1) Every camp shall have an adequate supply of water which meets the requirements of chapter 248-54 WAC, Rules and regulations of the state board of health governing public water supplies.

(2) At new camps, only water under pressure will be allowed except upon the special permission of the health officer.

(3) The use of common drinking cups or containers is prohibited.

(4) Where possible, drinking fountains of a sanitary type meeting the standards of the American Standards Association, shall be provided with a ratio of one fountain for each fifty users. In the event that fountains cannot be provided, individual or single-service drinking cups shall be supplied.

Containers for drinking water shall be constructed of smooth noncorrodable material, shall have a tight fitting cover, shall be equipped with a faucet or spigot for water removal and shall be washed with reasonable frequency and kept clean. Dipping water from containers is prohibited.

(5) Unapproved sources of water supply should be conspicuously posted as unfit for drinking.

[Order 140, § 248-72-040, filed 2/7/77; Regulation 72.040, effective 3/11/60.]

WAC 248-72-050 Toilets and handwashing facilities. (1) Every camp shall be provided with toilets, urinals and handwashing facilities conveniently located.

(2) Separate toilet facilities shall be provided for each sex and shall be so marked.

(3) Only water flushed toilets will be allowed unless specific exception is made by the health officer for the use of fly-tight sanitary privies.

(4) The minimum number of the above facilities to be provided shall be in accordance with the following schedules:

Girls' water closets -

First 100 girls - 1 for each 10 girls

Over 100 girls - 10 for first 100 girls plus
1 for each additional 20 girls

Boys' water closets -

First 100 boys - 1 for each 20 boys

Over 100 boys - 5 for first 100 boys plus
1 for each additional 40 boys

Boys' urinals -

First 100 boys - 1 for each 20 boys

Over 100 boys - 5 for first 100 boys plus
1 for each additional 40 boys

Lavatories -

First 100 users - 1 for each 12 users

Over 100 users - 8 for first 100 users plus
1 for each additional 20 users

(5) Toilet paper shall be provided in each water closet compartment or privy.

(6) All toilet rooms and privies shall be constructed of material permitting satisfactory cleaning and shall be well lighted and ventilated. All toilet fixtures shall be of easily cleanable, impervious material and in good repair.

(7) Toilet room floors shall be constructed of concrete or other water impervious material pitched to provide adequate drainage to a suitable located trapped floor drain; except that urinal stalls may be used in lieu of floor drains. If partitions are provided between flush bowls they shall be raised 12 inches from the floor and shall be so constructed as to be easily cleanable.

(8) Where users do not provide their own individual towel and soap, single-service paper or cloth towels and soap shall be provided at all lavatories. The use of common towels is prohibited.

[Order 140, § 248-72-050, filed 2/7/77; Regulation 72.050, effective 3/11/60.]

WAC 248-72-060 Showers and laundry facilities in resident camps. Adequate and conveniently located bathing facilities including hot and cold or tempered water shall be provided. Separate shower rooms shall be provided for each sex in the ratio of one shower head or tub for each 15 users based upon the maximum demand at any one period.

One laundry tray or wash tub should be provided for each 40 persons or major fraction thereof.

The floors of shower rooms shall be constructed of concrete or other easily cleanable, water impervious material graded to drain to a suitable trapped floor drain. They should be free from cracks or uneven surfaces that interfere with proper cleaning.

The shower rooms shall be well lighted and ventilated and have interior surfaces of light colored, washable material.

[Order 140, § 248-72-060, filed 2/7/77; Regulation 72.060, effective 3/11/60.]

WAC 248-72-070 Sewage and liquid waste disposal.

(1) No liquid wastes resulting from toilets, lavatories, showers, laundry sinks, or from the cleaning of kitchen and eating utensils, floors, etc., shall be discharged upon the surface of the ground. Such wastes shall be disposed of in such a manner that they will be inaccessible to rodents, flies, or other insects, and will not pollute the surface of the ground or contaminate any water supply.

They shall not be discharged into any stream, lake or body of water. Underground systems for disposal of such wastes shall be constructed, operated, and maintained to comply with the requirements of the state board of health or local health regulations or ordinances.

(2) All plumbing shall comply with state and local regulations or the minimum plumbing standards of the U.S. Department of Commerce.

[Order 140, § 248-72-070, filed 2/7/77; Regulation 72.070, effective 3/11/60.]

WAC 248-72-080 Sleeping and living quarters. (1) All sleeping and living quarters shall be ventilated so as to be maintained free from objectionable odors. They shall be provided with adequate natural and artificial light. The floors, walls, and ceilings of sleeping rooms shall be of easily cleanable construction and shall be maintained in a clean, sanitary condition.

(2) The floors of all buildings which are not built on solid concrete or rat-proof foundations shall be raised at least 12 inches above the ground and the space underneath the floor kept free from trash, rubbish, or other material attractive to insects or rodents.

(3) No room used for sleeping purposes shall have less than 400 cubic feet of air space for each occupant.

(4) All cabin or dormitory type sleeping rooms shall contain a minimum floor space of 40 sq. ft. per occupant. Ventilation shall be provided to all bedrooms or dormitories equivalent to an outside opening of 2-1/2 sq. ft. per person.

[Order 140, § 248-72-080, filed 2/7/77; Regulation 72.080, effective 3/11/60.]

WAC 248-72-090 Food handling. Food service facilities and practices in camps shall comply with chapter 248-84 WAC, Rules and regulations of the state board of health governing food service sanitation.

[Order 140, § 248-72-090, filed 2/7/77; Regulation 72.090, effective 3/11/60.]

WAC 248-72-110 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.

(1986 Ed.)

(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.

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(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 248-75 WAC

RULES AND REGULATIONS OF THE STATE BOARD OF HEALTH GOVERNING MOBILE HOME PARKS

WAC

248-75-010	Definition.
248-75-020	Sewage disposal.
248-75-030	Water supply.
248-75-040	Refuse disposal.
248-75-050	General sanitation.

WAC 248-75-010 Definition. The following definitions shall apply in the interpretation and enforcement of this chapter.

(1) 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.

(2) Mobile home park shall mean any real property which is rented or held out for rent to others for the placement of two or more mobile homes for the primary purpose of production of income, except where such real property is rented or held out for rent for seasonal recreational purpose only and is not intended for year-round occupancy.

[Statutory Authority: 1981 c 304, 81-24-056 (Order 220), § 248-75-010, filed 12/1/81.]

WAC 248-75-020 Sewage disposal. All sewage and waste water from a mobile home park shall be drained to a sewerage disposal system which is approved by the health officer. Sewage disposal systems shall be designed, constructed and maintained in accordance with chapters 248-96 and 173-240 WAC and local regulations.

[Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-020, filed 12/1/81.]

WAC 248-75-030 Water supply. Any public water supply system, as defined in WAC 248-54-560(20), which provides water for a mobile home park shall be designed, constructed, maintained and operated in accordance with chapter 248-54 WAC.

[Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-030, filed 12/1/81.]

WAC 248-75-040 Refuse disposal. All garbage, refuse and/or trash in a mobile home park shall be collected, stored and disposed of in accordance with chapter 70.95 RCW and chapter 173-301 WAC and local regulations.

[Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-040, filed 12/1/81.]

WAC 248-75-050 General sanitation. The premises of a mobile home park shall be maintained and operated in accordance with chapter 248-50 WAC.

[Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-050, filed 12/1/81.]

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.
248-84-062	Bulk foods, storage, and display.
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.
248-84-120	Sulfiting agents.
248-84-500	Separability clause.
248-84-900	Penalty clause.

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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 a food bears or contains any poisonous or deleterious substance in a quantity which may render the food injurious to health;

(b) If a food 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 a food consists in whole or in part of any filthy, putrid, or decomposed substance, or if the food is otherwise unfit for human consumption;

(d) If a food has been processed, prepared, packed, or held under insanitary conditions, whereby the food may have been rendered injurious to health;

(e) If a food 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 a food 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 or her determination as to conformance with appropriate standards and good public health practice.

(3) "Bulk food" shall mean unpackaged or unwrapped, processed or unprocessed food, stored in aggregate quantities from which quantities desired by the consumer may be withdrawn. Bulk food does not include: Potentially hazardous food; raw fruits or vegetables; or buffet, salad bar, or smorgasbord-type of service in food service establishments.

(4) "Closed" shall mean fitted together snugly leaving no openings large enough to permit the entrance of vermin.

(5) "Corrosion-resistant material" shall mean a material maintaining its original surface characteristics under prolonged influence of the food, cleaning compounds and sanitizing solutions which may contact it.

(6) "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.

(7) "Employee" shall mean the permit holder, individuals having supervisory or management duties, and any other person working in a food service establishment.

(8) "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.

(9) "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.

(10) "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.

(11) "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, where 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.

(12) "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 where 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.

(13) "Health officer" shall mean the city, county, city-county, or district health officer as defined in RCW 70.05.010(2) or his or her authorized representative.

(14) "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 the container's contents after processing.

(15) "Kitchenware" shall mean all multi-use utensils other than tableware used in the storage, preparation, conveying, or serving of food.

(16) "Misabeled" 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 violating any applicable state or local labeling requirements.

(17) "Mobile food unit" means a food service establishment designed to be readily movable.

(18) "Person" shall mean an individual, firm, corporation, partnership, association, or agency of state, county, or municipal government, or agency of the federal government subject to the jurisdiction of the state.

(19) "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.

(20) "Potentially hazardous food" shall mean any food consisting 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 having a pH level of 4.6 or below or a water activity (a_w) value of 0.85 or less.

(21) "Ready-to-eat food" shall mean bulk food normally eaten by the consumer without cooking. Nuts in the shell are not included in this definition.

(22) "Reconstituted" shall mean dehydrated food products recombined with water or other liquids.

(23) "Sanitization" shall mean effective bactericidal treatment by a process providing 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.

(24) "Sealed" shall mean free of cracks or other openings permitting the entry or passage of moisture.

(25) "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.

(26) "Tableware" shall mean all multi-use eating and drinking utensils.

(27) "Temporary food service establishment" shall mean a food service establishment operating at a fixed location for a period of time of not more than fourteen consecutive days in conjunction with a single event or celebration.

(28) "Utensil" shall mean any implement used in the storage, preparation, transportation, or service of food.

(29) "Wholesome" shall mean in sound condition, clean, free from adulteration, and otherwise suitable for use as human food.

[Statutory Authority: RCW 43.20.050. 84-14-090 (Order 274), § 248-84-002, filed 7/3/84; 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 Fahrenheit; 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, 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 where 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 subsections (3)(b) and (d) of this section shall only apply to food service establishments constructed or remodeled after the effective date of these regulations.

(e) Sinks used for handwashing or equipment or utensil washing shall not be used for food preparation.

[Statutory Authority: RCW 43.20.050, 84-14-090 (Order 274), § 248-84-030, filed 7/3/84; 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-contact surfaces of equipment shall be cleaned at such intervals as to keep the surfaces 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, 84-14-090 (Order 274), § 248-84-035, filed 7/3/84; 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 hygienic 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 248-84-062 Bulk foods, storage, and display. The requirements for bulk foods are the same as for other foods except as specified in this section.

(1) All bulk food display units shall be properly labeled including the common name of the food and/or ingredients (if applicable). Labels for customers to identify bulk foods purchased shall be available upon request. Stocking practices shall promote proper stock rotation.

(2) All bulk food display units shall be separated from any containers of chemicals which might contaminate bulk foods and from pet food by some means approved by the health officer; such as horizontal or vertical separation, separate aisles, or partitions. Bulk containers of chemicals or pet food shall be properly labeled.

(3) A person shall be designated by the management of each food service establishment selling bulk food to be responsible for the bulk food area. This assigned person is responsible for overseeing bulk food operations and shall:

(a) Police the bulk food storage and display areas to discourage tampering with bulk foods and to prevent contamination of bulk foods by customers;

(b) Label bulk food display units, clean up any spills that occur, and rotate stock;

(c) Clean and sanitize storage containers and utensils used for food storage or handling of bulk foods;

(d) Dispose of any bulk foods returned to the food service establishment.

(4) Ready-to-eat bulk food shall be protected from potential sources of contamination by the following methods during dispensing:

(a) Foods shall be dispensed by an employee possessing a valid food and beverage service workers permit; or

(b) Foods shall be dispensed by gravity feed or other types of dispensers approved by the health officer; or

(c) Foods may be dispensed by the customer: *Provided*, That the consistency (stickiness) or shape of the food precludes dispensing by the preceding methods described in (b) of this subsection and: *Provided further*, That foods are dispensed from an approved bulk food display unit with a self-closing lid using proper utensils.

(5) All bulk foods shall be stored and displayed in properly constructed display units or storage containers with properly constructed covers or lids. Properly designed, easily cleanable scoops, or other dispensing utensils shall be present to minimize hand contact with bulk foods. When bulk food storage containers are lined with plastic liners, liners shall be food-grade plastic only. The use of garbage can liners for lining bulk food containers is prohibited.

(6) All containers used for display of ready-to-eat foods shall be at least thirty inches at the lowest access point above floor level, except for honey, oil, or similar liquid products as approved by the health officer.

(7) Any spilled bulk food shall be cleaned up immediately using vacuums, brooms, or mops as appropriate. All spilled bulk food shall be discarded. Any bulk food returned to the food service establishment shall not be returned to the storage container or display unit or resold. Any returned bulk food shall be promptly discarded.

(8) Dispensing utensils shall be stored in the food with the handle extended out of the food or stored clean and dry in a protective enclosure or utensil holder. A separate utensil shall be provided for each food item. Bulk food containers and utensils shall be cleaned and sanitized prior to refilling or when the containers become soiled.

(9) Regular surveillance of bulk food storage and display areas for evidence of pests shall be performed by a qualified store employee or licensed pest control operator. If any evidence of infestation is discovered, appropriate control measures shall be implemented. If pesticides are applied, only a licensed store employee or pest control operator shall make such application. Pesticides, if used, shall be applied in accordance with label directions. Adequate precautions shall be taken to ensure contamination of bulk foods or food contact surfaces does not occur.

(10) WAC 248-152-030(7) prohibits smoking in all public areas of retail food stores. No smoking signs shall be posted in the bulk food display areas. Store employees should inform smokers of this requirement when smoking is observed.

(11) WAC 248-84-062 shall apply to all new bulk food operations starting on or after July 1, 1984. Existing bulk food operations in place before July 1, 1984, have until January 1, 1985, to comply with requirements contained in subsections (2), (4), (5), (6), and (8) of this section.

[Statutory Authority: RCW 43.20.050. 84-14-090 (Order 274), § 248-84-062, filed 7/3/84.]

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.]

[Title 248 WAC—p 352]

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 248-84-120 Sulfiting agents. (1) The following definitions apply only to this section:

(a) "Sulfiting agents" means chemicals used to treat foods to increase shelf life and enhance appearance and include the following:

- (i) Sulfur dioxide,
- (ii) Sodium sulfite,
- (iii) Sodium bisulfite,
- (iv) Potassium bisulfite,
- (v) Sodium metabisulfite, and
- (vi) Potassium metabisulfite.

(b) "Health officer" means the local health officer or designee or the director of the division of health, department of social and health services, or designee.

(2) Sulfiting agents shall not be applied in any food service establishment and are prohibited from the premises of any food service establishment unless in package form, clearly labeled, and offered for retail sale.

(3) Consumers shall be notified by any food service establishment purchasing, using, offering for sale or service, or otherwise having on the establishment's premises or in storage, any foods processed by a commercial food processing establishment by one of the following methods:

(a) The following notice or similar notice approved by the health officer conspicuously attached to any and all packages and bulk food display units:

"This food contains sulfiting agents. Persons allergic to sulfiting agents should avoid consumption of this food."

or,

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(b) Conspicuous notices on public entrances, or on menus, or on table placards, stating in the following language or similar language approved by the health officer:

"Sulfiting agents may be used on some foods served or sold by this establishment. Persons allergic to sulfiting agents should ask for additional information."

(4) Food service establishments shall comply with subsection (3) of this section by August 15, 1985.

[Statutory Authority: RCW 43.20.050. 85-11-024 (Order 288), § 248-84-120, filed 5/13/85.]

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.
248-86-040	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.
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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.
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WAC 248-87-001 Objective. For the purpose of preventing the spread of infectious diseases and attaining a uniform sanitary standard in the state, it is deemed essential to require all food workers in the state to demonstrate through the process of an examination that they possess an adequate knowledge of the sanitary principles and practices involved in the preparation, storage, and service of foods and beverages, and in the handling of related equipment and facilities by extending the provisions of chapter 197, Laws of 1957, and (chapter 248-86 WAC), to all such workers.

[Regulation .87.001, effective 3/11/60.]

WAC 248-87-002 Definitions. As used in this chapter of the rules and regulations, the following definitions shall apply: (1) A "food service worker" shall

mean a person engaged in a food and/or beverage establishment and who may contribute to the transmission of infectious diseases through the nature of his contact with food products and/or equipment and facilities. This shall not include persons engaged in food handling operations where the products are sterilized after packaging or in the processing of frozen fruits or vegetables, nor nonsupervisory personnel assisting with food services functions of churches, lodges, granges and similar organizations when such are exempted from collected retail sales tax by rule 169 of the tax commission of the state of Washington as effective May 1, 1935.

(2) The term "food establishment" shall include, but is not limited to, all food handling operations associated with school lunches, carnivals, circuses, intrastate ferries, state institutions, bakeries, shellfish processing plants, caterers, hospitals, nursing homes, maternity homes, boarding homes, child care agencies, churches, lodges, granges, clubs, and food demonstrations.

[Regulation .87.002, effective 3/11/60.]

WAC 248-87-020 Communicable disease. It shall be unlawful and a violation of these regulations for any person with a communicable disease in the infectious state or a known carrier of a communicable disease or infectious condition to handle, prepare, serve or sell food, food products, or beverages for public consumption and it shall be unlawful and a violation of these regulations for any person to knowingly employ such person so afflicted.

[Regulation .87.020, effective 3/11/60.]

Chapter 248-91 WAC

APPROVALS AND CERTIFICATIONS OF NECESSITY FOR WATER DISTRICTS TO ESTABLISH, MAINTAIN, CONSTRUCT AND OPERATE SEWER SYSTEMS

WAC

248-91-010	Definitions.
248-91-020	Purpose.
248-91-030	Application content.
248-91-040	Notification of interested parties.
248-91-050	Criteria for necessity.
248-91-060	Decision of the department.
248-91-070	Limitation of an approval and a certification of necessity.

WAC 248-91-010 Definitions. For purposes of this chapter, the following definitions are applicable:

(1) "Department" shall mean the Washington state department of health.

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

(3) "Approval and a certification of necessity" shall mean an order of the department which gives approval to a water district to establish, maintain, construct and operate a sewer system in a proposed service area in accordance with RCW 57.08.065.

(4) "Necessity" shall mean a reasonable need and not mean an indispensable need.

(5) "Proposed service area" shall mean the area proposed to be served with a sewer system by the applicant water district.

(6) "Sewer system" shall mean a system of sewers and appurtenances for the collection, transportation, treatment and disposal of sewage and industrial wastes.

(7) "Sewage" shall mean the water-carried waste products or discharge from human beings or other wastes from residences, public or private buildings, or industrial plants, together with such ground, surface or storm waters as may be present.

(8) "Industrial wastes" shall mean the liquids, solids, or other wastes resulting from any process of industry, or from the development of any natural resource.

(9) "Drainage basin" shall mean a geographic area drained by a surface stream or body of impounded water together with all tributary surface streams and bodies of impounded surface water.

(10) "Sewer entities" shall mean any municipal or public corporations which by law are entitled to construct and operate a sewer system.

[Order 6, § 248-91-010, filed 10/16/68; Emergency Order 3, § 248-91-010, filed 8/2/68.]

WAC 248-91-020 Purpose. This regulation prescribes the procedure whereby a water district organized under the provisions of chapter 57.04 RCW may apply for and receive an approval and a certification of necessity from the department in accordance with the provisions of RCW 57.08.065 in order to exercise powers of a sewer district in accordance with the provisions of Title 56 RCW, as now, or hereafter amended. Additionally, this regulation will define the criteria which the department will consider in determining the eligibility of an applicant water district for an approval and a certification of necessity.

[Order 6, § 248-91-020, filed 10/16/68; Emergency Order 3, § 248-91-020, filed 8/2/68.]

WAC 248-91-030 Application content. An application for an approval and a certification of necessity must be presented to the department and shall include, but not be limited to, the following considerations:

(1) A general statement of the present and future sewage problems in the proposed area of service.

(2) A consideration of the relationship of the district to contiguous, nearby or overlapping sewer entities.

(3) Service areas considering reasonable drainage basin oriented planning.

(4) Population forecasts as a basis of sewer system design in the proposed service area.

(5) A layout map showing major trunk lines and interceptor lines including the drainage area to be served within and outside of the boundaries of the water district.

(6) The methods of interception and disposal of sewage.

(7) The projected completion time for the sewer system.

(8) An affidavit signed by an officer of the applicant water district, stating that all persons, parties or entities

have been given the notice required by WAC 248-91-040.

(9) A summary setting forth the reasons why the applicant water district is better suited to provide a sewer system within the proposed service area than a contiguous or adjacent sewer entity.

[Order 6, § 248-91-030, filed 10/16/68; Emergency Order 3, § 248-91-030, filed 8/2/68.]

WAC 248-91-040 Notification of interested parties. Prior to the submission of an application to the department for an approval and a certification of necessity, an applicant water district shall:

(1) Notify all the contiguous and affected sewer entities in the area in which the water district is proposing to construct and operate a sewer system that the applicant water district will submit an application for an approval and a certification of necessity, and that the department will consider all written comments and objections submitted to the department from any contiguous and affected sewer entity if the same written comments and objections are received by the department before a date which will be specified by the department.

(2) Notify the county commissioners, county health officer, county engineer, county planning commission and the county boundary review board, if any, in the county of the proposed service area, that the applicant water district will submit an application for an approval and certification of necessity and the department will consider all written comments and objections submitted to the department by any of the same if the written comments and objections are received by the department before a date which will be specified by the department.

(3) The dates for inclusion in the notification provided for in paragraphs (1) and (2) hereof will be furnished by the department upon the request of any applicant water district to the department.

[Order 6, § 248-91-040, filed 10/16/68; Emergency Order 3, § 248-91-040, filed 8/2/68.]

WAC 248-91-050 Criteria for necessity. The department will issue an approval and a certification of necessity to an applicant water district if all of the following conditions are satisfied:

(1) The granting of an approval and a certification of necessity will eliminate or alleviate an existing or imminent health problem as determined by the department.

(2) A sewer system does not exist in a substantial portion of the proposed service area and no regularly constituted and established sewer entity intends to construct and operate a sewer system in a substantial portion of the proposed service area within the reasonably foreseeable future.

(3) The proposed service area conforms to any or all established sewage drainage basins designated pursuant to RCW 90.48.270.

(4) The proposed service area conforms to any or all established comprehensive plans for sewage drainage basins, established pursuant to RCW 90.48.280.

[Order 6, § 248-91-050, filed 10/16/68; Emergency Order 3, § 248-91-050, filed 8/2/68.]

WAC 248-91-060 Decision of the department. After the department has made a decision either granting or denying a request for an approval and a certification of necessity, said decision shall constitute a "contested case" within the meaning of chapter 34.04 RCW.

[Order 6, § 248-91-060, filed 10/16/68; Emergency Order 3, § 248-91-060, filed 8/2/68.]

WAC 248-91-070 Limitation of an approval and a certification of necessity. The granting of an approval and a certification of necessity by the department shall only constitute approval to establish, maintain, construct, and operate a sewer system within the proposed service area requested in the initial application for an approval and a certification of necessity, and shall in no way constitute approval or authority to establish, maintain, construct and operate a sewer system in any area which may be annexed at some future time by the applicant water district.

The granting of an approval and a certification of necessity by the department does not constitute approval of the engineering report or plans and specifications of any sewer system, and all plans and specifications and the proposed method of operation and maintenance for any sewer system must be approved by the department pursuant to WAC 248-92-040.

[Order 6, § 248-91-070, filed 10/16/68.]

Chapter 248-92 WAC PUBLIC SEWAGE

WAC

248-92-001	Definitions.
248-92-010	Prohibited methods of sewage disposal.
248-92-020	Investigative and order powers of director.
248-92-030	Plans for sewerage systems.
248-92-040	Plans for sewage treatment works.
248-92-050	Plans for sewage treatment works—Requirements for engineers.
248-92-060	Operation of sewage treatment plants—Efficiency.
248-92-070	Operation of sewage treatment plants—Freedom from sand and silt.
248-92-080	Operation of sewage treatment plants—Disinfection.
248-92-090	Irrigation with sewage.
248-92-100	Use of sewage sludge for fertilizer.
248-92-101	Adoption of appendix details as rules.
248-92-105	Appendix—Definitions.
248-92-110	Appendix—Report—Sewerage system.
248-92-115	Appendix—General layout map.
248-92-120	Appendix—Plot plan.
248-92-125	Appendix—Engineering report—Sewage treatment works.
248-92-130	Appendix—Preliminary report, industrial waste treatment works.

Reviser's note: The statutes provide that both the pollution control commission and the Washington state 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.

[Title 248 WAC—p 358]

[Regulation .92.060, effective 3/11/60.]

WAC 248-92-070 Operation of sewage treatment plants--Freedom from sand and silt. All sewerage systems shall be kept free from obstructions and deposits of sand and silt. All pumping stations in the sewerage system shall be effectively maintained to insure continuous operation.

[Regulation .92.070, effective 3/11/60.]

WAC 248-92-080 Operation of sewage treatment plants--Disinfection. Effective disinfection of sewage discharges shall be provided in accordance with the determination of the state director of health. If at any time effective disinfection cannot be accomplished due to the breakdown of equipment or the need for bypassing raw or partially treated sewage, or any other reason, the owner shall immediately notify the state director of health by telephone or telegraph.

[Regulation .92.080, effective 3/11/60.]

WAC 248-92-090 Irrigation with sewage. Raw sewage, or treatment plant effluent, shall not be used for irrigation, except under conditions as may be prescribed by the state director of health.

[Regulation .92.090, effective 3/11/60.]

WAC 248-92-100 Use of sewage sludge for fertilizer. The use of sewage sludge for fertilizing material shall be in compliance with the limitations and procedures as may be prescribed by the state director of health; and the owner shall notify the state director of health of any intended use of sludge as a fertilizing material.

[Regulation .92.100, effective 3/11/60.]

WAC 248-92-101 Adoption of appendix details as rules. This appendix contains details referred to in the rules and regulations and is adopted as a part of these rules and regulations.

[Appendix to Public Sewage Rules, effective 3/11/60.]

WAC 248-92-105 Appendix--Definitions. (1) "Commission" – The Washington pollution control commission.

(2) "Sewage" – The water-carried waste products or discharge from human beings or other wastes from residences, public or private buildings, together with such ground, surface or storm water as may be present.

(3) "Industrial wastes" – The liquids, solids, or other wastes resulting from any process of industry, or from the development of any natural resource.

(4) "Sewage works" – A comprehensive term which includes facilities for collecting, pumping, treating, and disposing of sewage; the sewerage system and the sewage treatment works.

(5) "Sewage treatment works" – An arrangement of devices and structures for treating sewage, industrial wastes, and sludge. Sometimes used as synonymous with sewage treatment plant.

(6) "Sewerage system" – A system of sewers and appurtenances for the collection, transportation, and pumping of sewage and industrial wastes.

(7) "Industrial waste treatment works" – An arrangement of devices and structures for treating industrial wastes.

(8) "Sewer" – A pipe or conduit; generally closed, but normally not flowing full, for carrying sewage and other waste liquids.

(9) "Pumping station" – A station housing sewage pumps, and their appurtenances.

(10) "Pipe outlet" – A pipe line which conveys the effluent from a reservoir, sewage treatment plant, or other structure to its point of discharge.

(11) "Sewer outlet" – The point of final discharge of sewage or treatment plant effluent.

(12) "Owner" – The state, county, city, town, village, corporation, firm, company, institution, person or persons owning or operating any sewerage system, sewage treatment plant, or industrial waste disposal system or treatment plant.

(13) "Detailed plans" of sewerage systems – Plans used for the construction of any sewer or sewer system.

(14) "Final plans" of sewage treatment works – Plans used for the construction of any sewage treatment works.

[Public Sewage Appendix, effective 3/11/60.]

WAC 248-92-110 Appendix--Report--Sewerage system. The "report" shall include: –

(1) A description of the nature and extent of the area included in the present system (if any) and the area and extent to which plans provide sewage works for future development.

(2) The population trend and an estimate of future population to be served.

(3) A statement regarding the present and expected future quantity and character of sewage, including any industrial wastes which may be present or expected in the sewerage system.

(4) A discussion of limitations placed on infiltration and the infiltration problem.

(5) A statement regarding provisions for treatment.

[Public Sewage Appendix, effective 3/11/60.]

WAC 248-92-115 Appendix--General layout map. The general layout map shall include the following items:

(1) **Boundaries** – The boundary lines of the municipality or sewer district to be seweraged.

(2) **Existing sewers** – The location, size and direction of flow of all existing sanitary or combined trunk sewers and the boundaries of the areas served by each.

(3) **Proposed sewers** – The location, size and direction of flow of all proposed trunk sewers and the boundaries of the areas to be served by each.

(4) **Existing and proposed pump stations** – Location of all existing and proposed pumping stations designated to distinguish between those existing and proposed.

(5) **Topography and elevations** – Topography showing pertinent ground elevations and including existing and proposed streets, if such information is available.

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(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.

[Title 248 WAC—p 359]

(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.]

(1986 Ed.)

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.
248-96-018	Administration.
248-96-020	Definitions.
248-96-025	Local regulation.
248-96-040	Applicability.
248-96-046	Alternative systems.
248-96-047	Experimental systems.
248-96-050	No surface discharge.
248-96-060	Connection to public sewer system.
248-96-075	Larger on-site sewage systems.
248-96-080	Permit.
248-96-090	Minimum land area requirement.
248-96-094	Determination of site characteristics.
248-96-095	Subdivision and individual site review.
248-96-096	Larger tract requirements.
248-96-100	Location.
248-96-110	Design.
248-96-130	Designer program.
248-96-140	Inspection.
248-96-150	Appeals.
248-96-160	Waiver of state regulations.

248-96-170	Disposal of septic tank waste.
248-96-175	Installer requirements.
248-96-180	State advisory committee.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-96-012	Scope. [Order 101, § 248-96-012, filed 6/10/74.] Repealed by 83-13-014 (Order 259), filed 6/3/83. Statutory Authority: RCW 43.20.050.
248-96-015	Local regulation. [Order 101, § 248-96-015, filed 6/10/74.] Repealed by 83-13-014 (Order 259), filed 6/3/83. Statutory Authority: RCW 43.20.050.
248-96-016	Local regulations approval procedure. [Order 101, § 248-96-016, filed 6/10/74.] Repealed by 83-13-014 (Order 259), filed 6/3/83. Statutory Authority: RCW 43.20.050.
248-96-045	Other types of disposal units. [Order 101, § 248-96-045, filed 6/10/74.] Repealed by 83-13-014 (Order 259), filed 6/3/83. Statutory Authority: RCW 43.20.050.
248-96-070	On-site system management. [Order 101, § 248-96-070, filed 6/10/74.] Repealed by 83-13-014 (Order 259), filed 6/3/83. Statutory Authority: RCW 43.20.050.

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 systems.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-010, filed 6/3/83; Order 101, § 248-96-010, filed 6/10/74.]

WAC 248-96-011 Purpose and objectives. (1) The purpose of these regulations is to assure protection of public health by minimizing:

(a) Public health effects of on-site sewage systems on surface and ground waters, and

(b) Potential for public exposure to sewage.

(2) These regulations provide for a uniform framework through which local boards of health may establish a system of local regulations. Such local regulations shall reflect local conditions and be consistent with the intent of these regulations. These regulations are intended to accomplish the following objectives:

(a) Establish design, installation, and management requirements for on-site sewage systems to accommodate long-term treatment and disposal of sewage.

(b) Establish minimum functional regulations for local boards of health choosing not to adopt local regulations.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-011, filed 6/3/83; Order 101, § 248-96-011, filed 6/10/74.]

WAC 248-96-018 Administration. The health officer and local board of health shall administer these regulations under the authority and requirements of chapters 70.05, 70.46 and 43.20 RCW. As provided in RCW 70.05.060(7), fees may be charged for this administration.

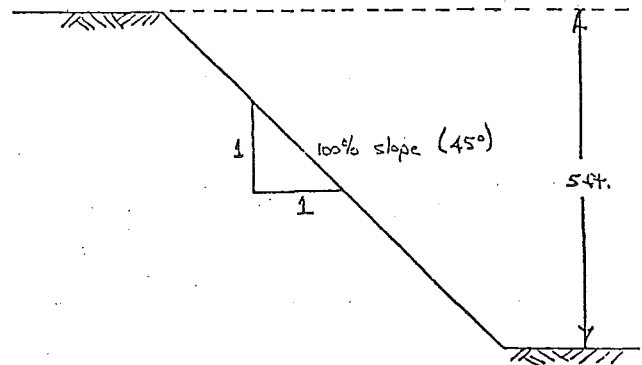
[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-018, filed 6/3/83; Order 101, § 248-96-018, filed 6/10/74.]

WAC 248-96-020 Definitions. (1) "Alternative system" – any on-site sewage system consisting of treatment and/or disposal components other than a septic tank and a subsurface soil absorption system (SSAS).

(2) "Approved" – the term "approved" shall mean acceptable by the health officer or department as stated in writing.

(3) "Cover" – shall mean soil material that is used to cover a subsurface disposal area.

(4) "Cuts and/or banks" – any naturally occurring or man-formed slope which is greater than one hundred percent (forty-five degrees) and extends vertically at least five feet from the toe of the slope to the top of the slope as follows:



(5) "Department" – the Washington state department of social and health services or health officer if the approval authority for larger on-site sewage systems under WAC 248-96-075 has been delegated by agreement.

(6) "Experimental system" – any alternative on-site system excluding a larger system which has not yet had guidelines established by the technical review committee as per WAC 248-96-046.

(7) "Gross land area" – lot area which is bounded by the centerline of adjoining road or street right-of-ways within the boundaries of the proposed development.

(8) "Ground water" – subsurface water occupying the zone of saturation, permanently or seasonally, (the top surface of which is commonly referred to as the water table) the indication of which may be demonstrated by one or all of the following methods:

(a) Water seeping into or standing in an open excavation from the soil surrounding the excavation.

(b) Spots or blotches of different color or shades of color interspersed with a dominant color in soil, commonly referred to as mottling. This is caused by intermittent periods of saturation and drying, and may be indicative of poor aeration and impeded drainage.

(9) "Health officer" – the health officer of the city, county, or city-county health department or district or a representative authorized by and under the direct supervision of the health officer.

(10) "Larger on-site sewage system" – any on-site sewage system with design flows, at any common point, between 3,500 and 14,500 gallons/day. On-site sewage systems receiving state or federal grants, or systems using mechanical treatment or lagoons with ultimate design flows above 3,500 gallons/day are excluded from

this definition. Excluded systems are governed by chapter 173-240 WAC which is administered by the Washington state department of ecology.

(11) "Local board of health" – the city, town, county, city-county, or district board of health as defined in chapters 70.05, 70.08, and 70.46 RCW.

(12) "On-site sewage 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.

(13) "Ordinary high-water mark" – the mark on all lakes, streams, and tidal waters, which will be found by examining the beds and banks and ascertaining where the presence and action of waters are so common and usual, and so long continued in all ordinary years, as to mark upon the soil a character distinct from that of the abutting upland, in respect to vegetation, as that condition exists on the effective date of this chapter, or as it may naturally change thereafter: *Provided*, That in any area where the ordinary high-water mark cannot be found, the ordinary high-water mark adjoining saltwater shall be the line of mean higher high tide and the ordinary high-water mark adjoining freshwater shall be the line of mean high water.

(14) "Percolation test" – a soil test performed at the depth of the bottom of a proposed subsurface soil absorption system to estimate the water absorption capability of the soil. The results are normally expressed as the rate in minutes at which one inch of water is absorbed.

(15) "Person" – any individual, corporation, company, association, society, firm, partnership, joint stock company, or any branch of state or local government.

(16) "Proprietary device or method" – any device or method classified as an alternative system or a component thereof that is held under a patent, trademark or copyright.

(17) "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 approved or under permit from the department of ecology.

(18) "Restrictive layer" – a layer that impedes the movement of water, air, and growth of plant roots. Examples of such layers or conditions are groundwater tables, hardpans, claypans, fragipans, compacted soil, bedrock and clayey soil.

(19) "Septic tank" – a watertight pretreatment receptacle which receives the discharge of sewage from a building sewer or sewers, 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.

(20) "Sewage" – the water-carried human or domestic waste from residences, buildings, industrial establishments or other facilities, together with such ground water infiltration, that may be present.

(21) "Soil log" – an excavation in soil of sufficient size and depth made to allow adequate determinations of the soil's characteristics together with the detailed description of the soil's texture, structure, color, bulk density or compaction, water absorption capabilities or permeability, and/or any other characteristics providing information as to the soil's capacity to act as an acceptable treatment and disposal medium for sewage.

(22) "Subdivision" – a division of land, as defined in chapter 58.17 RCW, now or as hereafter amended, including both long and short subdivisions.

(23) "SSAS" – subsurface soil absorption system. A system consisting of trenches (three feet or less in width) or beds (more than three feet in width), together with the piping and gravel, designed and installed in original undisturbed soil for the purpose of receiving effluent from a septic tank or other pretreatment device and transmitting it into the soil.

(24) "Surface water" – any body of water, whether fresh or marine, which either flows or is contained in natural or artificial depressions for significant periods of the year. Such bodies include, but are not limited to, natural and artificial lakes, ponds, rivers, streams, swamps, marshes, and tidal waters.

(25) "Type 1 soil" – soil with a texture as noted in WAC 248-96-094 (Determination of site characteristics) or other soils where conditions are such that the treatment potential is ineffective in retaining and/or removing substances of public health significance to underground sources of drinking water.

(26) "Vertical separation" – the depth of unsaturated soil that exists between the bottom of a SSAS and a restrictive layer.

[Statutory Authority: RCW 43.20.050, 83-13-014 (Order 259), § 248-96-020, filed 6/3/83; 81-05-028 (Order 208), § 248-96-020, filed 2/18/81; 80-04-038 (Order 196), § 248-96-020, filed 3/20/80; Order 101, § 248-96-020, filed 6/10/74.]

WAC 248-96-025 Local regulation. (1) Local boards of health may adopt local rules and regulations governing on-site sewage systems. Local rules, regulations, and guidelines shall be consistent with, and at least as stringent as, the state board of health regulations. Local rules and regulations and any subsequent revisions shall be approved by the department in accordance with the procedure outlined in subsections (2) through (7) of this section.

Beginning July 1, 1984, the health officer shall begin to enforce these regulations, unless local rules and regulations have been approved by the department and adopted locally. This shall not preclude the adoption of rules and regulations by local boards of health after June, 1984.

(2) Local boards of health shall submit to the department for review and approval a copy of proposed local regulations.

(3) Upon reviewing the local regulations, the department shall consider all factors relevant to the administration of the local health department's program.

(4) The department shall have ninety days from the date of receipt of the local regulations to either approve or disapprove the proposal. Failure of the department to approve or disapprove within the ninety-day period results in the approval of the local regulation.

(5) Locally proposed or adopted regulations or revisions will become effective after the regulations or revisions have received approval from the department or ninety days after receipt by the department, whichever comes first. The local health department shall provide to the department a copy of the adopted local regulations.

(6) If the department determines that the local regulations are not consistent with the purpose and objectives of the state board of health regulations, the department shall provide in writing to the local board of health, the specific reasons for not approving the local regulations. Decisions may be appealed to the state board of health within one hundred twenty days after the disapproval has been received by the local board of health. Resubmission of revised local regulations may occur any time after disapproval has been received.

(7) Local rules and regulations shall include special requirements for areas within their jurisdiction identified as having type 1 soils. The requirements within these regulations shall be commensurate with the degree of protection deemed necessary for the underground source of drinking water by the health officer and the department. The minimum requirement shall be as noted in WAC 248-96-090 (Minimum land area requirement).

(8) 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.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-025, filed 6/3/83.]

WAC 248-96-040 Applicability. These regulations shall apply to all on-site sewage systems except the following:

(1) New construction for which a permit was issued prior to July 1, 1984, or adoption of local regulations and is still valid. The regulations in effect at the time the permit was issued shall apply, except where portions of the new regulations are less stringent.

(2) An extension, alteration, or replacement necessitated by the failure of an existing on-site sewage system. These regulations shall be applied to the maximum extent permitted by the site. A permit shall be required as per WAC 248-96-080 (Permit).

(3) Permit applications for systems located in subdivisions having received preliminary approval or having been filed for record between July 1, 1979, and June 30, 1984 (chapter 58.17 RCW). The regulations in effect at the time preliminary or final approval was given shall apply, unless the local board of health finds a change in conditions creates a serious threat to the public health.

(4) Facilities constructed or operated in accordance with a permit or approval issued by the Washington

state department of ecology. Where these regulations may be in conflict with chapters 90.48 or 70.95B RCW, said RCW shall govern.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-040, filed 6/3/83; 80-04-038 (Order 196), § 248-96-040, filed 3/20/80; Order 101, § 248-96-040, filed 6/10/74.]

WAC 248-96-046 Alternative systems. (1) The health officer may issue permits for alternative systems only after the requirements of subsections (2) and (3) of this section have been completed.

(2) The department shall establish and maintain a technical review committee. The committee shall be composed of a maximum of seven members and consist of qualified representatives. Representatives may be selected from local health departments; consumer organizations; engineering firms; the department of ecology; a public sewer utility; land sales, subdivision and building industries; and other interested organizations. The functions of the committee are to review and evaluate alternative systems and establish guidelines for use. Such guidelines may include national standards including, but not limited to, guidelines of the national sanitation foundation.

(3) Once guidelines for an alternative system have been established by the technical review committee, that system can be permitted for use. However, before a proprietary device or method can be permitted, certification in a manner prescribed by the department must be provided to the department that all criteria in the appropriate guidelines have been satisfied.

(4) The health officer shall require monitoring of the performance of any alternative system installed for which guidelines have been developed. The frequency and duration of monitoring shall be in accordance with guidelines developed by the technical review committee. Costs for monitoring and/or reporting may be included as an addition to the permit fee. Procedures for monitoring and reporting shall be developed by the technical review committee. Copies of any records of such performance evaluation shall be submitted to the department.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-046, filed 6/3/83; Order 101, § 248-96-046, filed 6/10/74.]

WAC 248-96-047 Experimental systems. (1) If supportive theory and/or applied research exists, a limited number of specific experimental systems may be permitted. Prior to the installation of such a system, an experimental system permit shall be obtained from the local health officer. Costs for monitoring and reporting may be included as part of the experimental system permit fee.

(2) The use of an experimental system may be considered when:

(a) The experimental system proposed is attempting to correct a failing system and other conventional or alternative systems are not feasible.

(b) The experimental system proposed is for new construction where it has been determined that an on-site sewage system meeting the requirements of these rules

and regulations could be installed in the event of failure of the experiment. A recorded agreement shall exist stating that, in the event of unsatisfactory performance or a failure to adequately monitor the system and submit the records to the health officer, the health officer may direct that use of the experimental system be discontinued and a new system meeting the requirements of these regulations be installed.

(3) General guidelines for the use of experimental systems shall be developed by the technical review committee.

(4) The health officer shall require monitoring of the performance of experimental systems in a manner and with a frequency as established by the technical review committee guideline.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-047, filed 6/3/83.]

WAC 248-96-050 No surface discharge. Sewage from any on-site sewage system, excluding septic tank waste as per WAC 248-96-170 (Disposal of septic tank waste), shall not be discharged to surface water or upon the surface of the ground.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-050, filed 6/3/83; Order 101, § 248-96-050, filed 6/10/74.]

WAC 248-96-060 Connection to public sewer system. (1) Connection of any existing dwelling unit or other premises with a failing on-site sewage system shall be made to a public sewer system where there is an adequate public sewer within two hundred feet of the dwelling or other facility to be served as measured along the usual or most feasible route of access, and such connection is permitted by the sewer utility. This requirement may be waived if the health officer determines that adequate site conditions exist which allow the installation of a replacement on-site sewage system.

(2) Local regulations may provide requirements for connections of new construction to public sewer systems.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-060, filed 6/3/83; Order 101, § 248-96-060, filed 6/10/74.]

WAC 248-96-075 Larger on-site sewage systems. Plans and specifications for new construction or repairs or expansions to existing larger on-site sewage systems, bearing the signature of the owner or an authorized representative, shall be submitted to and approved by the department prior to construction. By a mutual agreement with the department, local health departments may assume plan review and approval authority for larger on-site sewage systems. Where the assistance of the health officer in the review of the site and/or the design is requested by the department, fees for service may be charged to the applicant by the health officer: *Provided*, That the authorization for such fees is set forth in local regulations adopted pursuant to this chapter. Submittals, design, and management requirements shall adhere to the following procedures, requirements, and review documents.

(1) **Preliminary report:** Prior to or concurrent with the preparation of detailed plans and specifications for new

construction or improvements to a larger on-site sewage system, the person proposing the larger on-site sewage system shall submit to the department for approval a preliminary report addressing the nature and scope of the proposed construction. This report shall include an analysis of the area where the proposed SSAS is to be located 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 (1)(b), the preliminary report shall contain, but need not be limited to, consideration of the following factors:

(a) Soil and site evaluation.

(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.

(e) Local zoning, platting, and building requirements as they relate to sewer utilities.

(2) **Submission of plans and specifications:**

(a) Complete plans and specifications fully describing the larger on-site sewage system shall be submitted to and approved in writing by the department prior to:

(i) Installation of the system, or

(ii) Entering into contract for installing a larger on-site sewage system.

The plans and specifications shall be adhered to unless deviations are first submitted to and written approval received from the department. Routine field deviations required during construction need not be submitted for approval but shall be shown on the "as-built" drawings.

(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 department 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 department upon the written request by the applicant.

(b) As a condition of renewal, the department 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 engineer's construction report:** All preliminary engineering reports and plans and specifications for new larger on-site sewage 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 department, an engineer's construction report shall be submitted to the department and signed by a professional engineer stating the project has been constructed in accordance with the plans and specifications approved by the department. If any changes exist from the approved plans and specifications, "as-built" drawings noting such changes shall be submitted to the department. Where larger on-site systems are reviewed and approved by the health officer, the health officer may also accept preliminary reports, plans and specifications, and construction reports submitted by a registered sanitarian or a designer certified within the health officer's jurisdiction. The professional engineer, registered sanitarian, or certified designer should have expertise in the areas of soils and the design of larger on-site sewage systems.

(5) The review and approval agency shall establish a procedure for construction and final inspections.

(6) Design of the system shall comply with Design Guidelines for Larger On-site Sewage Systems, December 1979, D.S.H.S./D.O.E.

(7) Soil interpretations shall be based upon the Design Manual: On-site Wastewater Treatment and Disposal Systems, United States Environmental Protection Agency, EPA-625/1-80-012, October, 1980.

(8) Management of larger on-site systems shall be provided by an entity approved by the department. The type of entity required and the degree of management shall be commensurate with the complexity of the system and the site conditions. The management entity shall submit a plan for approval including, but not be limited to, the following:

(a) Duties of management, including operation and maintenance responsibilities.

(b) Methods to ensure the continuity and permanency of management's responsibilities.

(c) Monitoring, recordkeeping, and reporting to the department.

(d) Rights of purchasers and management.

[Statutory Authority: RCW 43.20.050, 83-13-014 (Order 259), § 248-96-075, filed 6/3/83; 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 or cause to be installed a new on-site sewage system, nor perform any alterations, extensions or relocations or connections to an existing system without a valid permit issued by the health officer. Larger on-site sewage systems approved by the department 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. Each permit application shall include a reminder of the applicant's right of appeal. The authority to issue permits shall not be delegated by the health officer.

(2) When applying for a permit to install an on-site sewage 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 shall contain the following as a minimum:

(a) Name of applicant and legal description of site.

(b) Soil evaluation as required by the health officer.

(c) Percolation test data where required or if obtained.

(d) Maximum seasonal ground water table.

(e) General topography of the site and site drainage characteristics.

(f) Distances of proposed system to water supply distribution lines and sources, surface water, banks or cuts, boundaries of property and structures or other improvements.

(g) Distance to public sewer system.

(h) Source of potable water supply.

(i) Known encumbrances affecting system placement and/or operation.

(3) For any on-site sewage system proposed to serve a structure requiring a flood control zone permit under the provisions of chapter 86.16 RCW and chapter 508-60 WAC, the installation permit shall not be issued until a flood control zone permit has been issued.

[Statutory Authority: RCW 43.20.050, 83-13-014 (Order 259), § 248-96-080, filed 6/3/83; 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 land area requirement.

(1) For any development approved after June 30, 1984, including but not limited to subdivisions, mobile home parks, multifamily housing, and commercial establishments, where an on-site sewage system is proposed, one of the following methods for determining minimum gross land area requirements shall be used. The minimum gross land area shall exist for each unit volume of sewage (450 gallons per day) or for each single family residence.

(a) **METHOD I.** Table I notes the minimum gross land area required per unit volume or single family residence based upon soil type and the type of water supply.

TABLE I
MINIMUM GROSS LAND AREA REQUIRED PER UNIT VOLUME OF SEWAGE OR SINGLE FAMILY RESIDENCE

TYPE OF WATER SUPPLY	SOIL TYPE ¹					
	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.	22,000 sq.ft.
Individual— Each Lot	2 acres	1 acre	1 acre	1 acre	2 acres	2 acres

¹ Soil types are defined in WAC 248-96-094 (Determination of site characteristics).

(b) METHOD II.

(i) On-site sewage 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. Justification demonstrating the development has sufficient area with proper soils to adequately retain and treat sewage on-site shall be provided in a report. The report shall fully support the conclusions reached by the proper analysis of all needed data. All such data shall be contained or referenced. This justification shall be sufficient to enable the health officer to establish minimum gross land area requirements. The minimum gross land area requirement for each unit volume of sewage or for each single family residence shall be twelve thousand five hundred square feet. Application of this will result in a maximum single family residence density of 3.5 units per acre or for other development a maximum flow density of one thousand five hundred seventy gallons of sewage per acre per day. Factors that must be considered in the report shall include but not be limited to the following:

- (A) Soil type and depth.
- (B) Area drainage, development and/or lot drainage.
- (C) Public health impact on ground and surface water quality.
- (D) Setbacks from property lines, water supplies, etc.
- (E) Source of domestic water.
- (F) Topography, geology, and ground cover.
- (G) Climatic conditions.
- (H) Availability of public sewers.
- (I) Activity or land use, present, and anticipated.
- (J) Growth patterns.
- (K) Reserve areas for additional subsurface disposal.
- (L) Anticipated sewage volume.
- (M) Compliance with zoning and other requirements.
- (N) Possible use of alternative systems or designs.
- (O) Other justification submitted by the developer.

(ii) If the report required in section (1)(b)(i) of this subsection identifies type 1 soils, the health officer may allow a reduction below the requirements noted in Table 1. The health officers and the department shall develop guidelines to be applied when such reductions are considered by July 1, 1984. Until guidelines have been developed, the health officer may permit such reductions

only when an alternative system will be used. The alternative system shall provide a degree of treatment to the sewage, before the sewage enters the original, undisturbed soil, equal to or greater than the treatment provided by a mound or sand filter. Mounds and sand filters are defined and the design criteria specified in the appropriate technical review committee guidelines. Until the guidelines have been developed, the resulting gross land area per unit volume of sewage or single family residence shall not be less than one-half acre.

(2) The health officer may reduce land area requirements in this section if the proposed on-site sewage systems are to be located within the boundaries of a recognized sewer utility and where the assessment roll has been finalized.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-090, filed 6/3/83; Order 101, § 248-96-090, filed 6/10/74.]

WAC 248-96-094 Determination of site characteristics. (1) Site characteristics shall be determined in accordance with chapter 3 and Appendix A of Design Manual: On-site Wastewater Treatment and Disposal Systems, United States Environmental Protection Agency, Report No. EPA-625/1-80-012, October, 1980, except where modified or in conflict with these regulations.

(2) The textural classification of a soil shall be determined by using normal laboratory and/or field procedures such as particle size analyses and percolation tests. Following are the specific soil textural classifications and soil type designations. The soil textures in Table 7-2 of the design manual referenced in subsection (1) of this section are amended as follows:

Soil Type	Soil Textural Classifications ¹
1 ²	Coarse sands or coarser
2	Medium sand
3	Fine sand, loamy sand
4	Sandy loam, loam
5	Porous, well-developed structure in silt and silt loams
6	Other silt loams, silty clay loams, and clay loams.

¹ According to the United States Department of Agriculture, soil conservation service's soil classification system.

² Includes other soils and/or conditions where the treatment potential is ineffective in retaining and/or removing substances of public health significance to underground sources of drinking water.

(3) All site evaluations shall be performed by or under the direct supervision of the health officer, a registered sanitarian, professional engineer, registered soil scientist (American registry of certified professionals in agronomy, crops and soils), or certified designer having knowledge and experience in the areas of soil and wastewater treatment and disposal.

(4) All soil tests shall be conducted using uniform procedures and terminology as set forth in chapter 3 and Appendix A of the manual referred to in WAC 248-96-094(1).

(5) If sufficient information is not available concerning water table conditions, the health officer or department may require that the soils analysis be performed during the months of suspected high-water table conditions.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-094, filed 6/3/83.]

WAC 248-96-095 Subdivision and individual site review. (1) Subdivisions – preliminary tests for subdivisions utilizing individual on-site sewage systems shall include at least one representative soil log per acre or tract or more as required by the health officer. A reduced number of soil logs may be allowed if adequate soils information is available.

(2) Individual sites – at least 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 soil logs may be required where the soil characteristics vary.

(3) Individuals performing subdivision and individual site reviews shall meet the requirements and use the procedures specified in WAC 248-96-094.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-095, filed 6/3/83; Order 101, § 248-96-095, filed 6/10/74.]

WAC 248-96-096 Larger tract requirements. (1) For lots, parcels, or tracts with a gross land area of five acres or 1/128th of a section or more, the health officer may take the following actions:

(a) Alter the requirements found in WAC 248-96-094(3), 248-96-100(2), and 248-96-110(2).

(b) Modify the restrictions noted in WAC 248-96-094(2).

(2) Where the health officer takes one of the actions noted in WAC 248-96-096(1), the following requirements shall apply:

(a) All portions of a SSAS shall be at least thirty feet from property lines or lines of easement existing for SSAS installation that are at the same elevation as, or at a lower elevation than, the SSAS.

(b) A restrictive covenant against further subdivision of the property into parcels or lots less than five acres or 1/128th of a section shall be recorded on the building site and remain in effect until connection to public sewer is made or some approved alternative is installed which the health officer determines will permit development of smaller parcels.

(3) On-site sewage systems installed under the provisions of this section shall meet the purpose and objectives of these regulations to the maximum extent possible.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-096, filed 6/3/83; Order 101, § 248-96-096, filed 6/10/74.]

WAC 248-96-100 Location. (1) The minimum distances for location of the various component parts of an on-site sewage system are measured horizontally and shall comply with Table II.

TABLE II MINIMUM HORIZONTAL SEPARATIONS

Items Requiring Setback	Distance in Feet from System Component		
	From edge of SSAS and replacement area	From septic tank and distribution box	From building sewer, collection, and non-perforated distribution line
Well or suction line ¹	100 ²	50	50
Water supply line under pressure	10	10	10
Surface water ^{1,3}	100 ²	50	10
Building foundation	10	5	—
Property lines or lines of easement	5	5	—
Interceptor/curtain drains/drainage ditches			
—upslope from system component	10	—	—
—downslope from system component	30	5	—
Cuts or banks			

Distance in Feet from System Component

Items Requiring Setback	From edge of SSAS and replacement area	From septic tank and distribution box	From building sewer, collection, and non-perforated distribution line
-minimum of five feet of original, undisturbed soil above restrictive layer or layer due to a structural or textural change	25	-	-
-less than five feet of original, undisturbed soil above restrictive layer or layer due to a structural or textural change and that layer is intersected	50	-	-

¹ With soil type I and on other sites where conditions indicate a greater potential for ground or surface water contamination or pollution, the distance from any water supply or surface water may be increased by the health officer.

² A reduced separation can be allowed 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 seventy-five feet.

³ Setbacks from surface waters shall be measured from the ordinary high watermark.

(2) SSAS shall not be permitted in areas where a vertical separation of three feet 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 system is designed by a professional engineer, a registered sanitarian or a certified designer. However, in no case shall the separation be less than one foot.

(3) On-site sewage systems shall not be located on slopes in excess of forty-five percent (twenty-four degrees). Table III notes the required depths of original, undisturbed soil above a restrictive layer for the various ranges of slope.

TABLE III REQUIRED SOIL DEPTHS FOR SLOPES

Range of Slopes in Percent (Degrees)	Required Depth of Original Undisturbed Soil Above Restrictive Layer in Inches
0-15 (0-8)	Sufficient to satisfy minimum vertical separation
>15-22 (>8-12)	30
>22-30 (>12-17)	42
>30-45 (>17-24) ¹	60

¹The SSAS shall be sized using a maximum loading rate of 0.5 gallons/day/square foot of trench or bed-bottom area.

(4) An area where the soil and site conditions are acceptable for the installation of a SSAS shall be maintained for the purpose of system replacement. Except where otherwise authorized by the health officer, it shall consist of one hundred percent of the normally needed area.

(5) The site of the initial and replacement SSAS shall be selected and maintained so that it is free from encroachment by buildings and other structures. The area shall not be covered by any impervious material and not be subject to vehicular traffic or other activity which would adversely affect the soil.

(6) Provisions shall be made to prevent flow or accumulation of surface water over the area where the on-site sewage system is located.

(7) On-site sewage systems shall not be located on land forms which are unstable.

[Statutory Authority: RCW 43.20.050, 83-13-014 (Order 259), § 248-96-100, filed 6/3/83; Order 101, § 248-96-100, filed 6/10/74.]

WAC 248-96-110 Design. (1) The detailed design and construction of all on-site sewage systems shall conform to the "Design Manual: On-site Wastewater Treatment and Disposal Systems," United States Environmental Protection Agency, EPA-625/1-80-012, October, 1980, except where modified by, or in conflict with these regulations.

(2) The design for an on-site sewage system shall be performed by or under the supervision of a professional engineer, registered sanitarian or certified designer. A resident owner, at the discretion of the health officer, may design his or her own system, if a minimum vertical separation of three feet can be maintained.

(3) The system shall be designed to receive all sanitary sewage and domestic waste from the building served unless otherwise approved by the health officer. For individual residences, flows of one hundred twenty gallons/bedroom/day shall be used for design purposes. For other establishments, the typical values noted in the design manual referred to in WAC 248-96-110(1) shall be used. Any deviations shall be supported by appropriate water usage information and/or the use of low water

use fixtures. Drainage from footing or roof drains or any other type of drain shall neither enter the sewage system nor be directed over the area where the on-site sewage system is located.

(4) All septic tanks shall be designed in accordance with subsection (1) of this section, with the following exceptions:

(a) All tanks must have a minimum of two compartments with the first compartment consisting of one-half to two-thirds of the required total volume.

(b) Intercompartmental apparatus shall be sanitary tees, slots or baffles assuring that effluent only from the clarified zone passes into the next compartment.

(c) Septic tanks to serve single family residences shall have a minimum liquid capacity based on the number of bedrooms in the residence, as follows:

Number of Bedrooms in House	Required Minimum Liquid Volume
2 or less	750
3	900
4	1000

For each additional bedroom add 250 gallons.

A septic tank designed to service a facility other than one single family residence shall have a minimum liquid capacity equal to one and one-half times the projected daily sewage volume, with a minimum of 1000 gallons.

(d) Concrete tanks shall be approved by the health officer. Tanks made of materials other than concrete shall be approved by the health officer and the department.

(e) All septic tanks and pump chambers to be located in high water table areas shall be adequately treated to preclude ground water intrusion.

(5) Effluent shall be disposed of by means of a SSAS except when approval for other disposal systems is granted by the health officer and/or the department.

(a) The size of the SSAS shall be determined from the results of the site review and soil logs per the design manual.

(b) The installation and use of cesspools and seepage pits for the disposal of sewage is not permitted.

(c) The bottom of a SSAS shall not be deeper than three feet below the finished grade, except under special conditions approved by the health officer. The depth of such a system shall not exceed ten feet from finished grade.

(d) Subsurface absorption beds (see definition of SSAS) may be considered for use only when authorized by the health officer and/or the department and when the soils are type 1, 2, or 3.

(e) Piping materials shall be approved by the health officer and the department.

(6) Cover can be used over a SSAS provided that no portion of the SSAS sidewall above the invert of the distribution pipe is installed in this material.

(7) When sewage holding tank systems are to be used, a management program assuring ongoing operation and

maintenance, which shall be approved by the health officer, shall be in effect. Sewage holding tanks shall only be used for the following situations:

(a) Controlled, part-time, nonresidential usage situations, including, but not limited to, recreational vehicle parks, trailer dump stations, and certain limited hour businesses.

(b) On an interim use basis to handle emergency situations or to correct existing problem systems.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-110, filed 6/3/83; Order 101, § 248-96-110, filed 6/10/74.]

WAC 248-96-130 Designer program. Guidelines defining an approved designer program shall be established by the health officers and the department. The guidelines shall include, but not be limited to, the following:

- (1) Education;
- (2) Experience;
- (3) Testing; and
- (4) Certification.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-130, filed 6/3/83; 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 certified under WAC 248-96-175 and a designer program has been established according to WAC 248-96-130 provided that the designer performs the final inspection. If deviations from the approved plans and specifications have occurred in construction, a complete set of certified "as-built" drawings shall be provided to the health officer for a permanent record of the installation.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-140, filed 6/3/83; Order 101, § 248-96-140, filed 6/10/74.]

WAC 248-96-150 Appeals. All local boards of health shall have an administrative appeals process to resolve procedural and technical conflicts arising from the administration of local regulations.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-150, filed 6/3/83.]

WAC 248-96-160 Waiver of state regulations. The health officer may, upon concurrence of the department, waive these regulations or portions thereof: *Provided*, That the waiver is consistent with the intent of these regulations and that no public health hazard will result.

[Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-160, filed 6/3/83; 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 Installer requirements. (1) All systems except as noted in this section shall be installed by a certified installer. Local boards of health shall establish requirements for persons, firms, and corporations engaged in installing or repairing on-site sewage systems. Guidelines stating suggested requirements shall be established by the health officers and the department. The guidelines shall include, but not be limited to:

- (a) Education;
- (b) Experience;
- (c) Testing; and
- (d) Certification.

(2) Nothing contained herein shall prohibit resident owners from installing an individual on-site sewage system or making repairs or alterations on his or her own premises as long as all other requirements of these regulations are satisfied. The resident owner may not contract or hire a person or concern to perform that work, unless that person is a certified installer as set forth in this section.

[Statutory Authority: RCW 43.20.050, 83-13-014 (Order 259), § 248-96-175, filed 6/3/83; Order 101, § 248-96-175, filed 6/10/74.]

WAC 248-96-180 State advisory committee. An on-site sewage advisory committee shall be established. The members shall be selected from professions and organizations (1) having knowledge and interest in on-site sewage systems, and (2) being effected by the regulations. Meetings shall be called as necessary by the department. The purpose of the advisory board is to make recommendations concerning departmental policy and regulations, review program services, and provide input to the department regarding various facets of the on-site sewage program.

[Statutory Authority: RCW 43.20.050, 83-13-014 (Order 259), § 248-96-180, filed 6/3/83; 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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248-98-040	Disinfection.
248-98-050	Design, construction, and equipment.
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248-98-070	Bathing beaches.
248-98-080	Wading pools.
248-98-090	Spray pools.
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248-98-999	Legal authority of the state board of health.

(1986 Ed.)

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

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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) Semipublic 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:

$$\text{Maximum Bathing Load} = \frac{A - S}{27} + \frac{S}{10}$$

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 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

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requirements as outlined in WAC 248-98-030 of these rules and regulations. The spray pool shall be equipped at its low point with an unvalved drain of sufficient capacity and design to prohibit accumulation of any water in the pool.

[Regulation .98.090, effective 3/11/60.]

WAC 248-98-100 Apartment houses. A swimming pool provided and maintained by an apartment house or trailer court as an additional facility for tenants where the same is less than 1500 square feet in surface area may be designed, constructed, maintained, and operated in accordance with the requirements for semipublic pools.

[Regulation .98.100, effective 3/11/60.]

WAC 248-98-110 Waiver. The secretary of the department of social and health services, or his designee, may in his discretion, waive parts of these regulations upon a showing by an applicant that a waiver may be made in an individual case without placing the safety or health of persons using the swimming pool in jeopardy.

[Order 715, § 248-98-110, filed 9/14/72.]

WAC 248-98-120 Substitution. The secretary of the department of social and health services, or his designee, may, in his discretion, allow substitutions of equipment, facilities, or procedures required by these regulations upon a showing that such substitution will adequately provide for the protection of the public health and safety of persons using the pool.

[Order 715, § 248-98-120, filed 9/14/72.]

WAC 248-98-999 Legal authority of the state board of health. RCW 70.90.020 and 70.90.030 (chapter 57, Laws of 1957).

[Regulation .98.999, effective 3/11/60.]

Chapter 248-99 WAC

STANDARDS FOR THE CONTROL, PREVENTION AND TREATMENT OF TUBERCULOSIS-- CERTAIN COUNTIES

WAC

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248-99-020	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.]

(1986 Ed.)

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 semiprivate 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 semiprivate 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.

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[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.]

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Chapter 248-100 WAC

COMMUNICABLE AND CERTAIN OTHER DISEASES

WAC

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 248-100-270 Chancroid.
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 248-100-280 Cholera.
 248-100-285 Coccidioidomycosis. (Coccidioidal granuloma, valley fever.)
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 248-100-300 Coxsackie diseases, epidemic (pleurodynia, epidemic myalgia).
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 248-100-310 Diarrhea, epidemic.
 248-100-315 Diphtheria and carrier state.
 248-100-320 Dysentery, bacillary (shigellosis and salmonellosis).
 248-100-325 Encephalitis, primary, viral.
 248-100-330 Food poisoning—Staphylococcal, streptococcal, chemical, shellfish, and plant (see also botulism, shigellosis and salmonellosis).
 248-100-335 Rubella.
 248-100-340 Gonorrhoea.
 248-100-345 Granuloma inguinale.
 248-100-350 Hepatitis, infectious (viral).
 248-100-355 Histoplasmosis.
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 248-100-365 Influenza and epidemic respiratory disease (undifferentiated).
 248-100-370 Intestinal worms.
 248-100-375 Leprosy.
 248-100-380 Leptospirosis.
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 248-100-410 Mumps.
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- 248-100-515 Tick paralysis.
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 248-100-530 Tuberculosis.
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 248-100-535 Tularemia.
 248-100-540 Typhoid fever, paratyphoid fever, and the carrier state of each.
 248-100-545 Typhus fever.
 248-100-550 Vincent's disease.
 248-100-555 Yellow fever.
 248-100-560 Approval of laboratories to perform prenatal serologic tests for syphilis—Laboratory advisory committee.
 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.

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.
 248-100-175 Tuberculosis testing—Certification. [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.] Repealed by 86-05-013 (Order 299), filed 2/12/86. Statutory Authority: RCW 43.20.050.
 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 chapter 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.]

[Title 248 WAC—p 380]

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) Acquired Immunodeficiency Syndrome (AIDS)
- (2) Amoebic dysentery
- (3) Anthrax
- (4) Aseptic meningitis
- (5) Botulism

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- (6) Brucellosis
- (7) Chancroid
- (8) Chicken pox
- (9) Cholera
- (10) Conjunctivitis, infectious (incl. ophthalmia neonatorum)
- (11) Coxsackie disease
- (12) Diarrhea, epidemic (incl. diarrhea of newborn)
- (13) Diphtheria and carrier state
- (14) Dysentery, bacillary (shigellosis and salmonellosis)
- (15) Encephalitis, infectious
- (16) Food poisoning
- (17) Gonorrhea
- (18) Granuloma inguinale
- (19) Hepatitis, infectious
- (20) Influenza and epidemic respiratory infection
- (21) Leprosy
- (22) Leptospirosis
- (23) Lymphogranuloma venereum
- (24) Malaria
- (25) Measles
- (26) Meningococcal infection
- (27) Mumps
- (28) Pertussis
- (29) Plague
- (30) Poliomyelitis
- (31) Psittacosis
- (32) Rabies
- (33) Rheumatic fever
- (34) Rocky Mt. spotted fever
- (35) Rubella
- (36) Salmonellosis (see dysentery)
- (37) Smallpox
- (38) Staphylococcal infections in hospitalized patients
- (39) Streptococcal infections. Scarlet fever and septic sore throat
- (40) Syphilis
- (41) Tetanus
- (42) Tick paralysis
- (43) Trachoma
- (44) Trichinosis
- (45) Tuberculosis
- (46) Tularemia
- (47) Typhoid and paratyphoid fever and carrier state.

[Statutory Authority: RCW 43.20.050. 85-01-080 (Order 278), § 248-100-075, filed 12/19/84; 84-19-043 (Order 276), § 248-100-075, filed 9/17/84. 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 non-infectious in the following diseases:

- (1) Amoebiasis
- (2) Cholera
- (3) Diphtheria and carrier state
- (4) Dysentery, bacillary (shigellosis and salmonellosis)
- (5) Leprosy
- (6) Typhoid and paratyphoid fever and carrier state.

[Regulation .100.090, effective 3/11/60.]

WAC 248-100-095 Diseases where specimens must be submitted. Specimens, or subcultures of isolates of organisms, recovered in the following diseases shall be submitted to the state department of health laboratory or other laboratory specially designated to make or confirm identification or type of organism: Typhoid fever, paratyphoid fever, salmonellosis, shigellosis, diphtheria, botulism, and malaria.

[Regulation .100.095, effective 3/11/60.]

[Title 248 WAC—p 382]

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.

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(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

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(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. For purposes of this section:

(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 RCW 28A.31.118 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 having been vaccinated against the following vaccine-preventable diseases: Diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles (rubeola), rubella, and mumps in accordance with full immunization schedules and with immunizing agents approved by the state board of health in this section.

(c) "Local health department" means the city, town, county, district, or combined city-county health department, board of health, or health officer providing 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, mumps, and poliomyelitis Types I, II, and III (TOPV, IPV).

(f) "Child" means any person regardless 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 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.

(2) Full immunization schedule.

Effective July 11, 1985, and thereafter, the requirements for full immunization are as follows:

(a) For children attending kindergarten through twelfth grade:

At least three doses of either DTP, DT, or Td vaccine provided that the last dose was administered at or after age four;

At least three doses of trivalent oral poliomyelitis vaccine (OPV) or four doses of trivalent inactivated poliomyelitis vaccine (IPV) provided the last dose was administered at or after age four. Not required of individuals over eighteen years of age;

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; a student meets the rubella immunization requirement by providing proof of past infection with rubella virus (an acceptable rubella antibody titer result).

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.

One or more doses of tetanus toxoid (without diphtheria toxoid) administered for wound management *will not* fulfill the DTP/DT/Td requirements.

(b) For children attending preschool:

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 the last dose was administered at or after age 4.

*Note: Td vaccine is administered to children 7 years of age and older only.

TRIVALENT POLIO VACCINE ORAL POLIO VACCINE (OPV)

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 the last dose was administered at or after age 4.

INACTIVATED POLIO VACCINE (IPV)

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 4 doses provided the last dose was administered at or after age 4.

MEASLES*, MUMPS, AND RUBELLA* VACCINES

AGE	REQUIREMENT
15 months or older	1 dose of each vaccine administered at or after one year of age is acceptable.

*Note: 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.

A child meets the rubella immunization requirement by providing proof of past infection with rubella virus (an acceptable rubella antibody titer result).

(3) Satisfactory progress toward full immunization or initiation and continuation of a schedule of immunization.

(a) Attendance at a school by a child not receiving full immunization shall be conditioned upon the presentation of proof that the child's immunization schedule has been initiated or is being continued. The child's schedule of immunizations shall be completed according to guidelines of the 1982 *American Academy of Pediatrics (AAP) Red Book* or according to *General Recommendations on Immunization* January 14, 1983 of the Immunization Practices Advisory Committee of the United States Public Health Service (ACIP).

(b) Admission in subsequent year. A student admitted conditionally as provided in subsection (3)(a) of this section shall present proof of completion of the required immunization or immunizations 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, and if there has been a sufficient period of time to reasonably permit the student to have completed the required immunization schedule, the chief administrator 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 chief administrator shall notify the student's parents as to when the schedule must be completed. If the schedule is not completed by that date, the chief administrator 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 form (CIS). 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 (day optional);
- (vi) Signature of parent, legal guardian, or adult *in loco parentis*.

(c) The revised certificate of immunization status form, DSHS 13-263 provided by the department of social and health services, is the only acceptable form for all new enrollees registering in kindergarten through twelfth grade. For students already registered or enrolled in schools prior to September 1, 1979, previous certificates of immunization status forms (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 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 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 or immunizations shall be provided on the certificate of immunization status form, certified and signed by a licensed physician.

(b) A student temporarily exempt from immunization for medical reasons shall be admitted on condition 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 form filed on each such student.

(c) There shall be a statement on the CIS form informing the parent, legal guardian, or adult *in loco parentis*, that in the event of an outbreak of vaccine-preventable disease for which the student is exempted should occur, the student may be excluded from school by order of the local health department pursuant to chapter 248-101 WAC for the duration of the outbreak.

The school shall keep on file a list of students so exempted and transmit such list to the local health department if so requested.

(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.

(c) There shall be a statement on the CIS form informing the parent, legal guardian, or adult *in loco parentis*, that in the event of an outbreak of vaccine-preventable disease for which the student is exempted should occur, the student may be excluded from school by order of the local health department pursuant to chapter 248-101 WAC for the duration of the outbreak. The school shall keep on file a list of students so exempted and transmit such list to the local health department if so requested.

(7) Exclusion from school.

(a) Conditions for attendance not fulfilled. Any student in attendance at a school failing to provide documentary proof of full immunization; or proof of satisfactory progress toward full immunization by initiation or continuation of a schedule of immunization; or proof of either medical, religious, philosophical, or personal objection; before or on the child's first day of attendance, shall be excluded from school consistent with procedures required by the state board of education, Title 180 of Washington Administrative Code.

(b) 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.

(c) 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 pursuant to the state board of health in chapter 248-101 of Washington Administrative Code 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 latest revised certificate of immunization status form will be required of all new enrollees registering in kindergarten through twelfth grade after August 15, 1985, and thereafter.

If a child was enrolled in a school prior to September 1, 1979, 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.

Schools shall have on file an approved certificate of immunization status form for every child enrolled. When

a child withdraws or transfers between school districts, the chief administrator shall return the original or a legible copy of the certificate of immunization status form to the parent, guardian, or adult *in loco parentis*. This record must not be withheld for nonpayment of school fees or any other reason.

(b) The chief administrator of a school shall allow agents of state and local health departments access during business hours to the immunization 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 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 school shall file a written annual report with the department of social and health services and local health departments on the immunization status of students in school by October 15th 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 thirty days after the first day of school.

[Statutory Authority: RCW 43.20.050, 85-20-019 (Order 292), § 248-100-163, filed 9/23/85; 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. For purposes of this section:

(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 RCW 28A.31.118 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 having been vaccinated against the following vaccine-preventable diseases: Diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles (rubeola), rubella, and mumps in accordance with full immunization schedules and with immunizing agents approved by the state board of health in this section.

(c) "Local health department" means the city, town, county, district or combined city-county health department, board of health, or health officer providing health services.

(d) "Day care center" means an agency regularly providing 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 the actual date of first attendance.

(2) FULL IMMUNIZATION SCHEDULE.

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.

*Note: The vaccine is administered to children 7 years of age and older only.

TRIVALENT POLIO VACCINE ORAL POLIO VACCINE (OPV)

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.

INACTIVATED POLIO VACCINE - (IPV)

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 4 doses provided that the last dose was administered at or after age 4.

MEASLES*, MUMPS, AND RUBELLA* VACCINES

AGE	REQUIREMENT
15 months or older	1 dose of each (vaccine administered at or after one year of age is acceptable).

*Note: 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.

A child meets the rubella immunization requirement by providing proof of past infection with rubella virus (an acceptable rubella antibody titer result).

(3) SATISFACTORY PROGRESS TOWARD FULL IMMUNIZATION OR INITIATION AND CONTINUATION OF A SCHEDULE OF IMMUNIZATION.

(a) Attendance at a day care center by a child not receiving full immunization shall be conditioned upon the presentation of proof that the child has initiated or is continuing on a schedule of immunization. The child's schedule of immunizations shall be completed according to guidelines of the 1982 *American Academy of Pediatrics (AAP) Red Book* or according to *General Recommendations on Immunizations* January 14, 1983 of the Immunization Practices Advisory Committee of the United States Public Health Service (ACIP).

(b) Admission in subsequent year or years. A child 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, and if there has been a sufficient period of time to reasonably permit the child to have completed the required immunization schedule, the chief administrator 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 chief administrator shall notify the child's parents as to when the schedule must be completed. If the schedule is not completed by that date, the chief administrator 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 (CIS) (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 (day optional);
- (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 August 15, 1985. For the child already registered or enrolled in a day care center prior to revision of these regulations, previous certificates of immunization status forms (e.g., DSHS 13-263) shall be

acceptable as the official certificate of immunization status.

(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 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 or immunizations shall be provided on the certificate of immunization status form, certified and signed by a licensed physician.

(b) A child temporarily exempt from immunization for medical reasons may be admitted on condition 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.

(c) There shall be a statement on the CIS form informing the parent, legal guardian, or adult in loco parentis, that in the event of an outbreak of vaccine-preventable disease for which the child is exempted should occur, the child may be excluded from the day care center by order of the local health department pursuant to chapter 248-101 WAC for the duration of the outbreak. The day care center shall keep on file a list of children so exempted and transmit such list to the local health department if so requested.

(6) RELIGIOUS, PHILOSOPHICAL, PERSONAL EXEMPTIONS.

(a) A child 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.

(c) There shall be a statement on the CIS form informing the parent, legal guardian, or adult in loco parentis, that in the event of an outbreak of vaccine-preventable disease for which the child is exempted should occur, the child may be excluded from the day care center by order of the local health department pursuant to chapter 248-101 WAC for the duration of the outbreak. The day care center shall keep on file a list of children so exempted and transmit such list to the local health department if so requested.

(7) EXCLUSION FROM DAY CARE CENTER.

(a) Conditions for attendance not fulfilled. Any child in attendance at a day care center failing 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, before or on 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) Exclusion letter to parents of children failing to comply. The chief administrator will provide a standard exclusion notification letter to parents of children failing to comply with attendance requirements. This exclusion notification letter shall serve as the written notice to the parent or parents or legal guardian or guardians of each child or to the adult or adults *in loco parentis* to each child, who is not in compliance with the requirements of these regulations. The notice shall fully inform such person or persons 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 available from or through the local health department and other public agencies.

(c) 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 August 15, 1985.

If a child was enrolled in a day care center prior to August 15, 1985, the certificate of immunization status form DSHS 13-263 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 original or a legible copy of 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 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 with the department of social and health services and local health departments on the

immunization status of children by February 1st of each year and on forms prescribed by the department of social and health services.

[Statutory Authority: RCW 43.20.050. 85-20-019 (Order 292), § 248-100-164, filed 9/23/85; 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 248-100-180 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 *Entamoeba 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, *entamoeba 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.

[Title 248 WAC—p 392]

Placard - Quarantine.

Isolation of patients in screened room until stools are negative for cholera vibrio.

Quarantine - Contacts of known cases for five days from last exposure and until stools are negative for cholera vibrio.

[Regulation .100.280, effective 3/11/60.]

WAC 248-100-285 Coccidioidomycosis. (Coccidioidal granuloma, valley fever). Deleted - not reportable.

[Regulation .100.285, effective 3/11/60.]

WAC 248-100-290 Conjunctivitis (see also "Newcastle disease"). (1) Simple infectious (pink eye) -**Regulations:**

Isolation - Exclusion of children from school and swimming pools and restriction to home premises during the acute phase of infection.

(2) Epidemic keratoconjunctivitis -

Regulations:

Epidemiologic report required.

Isolation - Exclusion of patient from occupation; institution of precautionary measures in the home until complete recovery.

Recommendations:

(a) Particular cleansing of the hands of all persons treating or otherwise exposed to the disease, including physicians and nurses.

(b) Assignment of personal protective devices, such as respirators and goggles, to an individual for his exclusive use. (Such devices must be thoroughly sterilized before being assigned to another worker.)

(c) Instruction in personal hygienic measures designed to prevent spread of infection to fellow workers and members of the infected patient's family.

(d) Aseptic technique in professional care of patients with eye diseases and injuries.

See APHA manual for additional information and recommendations.

[Regulation .100.290, effective 3/11/60.]

WAC 248-100-295 Ophthalmia neonatorum (infectious conjunctivitis of the newborn).**Regulations:****Reporting:**

A case of gonococcal ophthalmia neonatorum shall be reported to the local health officer on a special form provided by the state department of social and health services, health services division, in accordance with the provisions set forth in WAC 248-100-065.

Isolation:

Upon discovery that an infant is infected, the infant shall be placed in strict isolation and maintained in isolation for at least twenty-four hours after initiation of systemic antibiotic therapy.

Prevention:

(1) It shall be the duty of any physician, nurse, midwife or other medically licensed person who attends to, or assists in, the birth of any infant or have care of same

after birth, to instill or cause to be instilled into the conjunctival sacs of each newborn an effective prophylactic ophthalmic agent approved by the state director, health services division.

(2) The ophthalmic prophylactic used shall be selected from the list of approved agents as are designated in a policy statement issued by the state director, health services division. Instillation of the selected prophylactic agent shall be accomplished within the time limits specified in the policy statement.

[Statutory Authority: RCW 43.20.050. 81-11-061 (Order 212), § 248-100-295, filed 5/20/81; 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 in 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) -

[Title 248 WAC—p 396]

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.

[Regulation .100.405, effective 3/11/60.]

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 meningococemia).**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.

(1986 Ed.)

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; Emergency 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, at the discretion of the local health officer, the animal involved may 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. 81-22-016 (Order 217), § 248-100-450, filed 10/23/81; 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 prerule 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.

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(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 (chapter 165, Laws of 1939):

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.]

[Title 248 WAC-p 401]

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 follicular material, whenever possible.

Submit specimen to virus laboratory.

Restrictions:

Children should be excluded from school when active lesions exist, until acceptable treatment has been administered under supervision of a competent physician.

See APHA manual for additional information and recommendations.

[Regulation .100.520, effective 3/11/60.]

WAC 248-100-525 Trichinosis.**Regulations:**

Epidemiologic investigation and report required.

Laboratory confirmation required. (Complement-fixation tests, eosinophil count, muscle biopsy, examination of suspected meat or meat product involved.)

Report to state department of agriculture, and if food involved is commercially produced and distributed in interstate commerce, notify Federal Food and Drug Administration officials.

See APHA manual for further information and recommendations.

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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.

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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

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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) disease.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

SPECIFIC DISEASES

248-101-030	Chickenpox. [Order 62, § 248-101-030, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-040	Conjunctivitis. [Order 62, § 248-101-040, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-050	Diphtheria. [Order 62, § 248-101-050, filed 11/1/71.] Repealed by 79-08-013 (Order 180), filed 7/10/79. Statutory Authority: RCW 70.41.030.
248-101-060	Gonorrhoea. [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) Gonorrhoea
- (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.

(1986 Ed.)

- 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

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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 as 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 248-105 WAC REGULATIONS FOR CRIPPLED CHILDREN'S SERVICES

WAC

248-105-010 Declaration of purpose.
248-105-020 Definitions.
248-105-030 Program eligibility.
248-105-040 Program limitations.
248-105-050 Funding ceilings on neuromuscular program and individual neuromuscular centers.
248-105-060 Authorization of services.
248-105-070 Qualifications and assurances of providers.
248-105-080 Fees and payments.

248-105-090 Third-party resources.

248-105-100 Repayment.

WAC 248-105-010 Declaration of purpose. The following rules are adopted pursuant to RCW 43.20.140 wherein the state board of health is empowered to promulgate rules and regulations as shall be necessary to carry out the purposes of RCW 43.20A.635 empowering the secretary of the department of social and health services to establish and administer a program of services for crippled children. It is the purpose of the crippled children's services program to develop, extend, and improve services for locating, diagnosing, and treating children who are crippled or who are suffering from physical conditions leading to crippling.

In accordance with RCW 43.20A.635 and these rules, the crippled children's services (CCS) program shall limit services in such manner and degree as will assure, in the judgment of the physician-director, provision of optimum services to crippled children with the greatest needs, commensurate with the fixed funding available to CCS.

It is the declared purpose of the department of social and health services and the state board of health that the CCS program shall be administered strictly within the limits of funds available for CCS purposes and that CCS may not authorize provision of services beyond those limits.

[Statutory Authority: RCW 43.20.140 and 43.20.050, 83-01-002 (Order 247), § 248-105-010, filed 12/2/82.]

WAC 248-105-020 Definitions. (1) "Client" means an individual whose application for crippled children's services program funds has been approved.

(2) "Crippled child" means an individual below the age of eighteen years having an organic disease, defect or condition substantially interfering with normal growth and development.

(3) "CCS" means crippled children's services.

(4) "DSHS" means department of social and health services.

(5) "Limited intervention" means treatment given during a limited period of time designed to move a client's status from a lower to a substantially higher level of functioning.

(6) "Local CCS agency" means the local health department and/or district or other agency locally administering the CCS program for the county where the CCS applicant or client resides.

(7) "Physician-director" means a medical doctor or osteopath employed by the department of social and health services having the following qualifications:

(a) Doctorate of medicine from a school of medicine accredited by the liaison committee on medical education; and

(b) Licensed to practice medicine in the state of Washington; and

(c) Certified (or eligible for certification) by an appropriate medical specialty board.

(8) "Services" means medical, surgical and rehabilitation care, and equipment and appliances provided in

hospitals, clinics, offices, and homes by approved physicians and other approved health care providers.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-020, filed 12/2/82.]

WAC 248-105-030 Program eligibility. Medical and financial eligibility is required in order to confine program expenditures for services to the program funding available. Both medical and financial eligibility must be established before an applicant may receive service which may be paid for by CCS program funds. However, determinations of financial and medical eligibility do not constitute entitlement to services. Services must be requested by providers and authorized in advance by CCS according to procedures outlined in WAC 248-105-060.

(1) Medical eligibility shall be determined by the physician-director of the crippled children's services program and shall be based upon the following medical criteria:

(a) The applicant's physical condition must be of such a nature that the applicant is crippled or is expected to become crippled; and

(b) The condition must be beyond the usual scope of routine medical care and must not be a problem common to children during the growing-up process, such as upper respiratory infections, ear infections, urinary tract infection, pneumonia, and appendicitis; and

(c) The condition must be amenable to limited intervention; and

(d) The condition must not be of a kind requiring long-term continuous treatment to maintain the condition at a relatively stable level; and

(e) There must be a strong likelihood the treatment will have a substantial impact upon the crippling conditions.

(2) The crippled children's services program shall determine at least annually the financial eligibility of individual clients for CCS services according to criteria established by the department. These criteria shall consider nationally accepted standards of living for low-income families such as federal poverty levels or state median income, adjusted for family size. A client shall be determined eligible if his or her family's resources are insufficient to cover the cost of eligible medical services required by the client during the period of his or her eligibility. Resources shall include:

(a) Family income from all sources;

(b) Family savings, property, and other assets;

(c) Medical insurance or other third-party resources.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-030, filed 12/2/82.]

WAC 248-105-040 Program limitations. (1) Reductions in the scope of the program shall be made by the department when required to limit program expenditures for services according to program funding available.

(2) CCS may, for budgetary reasons, upon the advice and authority of the physician-director, impose or revise funding limitations on certain CCS programs.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-040, filed 12/2/82.]

WAC 248-105-050 Funding ceilings on neuromuscular program and individual neuromuscular centers. (1) CCS may, for budgetary reasons, impose or revise funding ceilings upon the amount paid for neuromuscular services throughout the state. The ceilings may be placed on a monthly, quarterly, annual or biennial basis as deemed appropriate by the physician-director.

(2) CCS may, for budgetary reasons, impose or revise funding ceilings upon each individual designated neuromuscular center (NMC). In the event the individual designated NMC is limited by funding ceilings, the professional staff members of the NMC shall prioritize requests for authorization for neuromuscular services according to sound principles of medical judgment with due consideration that optimum services to children most in need of those services requested be provided in accordance with WAC 248-105-010.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-050, filed 12/2/82.]

WAC 248-105-060 Authorization of services. Authorization for services shall be accomplished in the form and manner described by crippled children's services, in accordance with the following:

(1) Using forms approved by CCS, the local CCS agency secures financial resource information from the family and the medical documentation of the crippling condition from the provider, prepares a request for authorization, and forwards all three to the state CCS office.

(2) Medical eligibility, under the supervision of the CCS physician-director, and financial eligibility shall be determined by the state CCS staff.

(3) If the child is accepted on the program, each requested service is reviewed for appropriateness to program policies and guidelines, and quality assurance criteria. Services must be of a nature and state of development as to be a recognized acceptable form of treatment by a significant portion of the professional community.

(4) If all criteria are met and funding is available, an authorization document is prepared by state CCS staff and sent directly to the provider of service and local CCS agencies.

(5) Written notification of a child's acceptance or nonacceptance to the program shall be mailed to the family.

(6) No services will be authorized for out-of-state providers if an equivalent service is available within the state of Washington. This does not preclude utilization of resources in contiguous states when appropriate.

(7) In cases of emergencies, and on the basis of information available, the CCS physician-director shall have the authority to approve requested services in advance of a written application and service request being received.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-060, filed 12/2/82.]

WAC 248-105-070 Qualifications and assurances of providers. (1) Hospitals authorized by CCS to provide services must be accredited by the joint commission of accreditation of hospitals and licensed by the state of location.

(2) Physicians and other health care providers authorized by CCS to provide services must meet all requirements and assurances set forth in the crippled children's services provider agreement form.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-070, filed 12/2/82.]

WAC 248-105-080 Fees and payments. Payments to providers of services shall be made in accordance with the DSHS schedule of maximum allowances and the crippled children's services supplemental fee schedule.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-080, filed 12/2/82.]

WAC 248-105-090 Third-party resources. CCS is a secondary payer to all private and other public funded health programs. Such sources of funding must be utilized before CCS payment is made. These sources include, but are not limited to, insurance, Medicaid, Medicare, CHAMPUS (Civilians Health and Medical Program of the Uniformed Services) including provisions for basic benefits and benefits under the program for the handicapped, and other special programs with liability for health care, such as prisons, group or foster homes, and state mental hospitals and facilities. No payment will be made where trust funds or other protected assets are available.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-090, filed 12/2/82.]

WAC 248-105-100 Repayment. Repayment from the provider, family or other source is required should trusts, court-awarded damages or like funds become available, and where payments have been made to the family or provider for services paid for by CCS.

[Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-100, filed 12/2/82.]

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 non-profit therapeutic agency such as a nonprofit blood bank, artery bank, eye bank, or other therapeutic service approved by the state director of health.

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(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 United States 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 United States 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, 1984 the 1978 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 - delete item 18 "Education Mother" and item 19 "Education Father"

License and Certificate of Marriage - delete item 21 "Race - Groom"; delete item 22 "Number of this Marriage"; delete items 23a and 23b "If Previously Married, Last Marriage Ended By Death, Divorce, Dissolution, or Annulment, Date"; delete item 24 "Education"; delete item 25 "Race - Bride"; delete item 26 "Number of this Marriage"; delete items 27a and 27b "If Previously Married, Last Marriage Ended By Death, Divorce or Annulment, Date"; delete item 28 "Education."

Certificate of Divorce, Dissolution of Marriage or Annulment - delete item 10 "Date Couple Separated"; delete item 11b "Children Under 18 in this Family"; delete item 15 "Race - Husband"; delete item 16 "Number of this Marriage"; delete items 17a and 17b "If Previously Married, How Many Ended By Death, Divorce, Dissolution or Annulment"; delete item 18 "Education"; delete item 19 "Race - Wife"; delete item 20 "Number of this Marriage"; delete items 21a and 21b "If Previously Married, How Many Ended By Death, Divorce, Dissolution or Annulment"; delete item 22 "Education."

Provided that when a decree of separate maintenance is granted the Certificate of Divorce, Dissolution of Marriage or Annulment form as herein above provided shall be used with the following modification:

[Statutory Authority: RCW 43.20.050 and 70.58.200, 84-02-004 (Order 270), § 248-124-010, filed 12/23/83; Order, § 248-124-010, filed 9/1/67.]

- Title - "Certificate of Separate Maintenance"
- Item 14a - "I certify that the following decree was granted on":
- Item 14b - insert "separate maintenance"

WAC 248-124-990 Form--Certificate of live birth.

WASHINGTON STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER		BIRTH NUMBER	
CHILD NAME FIRST MIDDLE LAST		DATE OF BIRTH (MONTH, DAY, YEAR)	
1. SEX		2a. HOUR	
3. THIS BIRTH--SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		2b. M.	
4. CITY, TOWN, OR LOCATION OF BIRTH		5. COUNTY OF BIRTH	
5b. INSIDE CITY LIMITS (SPECIFY YES OR NO)		5d. HOSPITAL--NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
MOTHER--MAIDEN NAME FIRST MIDDLE LAST		6. AGE (AT TIME OF THIS BIRTH)	
6a. RESIDENCE--STATE COUNTY CITY, TOWN, OR LOCATION		6c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
7a. FATHER--NAME FIRST MIDDLE LAST		7. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
8a. INFORMANT		7c. STREET AND NUMBER	
9. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		8b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
10a. SIGNATURE CERTIFIER--NAME (TYPE OR PRINT)		8c. RELATION TO CHILD	
10d. REGISTRAR--SIGNATURE		9b. DATE SIGNED (MONTH, DAY, YEAR)	
11a. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		10. ATTENDANT--M.D., D.O., (SPECIFY) OTHER	
11b. DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR		10c. DATE SIGNED (MONTH, DAY, YEAR)	
CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY			
12. RACE--FATHER (SPECIFY) WHITE, NEGRO, AMERICAN INDIAN, ETC.		13. EDUCATION--SPECIFY HIGHEST GRADE COMPLETED	
15. RACE--MOTHER (SPECIFY) WHITE, NEGRO, AMERICAN INDIAN, ETC.		16. EDUCATION--SPECIFY HIGHEST GRADE COMPLETED	
18. DATE LAST NORMAL MENSES BEGAN MONTH DAY YEAR		17a. PREVIOUS DELIVERIES--HOW MANY OTHER CHILDREN	
19a. MONTH OF PREGNANCY CARE BEGAN FIRST, SECOND, THIRD, ETC. (SPECIFY)		17b. DATE OF LAST LIVE BIRTH MONTH DAY YEAR	
19b. PRENATAL VISITS TOTAL NUMBER (IF NONE, SO STATE)		17c. DATE OF LAST FETAL DEATH MONTH DAY YEAR	
20. LEGITIMATE (SPECIFY YES OR NO)		21. BIRTH WEIGHT	
22. COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")		23. BIRTH INJURIES TO CHILD (DESCRIBE OR WRITE "NONE")	
24. COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")		25. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (DESCRIBE OR WRITE "NONE")	
26. COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE")			

[Order, Form (codified as WAC 248-124-990), filed 9/1/67.]

WAC 248-124-99001 Form--Certificate of death.

WASHINGTON STATE DEPARTMENT OF HEALTH -
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER _____ STATE FILE NUMBER _____

1. DECEASED--NAME FIRST MIDDLE LAST SEX 2. DATE OF DEATH (MONTH, DAY, YEAR) 3.

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)

12. SOCIAL SECURITY NUMBER 13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13b. KIND OF BUSINESS OR INDUSTRY

14a. RESIDENCE--STATE 14b. COUNTY 14c. CITY, TOWN, OR LOCATION 14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) 14e. STREET AND NUMBER

15. FATHER--NAME FIRST MIDDLE LAST MOTHER--MAIDEN NAME FIRST MIDDLE LAST

17a. INFORMANT--NAME 17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
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. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 19b. DATE OF INJURY (MONTH, DAY, YEAR) 19c. HOUR 19d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. INJURY AT WORK (SPECIFY YES OR NO) 20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

21a. CERTIFICATION--PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR 21b. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) M. 21e.

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 23c. DEGREE OR TITLE 23d. DATE SIGNED (MONTH, DAY, YEAR)

24a. MAILING ADDRESS--CERTIFIER 24b. STREET OR R.F.D. NO. 24c. CITY OR TOWN 24d. STATE 24e. ZIP

25a. BURIAL, CREMATION, REMOVAL (SPECIFY) 25b. CEMETERY OR CREMATORY--NAME 25c. LOCATION 25d. CITY OR TOWN 25e. STATE

26a. DATE (MONTH, DAY, YEAR) 26b. FUNERAL HOME--NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

27a. FUNERAL DIRECTOR--SIGNATURE 27b. REGISTRAR--SIGNATURE 27c. 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

GROOM

1 GROOM--NAME FIRST MIDDLE LAST

2a RESIDENCE--STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMIT (SPECIFY YES OR NO)

2b STREET AND NUMBER 2c STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 2d DATE OF BIRTH (MONTH, DAY, YEAR)

3 FATHER--NAME STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 4 MOTHER--MAIDEN NAME STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

BRIDE

5a BRIDE--NAME FIRST MIDDLE LAST MAIDEN NAME (IF DIFFERENT)

5b 5c 5d

6a RESIDENCE--STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMIT (SPECIFY YES OR NO)

6b STREET AND NUMBER 6c STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6d DATE OF BIRTH (MONTH, DAY, YEAR)

6e FATHER--NAME STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6f MOTHER--MAIDEN NAME STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

7a APPLICANT--SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

7b APPLICANT--SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

8a OFFICIAL--SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

8b OFFICIAL--ADDRESS DATE SIGNED (MONTH, DAY, YEAR)

8c OFFICIAL--ADDRESS DATE SIGNED (MONTH, DAY, YEAR)

8d OFFICIAL--ADDRESS DATE SIGNED (MONTH, DAY, YEAR)

9a WITNESS--SIGNATURE WITNESS--SIGNATURE

9b COUNTY AUDITOR MAKING RETURN TO STATE DATE RECEIVED BY COUNTY AUDITOR (MONTH, DAY, YEAR)

9c SIGNATURE DATE RECEIVED BY COUNTY AUDITOR (MONTH, DAY, YEAR)

CONFIDENTIAL INFORMATION

RACE--GROOM WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED		EDUCATION--SPECIFY HIGHEST GRADE COMPLETED		
		LAST MARRIAGE ENDED BY-- DEATH, DIVORCE, OR ANNULMENT (SPECIFY)	DATE MONTH YEAR	ELEMENTARY (0, 1, 2, 3, 4, . . . OR 8)	HIGH SCHOOL (1, 2, 3, OR 4)	COLLEGE (1, 2, 3, 4, OR 5+)
18	19	20a	20b	21		
RACE--BRIDE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED LAST MARRIAGE ENDED BY-- DEATH, DIVORCE, OR ANNULMENT (SPECIFY)	DATE MONTH YEAR	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+)
22	23	24a	24b	25		

TO BE COMPLETED BY THE PARTY OFFICIATING AT THE MARRIAGE

[Order, Form (codified as WAC 248-124-99002), filed 9/1/67.]

WAC 248-124-99003 Form--Certificate of absolute divorce or annulment.

WASHINGTON STATE DEPARTMENT OF HEALTH -
BUREAU OF VITAL STATISTICS

CERTIFICATE OF
ABSOLUTE DIVORCE OR ANNULMENT

TYPE, OR PRINT IN PERMANENT INK		LOCAL FILE NUMBER		STATE FILE NUMBER		
HUSBAND--NAME FIRST MIDDLE LAST						
HUSBAND	1 RESIDENCE--STATE		COUNTY		CITY, TOWN, OR LOCATION	
	2b STREET AND NUMBER		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		DATE OF BIRTH (MONTH, DAY, YEAR)	
WIFE--NAME FIRST MIDDLE LAST MAIDEN NAME						
WIFE	3b RESIDENCE--STATE		COUNTY		CITY, TOWN, OR LOCATION	
	4b STREET AND NUMBER		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		DATE OF BIRTH (MONTH, DAY, YEAR)	
5a PLACE OF THIS MARRIAGE--COUNTY		STATE (IF NOT IN U.S.A., NAME COUNTRY)		DATE OF THIS MARRIAGE (MONTH, DAY, YEAR)	APPROXIMATE DATE COUPLE SEPARATED (MONTH, YEAR)	
6a LIVING CHILDREN--TOTAL NUMBER		7a UNDER 18 YEARS OF AGE	PLAINTIFF HUSBAND, WIFE, OTHER (SPECIFY)			
8a ATTORNEY FOR PLAINTIFF--NAME		12 ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
9a I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON:		10a MONTH	10b DAY	10c YEAR	11 TYPE OF DECREE--ABSOLUTE DIVORCE OR ANNULMENT (SPECIFY)	
13a DECREE GRANTED TO HUSBAND, WIFE, BOTH (SPECIFY)		14a LEGAL GROUNDS FOR DECREE (SPECIFY)			12b COUNTY OF DECREE	
14c DATE OF RECORDING (MONTH, DAY, YEAR)		14b 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 HIGH SCHOOL COLLEGE (1, 2, 3, 4, ... OR 8) (1, 2, 3, OR 4) (1, 2, 3, 4, OR 5 + 1)
	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 HIGH SCHOOL COLLEGE (1, 2, 3, 4, ... OR 8) (1, 2, 3, OR 4) (1, 2, 3, 4, OR 5 + 1)

[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

Form with fields for Fetus, Mother, Father, Cause, Certifier, Burial, and Confidential Information for Medical and Health Use Only. Includes sections for race, education, previous deliveries, and complications.

[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. Family planning encompasses more than programs of family limitation. Family planning programs should, as far as

WAC 248-128-001 Policy statement.

[Title 248 WAC--p 418]

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 semipublic 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.

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[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 semipublic 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 Facilities approved for termination of 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 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 department 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 9.02 RCW.

[Statutory Authority: 1985 c 213, 86-08-002 (Order 2348), § 248-140-010, filed 3/20/86; 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) "Certificate of approval" means a certificate issued by the department to a nonhospital facility approved for the performance of induction and/or termination procedures during the second trimester.

(2) "Certified nurse anesthetist" means a registered nurse whose application for certified registered nurse designation has been approved by the Washington state board of nursing pursuant to RCW 18.88.080 and WAC 308-120-300.

(3) "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.

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

(5) "Facility" means any nonhospital institution, place, building, or agency or portion thereof in which induction and/or termination is conducted during the second trimester.

(6) "Induction" means the procedure used to initiate termination of pregnancy.

(7) "Observation unit" means a room or rooms for the segregation, close or continuous observation, and care of a patient before or after a termination procedure.

(8) "Patient" means a woman undergoing induction and/or termination of pregnancy.

(9) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association.

(10) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(11) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, Registered nurses.

(12) "Second trimester" means the second three-month period of pregnancy.

(13) "Secretary" means the secretary of the department of social and health services or his or her designee or authorized representative.

(14) "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 disposal of wastes.

(15) "Termination" means ending of a pregnancy.

[Statutory Authority: 1985 c 213, 86-08-002 (Order 2348), § 248-140-140, filed 3/20/86. Statutory Authority: RCW 9.02.070 and 43.20.050, 83-01-066 (Order 251), § 248-140-140, filed 12/15/82; Order 87, § 248-140-140, filed 6/12/73.]

WAC 248-140-150 Facilities approved for termination of pregnancy. For the purpose of preserving and protecting maternal health, all abortions performed during the second trimester of pregnancy shall be performed in hospitals licensed pursuant to chapter 70.41 RCW or in a medical facility approved for that purpose by the department, as set forth in chapter 248-140 WAC.

[Statutory Authority: 1985 c 213, 86-08-002 (Order 2348), § 248-140-150, filed 3/20/86. Statutory Authority: RCW 9.02.070 and 43.20.050, 83-01-066 (Order 251), § 248-140-150, filed 12/15/82; 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 and/or termination of a pregnancy during the second trimester without a certificate of approval from the department: *Provided*, That this provision shall not apply to licensed hospitals.

[Statutory Authority: RCW 9.02.070 and 43.20.050, 83-01-066 (Order 251), § 248-140-160, filed 12/15/82; 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 shall 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 shall include affirmative evidence of ability to comply with these standards, rules and regulations. An application for renewal of certificate shall be made to the department upon forms provided by the department and submitted thirty days prior to the date of expiration of the certificate of approval.

[Statutory Authority: RCW 9.02.070 and 43.20.050, 83-01-066 (Order 251), § 248-140-170, filed 12/15/82; 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 person 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. No certificate of approval shall exceed twelve months duration.

(2) If there be failure to comply with the standards, rules and regulations, the secretary may, when, in his or her 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 receiving services for the induction and/or termination of pregnancy in second trimester. In no case shall provisional approval exceed six months without review and sanction by the secretary.

(3) Any action to deny, suspend or revoke a certificate of approval shall comply with chapter 34.04 RCW, Administrative Procedure Act, and chapter 248-08 WAC, Practice and procedure.

[Statutory Authority: RCW 9.02.070 and 43.20.050, 83-01-066 (Order 251), § 248-140-180, filed 12/15/82; 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 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 and/or termination of pregnancy during the second trimester.

(1) There shall be an agreement with a licensed hospital, or with a physician who has admitting privileges at a licensed hospital, for transfer of patients for medical emergencies. There shall be written plans for consultation, backup services, transfer, and transport of the patient to a licensed hospital where appropriate care is available. This hospital shall be located no further than thirty minutes by ambulance from the facility.

(2) There shall be a procedure room which shall meet the following requirements:

(a) A usable floor area with a minimum dimension 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) Well-lighted.

(c) An examination or surgical table or equivalent.

(d) Located and designed to provide easy access and egress for emergency transport of a patient.

(3) The facility shall provide the following equipment, supplies, and storage readily available to procedure room(s).

(a) Portable or built-in suction;

(b) Portable or built-in oxygen;

(c) Intravenous stand, support, or equivalent;

(d) A device to assist breathing;

(e) Sterile surgical supplies, equipment, and emergency drugs needed during the procedure;

(f) Equipment for collection of soiled linens and waste.

(4) Instruments, equipment, and supplies used in induction and/or termination procedures shall be thoroughly cleaned, disinfected, and appropriately sterilized, when sterilization is indicated.

(5) The facility shall have storage space for sterile surgical supplies, drugs, linens, anesthesia equipment, solutions, instruments, utensils, and equipment.

(6) The facility shall have a utility room or clean-up area which includes a work counter, a sink, storage cabinet, and space for linen hampers and waste containers. Soiled areas shall be separated from clean areas.

(7) If the practice of sterilizing unwrapped trays of instruments and other equipment is followed, the autoclave shall be located to provide access to the procedure room(s) without contamination of sterilized supplies and equipment. 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, in accordance with manufacturer specifications, including but not limited to spore counts and sterilizer indicators with documentation of spore count at least monthly. If sterile supplies are obtained from another source, this source and method of transport shall meet the approval of the department.

(8) The facility shall have an area designated as an observation unit where the patient may be observed until the physician determines the patient may be released.

(9) Other requirements in the performance of the induction and/or termination procedure:

(a) The procedure shall be performed by a licensed physician.

(b) Appropriate, qualified personnel or staff shall be present in the facility at all times when a patient is present.

(c) No termination of pregnancy in the third trimester may be induced in an approved facility defined in these rules and regulations.

(d) General anesthesia shall be administered only by a separate physician or certified nurse anesthetist.

(e) Flammable anesthesia shall not be used.

(f) When induction during second trimester occurs in a certified medical facility with intent to terminate the pregnancy in the certified facility, (other than a licensed hospital), there shall be a physician and/or registered nurse present at all times until termination is successfully accomplished and the patient is discharged.

(g) All sewage, garbage, refuse, and wastes shall be disposed of in a manner to prevent creation of an unsafe or insanitary condition or nuisance.

(10) The facility, its component parts, facilities, and equipment shall be kept clean and in good repair and maintained with consideration for the safety and well-being of patients, staff, and visitors.

(11) The secretary may exempt an applicant from one or more of the requirements of this section where, in his or her 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.

[Statutory Authority: RCW 9.02.070 and 43.20.050, 83-01-066 (Order 251), § 248-140-210, filed 12/15/82; Order 87, § 248-140-210, filed 6/12/73.]

WAC 248-140-220 Reporting of pregnancy terminations. In order for the department to evaluate the effect of the 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 or physicians 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 or she based his or her judgment of medical emergency.

[Statutory Authority: 1985 c 213, 86-08-002 (Order 2348), § 248-140-220, filed 3/20/86. 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

248-144-010	Purpose.
248-144-020	Definitions.
248-144-030	Licensing and inspection of transient accommodations.
248-144-035	Compliance with fire protection requirements.
248-144-040	Responsibility of management.
248-144-050	Building construction and maintenance.
248-144-060	Dormitory space.
248-144-070	Water supply.
248-144-080	Toilet and bath facilities.
248-144-090	Ventilation.
248-144-100	Heating.
248-144-110	Lighting.
248-144-120	Food and beverage service.
248-144-130	Lodging unit kitchens.
248-144-140	Insect and rodent control.
248-144-150	Plumbing.
248-144-160	Solid waste.
248-144-170	Sewage disposal.
248-144-180	Travel trailers and mobile homes.
248-144-190	Swimming pools.
248-144-200	Pets.
248-144-210	Bedding and linen.
248-144-220	Laundry.
248-144-230	Housekeeping equipment and procedures.
248-144-240	Chemical and physical hazards.
248-144-250	Separability.

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.

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(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.

(1986 Ed.)

(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 chapter 248-54 WAC, 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.

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(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 chapter 248-84 WAC, state board of health rules and regulations for food service sanitation; chapter 248-86 WAC, rules and regulations of the state board of health governing requirements for food and beverage service workers permits; and chapter 248-87 WAC, rules and regulations of the state board of health governing food workers.

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(2) All multiuse drinking glasses and cups, after being used by a guest, shall be washed, sanitized and stored in conformance with chapter 248-84 WAC, 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 chapter 296-48 WAC, rules and regulations of the department of labor and industries for mobile homes, commercial coaches and recreational vehicles.

(2) All travel trailers and mobile homes used as lodging units shall be connected to water, sewer and electrical utilities and spaced on the parking area in accordance with chapter 248-76 WAC, state board of health rules and regulations for mobile homes and mobile home parks.

[Order 71, § 248-144-180, filed 4/11/72.]

WAC 248-144-190 Swimming pools. All swimming pools, bathing beaches and wading pools of transient accommodations shall comply with chapter 248-98 WAC, rules and regulations of the director of health governing the sanitation of swimming pools, bathing beaches and wading pools.

[Order 71, § 248-144-190, filed 4/11/72.]

WAC 248-144-200 Pets. The person operating a transient accommodation may establish and enforce rules designed to prohibit or control pets within a transient accommodation. No guest shall allow his pet to run at large or commit a nuisance.

[Order 71, § 248-144-200, filed 4/11/72.]

WAC 248-144-210 Bedding and linen. (1) All bedding, including mattresses, mattress covers, mattress pads, quilts, blankets, pillows, sheets, pillow slips or spreads for guest use shall be kept clean and not used

after becoming stained or worn so as to be unfit for further use.

(2) Where bed linens are provided for guests, each bed, bunk, cot and other sleeping place shall be supplied with suitable pillow slip [slips], and top and under sheets. After being used by a guest, pillow slips, sheets, wash cloths and towels shall be laundered before being used by another guest.

(3) Wash cloths, hand towels, bath towels, pillow slips and sheets supplied by the transient accommodation and used by the same guest for more than one day shall be changed at least twice a week or more often, if needed.

[Order 71, § 248-144-210, filed 4/11/72.]

WAC 248-144-220 Laundry. (1) All clean bed sheets, pillow slips, towels and other linens for use by guests shall be handled and stored in a sanitary manner.

(2) Laundry facilities operated by a transient accommodation shall comply with the following:

(a) All floor and wall surfaces subject to splash and spray shall be of impervious, cleanable construction.

(b) All pillow slips, sheets, wash cloths and towels shall be washed at a temperature of not less than 145°F. or other means of cleaning and sanitizing that may be approved by the secretary.

(c) All soiled laundry shall be handled and stored so as to prevent contamination of clean laundry.

(d) All containers for transporting or storing of soiled and clean laundry shall be of impervious, cleanable construction or otherwise protected so as to be maintained in a sanitary condition.

[Order 71, § 248-144-220, filed 4/11/72.]

WAC 248-144-230 Housekeeping equipment and procedures. (1) All employees performing duties of cleaning and servicing lodging units and other rooms used by guests shall exercise good personal hygiene and apply cleaning products and methods which provide the maximum attainable health and safety protection.

(2) Janitors' closets, supply carts, mops, pails, brushes and other cleaning equipment shall be kept clean and repaired or replaced as needed to maintain all facilities in a sanitary and safe condition.

(3) All containers of chemical cleaning agents used shall bear the instructions and precautions for usage as prescribed by the manufacturer.

[Order 71, § 248-144-230, filed 4/11/72.]

WAC 248-144-240 Chemical and physical hazards.

(1) All chemical agents such as cleaners, solvents, disinfectants and insecticides shall be kept isolated from guests and stored so as to prevent contamination of clothing, toweling and bedding materials. All applications of chemicals such as cleaners, disinfectants and pesticides shall be in accordance with the manufacturer's recommendations for preventing a hazard to guests and employees.

(2) Adequate and safe handrailing shall be provided for all stairways, porches and balconies.

(3) Every gas-fired or oil-fired space heater and water heater shall be vented to the outside air.

[Order 71, § 248-144-240, filed 4/11/72.]

WAC 248-144-250 Separability. If any provision of these regulations or their application to any person is held invalid, the remainder of the regulations or the application of the provision to other persons or circumstances is not affected.

[Order 71, § 248-144-250, filed 4/11/72.]

Chapter 248-148 WAC

SCHOOL DISTRICTS--AUDITORY AND VISUAL STANDARDS

WAC

248-148-010 Purpose.

AUDITORY ACUITY STANDARDS

248-148-020 Criteria for selection of children for screening.
 248-148-030 Equipment for screening.
 248-148-040 Screening method.
 248-148-050 Screening frequencies.
 248-148-060 Screening levels.
 248-148-070 Screening environment.
 248-148-080 Calibration.
 248-148-090 Screening failure.
 248-148-100 Qualification of personnel.

VISUAL ACUITY STANDARDS

248-148-110 Frequency of screening.
 248-148-120 Screening procedures.
 248-148-130 Students with screening failure.
 248-148-140 Screening failure--Referral procedures.
 248-148-150 Qualifications of personnel.

WAC 248-148-010 Purpose. The following regulations are adopted pursuant to chapter 32, Laws of 1971, wherein is contained the legislative mandate that each board of school directors in the state shall provide for and require screening of the auditory and visual acuity of children attending schools in their districts to ascertain if any of such children "have defects sufficient to retard them in their studies." It is the purpose of such screening procedures to identify those children who are likely to have visual or auditory defects. In addition to the requirements of these regulations, the need for appropriate educational services as provided in chapter 28A.13 RCW must be recognized and arranged for those children whose visual or auditory handicaps warrant special facilities or educational methods.

[Order 63, § 248-144-010 (codified as WAC 248-148-010), filed 11/1/71.]

AUDITORY ACUITY STANDARDS

WAC 248-148-020 Criteria for selection of children for screening. Children are to be selected for auditory screening according to the following minimal criteria:

(1) All children in kindergarten through the first three elementary grades shall be screened at least once annually.

(2) No longer than three years may elapse between screenings for children in grades four through twelve.

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(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, § 248-144-020 (codified as WAC 248-148-020), filed 11/1/71.]

WAC 248-148-030 Equipment for screening. Instruments should be utilized for auditory screening which provide calibrated pure tone stimuli at each of the following frequencies: 1,000, 2,000 and 4,000 Hz. An attenuator providing hearing levels of 20 and 25 decibels (dB) in reference to the ISO 1964 or the ANSI 1969 standards, as measured at the earphones, shall be utilized for each of the frequencies provided. Nothing in these regulations shall prevent additional screening at a frequency of 500 Hz.

[Order 63, § 248-144-030 (codified as WAC 248-148-030), filed 11/1/71.]

WAC 248-148-040 Screening method. Screening shall be done on an individual basis, rather than by any group method.

[Order 63, § 248-144-040 (codified as WAC 248-148-040), filed 11/1/71.]

WAC 248-148-050 Screening frequencies. Each child shall be screened at least at 1,000, 2,000, and 4,000 Hz. The 500 Hz stimulus, if used, should be used in an unusually quiet environment in which it can be heard at the appropriate screening level by a subject with hearing sensitivity which is known to be normal.

[Order 63, § 248-144-050 (codified as WAC 248-148-050), filed 11/1/71.]

WAC 248-148-060 Screening levels. Each of the tonal stimuli shall be presented at a hearing level of 25 dB, based on the ISO 1964 or ANSI 1969 standards. If an unusually quiet environment is utilized, the screening level shall be at 20 dB.

[Order 63, § 248-144-060 (codified as WAC 248-148-060), filed 11/1/71.]

WAC 248-148-070 Screening environment. Auditory screening shall be conducted in an environment which is normally free of extraneous noise, and school personnel shall cooperate to maintain this quiet environment on days that screening takes place.

[Order 63, § 248-144-070 (codified as WAC 248-148-070), filed 11/1/71.]

WAC 248-148-080 Calibration. Inasmuch as the validity of the auditory screening program depends significantly on the calibration accuracy of the equipment being utilized, each district shall insure that the calibration of the frequencies and intensity utilized for screening are checked at the earphones at least every twelve months, and that equipment not in calibration be adjusted for accuracy before being utilized in screening programs. Calibration checks and audiometer calibration services shall be performed by qualified persons using equipment designed for audiometer calibration. Equipment found to be out of calibration shall be corrected immediately.

[Order 63, § 248-144-080 (codified as WAC 248-148-080), filed 11/1/71.]

WAC 248-148-090 Screening failure. If a child fails to respond to one or more screening frequencies in either ear he shall be rescreened within two weeks of the original screening procedure. If he fails to respond at one or more frequencies in either ear at the second screening, he shall be considered in need of attention as specified in RCW 28A.31.040, as amended. In all such cases a record of the screening results shall be prepared on forms provided by the superintendent of public instruction and sent to the child's parent or guardian, and to the appropriate school official. The form shall recommend that the child be evaluated by a physician and shall request the physician's report back to the school indicating the action being taken, recommendations regarding significance of auditory handicap in regard to the learning process, and the need for special educational facilities. Records shall also be sent to the appropriate officials of the department of social and health services and the superintendent of public instruction, as requested by such officials.

[Order 63, § 248-144-090 (codified as WAC 248-148-090), filed 11/1/71.]

WAC 248-148-100 Qualification of personnel. (1) Supervisor of auditory screening: Each school district shall designate one individual of the district's staff who will be responsible for the administration of the auditory screening program in conformity with these regulations. His training and experience shall be appropriate to perform the following tasks:

(a) To develop an administrative plan for conducting auditory screening in the district in cooperation with the appropriate school personnel in order to insure that the program can be carried out efficiently with a minimum of disruption in normal classroom activity. This shall include determination of specific quiet environments for screening, and arrangement of appropriate scheduling for the utilization of these environments.

(b) To obtain the necessary instrumentation for carrying out the screening program, and insuring that the equipment is in proper working order and calibration.

(c) To secure appropriate personnel to carry out the screening program, if such assistance is necessary, and to assure that such personnel are sufficiently trained to do so accurately.

(1986 Ed.)

(d) To insure that records are made and delivered as prescribed by these regulations, and to make recommendations appropriate to the needs of each child who fails screening tests.

(e) To disseminate information to other school personnel explaining the purposes of the program, and to acquaint them with criteria of a child's behavior which might denote the need for referral for auditory screening.

(2) Supportive personnel utilized in the screening program: If it is necessary to provide additional personnel to carry out the screening program, the supervisor shall be given the responsibility to secure such personnel who will perform the auditory screening tests under the general supervision of the auditory screening supervisor. Such individuals shall be trained by the supervisor to:

(a) Understand the purposes and regulations involved in the auditory screening programs.

(b) Utilize the screening equipment in an appropriate manner so that maximum accuracy is insured.

(c) Extract cooperation, understanding, and accurate responses from the child during the screening.

(d) Make appropriate records of screening data.

[Order 63, § 248-144-100 (codified as WAC 248-148-100), filed 11/1/71.]

VISUAL ACUITY STANDARDS

WAC 248-148-110 Frequency of screening. (1) Visual acuity screening shall be administered to each child at least in kindergarten, first, third, fifth, seventh, and tenth grades: *Provided*, That annual screening is recommended where manpower resources are adequate.

(2) All new students in a district, regardless of grade level, shall be screened as soon as possible after admission.

(3) All children referred to the district by parents or guardians, or by teachers, nurses or other school personnel as having a possible loss in visual acuity shall be screened as soon as possible.

[Order 63, § 248-144-110 (codified as WAC 248-148-110), filed 11/1/71.]

WAC 248-148-120 Screening procedures. (1) The basic procedure shall be the screening for distance central visual acuity with a Snellen test chart. The chart shall be properly illuminated at 10-30 footcandles and shall be glare free.

(2) Children shall be screened with either the Snellen E chart or the standard Snellen distance acuity chart, as deemed most appropriate to the child's age and abilities. Observation of the school child shall not be overlooked as a screening method.

(3) Children with glasses shall be screened with their glasses on.

(4) Other screening procedures equivalent to the Snellen test may be used if approved by the state board of health.

[Order 63, § 248-144-120 (codified as WAC 248-148-120), filed 11/1/71.]

WAC 248-148-130 Students with screening failure. The reports of children shall be referred to their parents or guardians for professional care upon two successive failures of screening based on the following criteria:

(1) Kindergarten through third grade: Those who, with the Snellen test or its approved equivalent, have visual acuity of 20/40 or less in either eye. The designation of 20/40 or less indicates the inability to identify the majority of letters or symbols on the thirty foot line of the test chart at a distance of twenty feet.

(2) Fourth grade and above: Those who, with the Snellen test or its approved equivalent, have visual acuity of 20/30 or less in either eye. Designation of 20/30 or less indicates the inability to identify the majority of letters or symbols on the twenty foot line of the test chart at a distance of twenty feet.

Nothing in these regulations shall be deemed to prevent referral of children to the parents or guardians for professional care when the child is observed by school personnel to demonstrate other signs or symptoms which may be related to eye problems to the extent that such signs or symptoms negatively influence the child in his studies.

[Order 63, § 248-144-130 (codified as WAC 248-148-130), filed 11/1/71.]

WAC 248-148-140 Screening failure--Referral procedures. (1) If a child fails the screening according to the criteria established by these regulations, he shall be rescreened within two weeks of the original screening.

(2) When a child has failed the screening procedures twice in a row, the person or persons completing the screening shall prepare a record of such failure on forms provided by the Superintendent of Public Instruction. Copies of such records shall be sent to the parents or guardian of the child in question and shall indicate the results of the test and the need and importance of the child receiving professional care and shall request a report back to the school of the action being taken, recommendations regarding significance of the visual handicap in regard to the learning process, and the need for special educational facilities.

(3) The originals of such records and recommendations shall be delivered to the appropriate school official who shall preserve such documents and forward to the superintendent of public instruction and the secretary of the department of social and health services such visual data as may be requested by such officials.

[Order 63, § 248-144-140 (codified as WAC 248-148-140), filed 11/1/71.]

WAC 248-148-150 Qualifications of personnel. (1) Screening shall be performed by persons competent to administer such screening procedures as a function of their professional training and background and/or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers shall have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically designated by the school administration. He may be a school nurse or public health nurse, a special educator, teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

(4) Screening will not be performed by ophthalmologists, optometrists, or opticians or any individuals where a conflict of interest might occur.

[Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

Chapter 248-150 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—Screening waivers.

WAC 248-150-010 Declaration of purpose. The following rules are adopted pursuant to chapter 28A.31 RCW, wherein is contained the mandate that the superintendent of public instruction shall provide for and require screening for 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.

[Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-010, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-010, filed 10/31/79.]

WAC 248-150-020 Examinations of school children for scoliosis--Definitions. (1) "Proper training" means instruction and training provided by, or under the supervision of, physicians licensed pursuant to chapters 18.57 or 18.71 RCW specializing in orthopedic, physiatric, or rehabilitative medicine, or a registered nurse licensed pursuant to RCW 18.88.130 who has had specialty training in scoliosis detection, and appropriate for persons who perform the screening procedures referred to in WAC 248-150-050.

(2) "Pupil" means a student enrolled in the public school system in the state.

(3) "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.

(4) "Qualified licensed health practitioners" means physicians licensed pursuant to chapters 18.57 and 18.71

RCW, registered nurses licensed pursuant to RCW 18.88.130, and physical therapists licensed pursuant to chapter 18.74 RCW, practicing within the scope of their field as defined by the appropriate regulatory authority.

(5) "Scoliosis" includes idiopathic scoliosis and kyphosis.

(6) "Screening" means a procedure to be performed on all pupils in grades five through ten for the purpose of detecting the possible presence of the condition known as scoliosis, except as provided for in WAC 248-150-080.

(7) "Superintendent" means the superintendent of public instruction pursuant to Article III of the state Constitution or his or her designee.

[Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-020, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-020, filed 10/31/79.]

WAC 248-150-030 Criteria for selection of children for scoliosis screening. All children in grades five through ten shall be screened annually except as provided for in section 5, chapter 216, Laws of 1985.

[Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-030, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-030, filed 10/31/79.]

WAC 248-150-040 Qualification of personnel. (1) Screening shall be conducted by school physicians, school nurses, qualified licensed health practitioners, physical education instructors, other school personnel, or persons designated by school authorities who have received proper training in screening techniques for scoliosis.

(2) Each school district shall designate one individual of the district's staff who shall 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 ensure the program can be carried out efficiently with minimum disruption, to include arrangement of appropriate scheduling for scoliosis screenings;

(b) To secure appropriate personnel to carry out the screening program and to ensure such personnel receive proper training to conduct the necessary screening procedures;

(c) To ensure accurate and appropriate records are made, to make recommendations appropriate to the needs of each child whose screening test is indicative of scoliosis, and to provide copies of these records to parents or legal guardians of the child, as provided for in section 4, chapter 216, Laws of 1985;

(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; and

(e) To institute a procedure to evaluate the effectiveness and accuracy of the screening program.

[Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-040, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-040, filed 10/31/79.]

WAC 248-150-050 Screening procedures. The screening procedures shall be consistent with nationally accepted standards for scoliosis screening and published by the American Academy of Orthopedic Surgeons as contained in *Spinal Screening Program Handbook*, 1st edition, 1979, to be obtained from the Scoliosis Research Society.

[Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-050, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-050, filed 10/31/79.]

WAC 248-150-060 Screening results--Recording and referral procedures. A record of the "screening" results shall be made of each child suspected of having scoliosis and copies of the results shall be sent to the parents or guardians of the children. The notification shall include an explanation of scoliosis, the significance of treating scoliosis at an early stage, the services generally available from a qualified licensed health practitioner for treatment after diagnosis, and a method for the school to receive follow-up information from health care providers.

[Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-060, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-060 (codified as WAC 248-150-060), filed 10/31/79.]

WAC 248-150-070 Distribution of rules and procedures. The superintendent shall print and distribute to school officials these rules and the recommended records and forms to be used in recording and reporting the screening results to parents and to the superintendent.

[Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-070, filed 11/14/85. 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--Screening waivers. (1) Any pupil shall be exempt from the screening procedure upon written request of his or her parent or guardian as specifically provided for in section 5, chapter 216, Laws of 1985.

(2) Screening waivers shall occur as provided by section 6, chapter 216, Laws of 1985.

[Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-080, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-080, filed 10/31/79.]

Chapter 248-156 WAC

ADJUSTMENT OF CERTIFICATE OF NEED EXPENDITURE THRESHOLDS

WAC

248-156-010	Purpose of chapter 248-156 WAC.
248-156-020	Definitions.
248-156-030	Index and procedures for adjustment.

WAC 248-156-010 Purpose of chapter 248-156 WAC. These rules and regulations are adopted pursuant to RCW 70.38.025 (6) and (12) for the purpose of establishing the index to be used and procedures for making adjustments to the "expenditure minimum" for capital expenditures and to the annual operating costs for new "institutional health services" which are subject to the requirements of the certificate of need program established under the provisions of chapter 70.38 RCW.

[Statutory Authority: RCW 70.38.025. 81-09-060 (Order 1641), § 248-156-010, filed 4/20/81.]

WAC 248-156-020 Definitions. For the purposes of chapter 248-156 WAC, the following words and phrases shall have the following meanings:

(1) "Certificate of need program" means that program established in accordance with the provisions of chapter 70.38 RCW.

(2) "Department" means the department of social and health services.

[Statutory Authority: RCW 70.38.025. 81-09-060 (Order 1641), § 248-156-020, filed 4/20/81.]

WAC 248-156-030 Index and procedures for adjustment. (1) Index to be used. For the purposes of the certificate of need program, the United States Department of Commerce Composite Construction Cost Index shall be used in the annual adjustments of the following:

(a) The "expenditure minimum" as this term is defined in RCW 70.38.025 and WAC 248-19-220; and

(b) The minimum annual operating costs entailed in the provision of new "institutional health services," as this term is defined in RCW 70.38.025 and WAC 248-19-220, which will cause a new institutional health service to be subject to the provisions of chapter 248-19 WAC, the certificate of need rules and regulations.

(2) Procedure for adjustment.

(a) On or before the first day of each January, the department shall adjust and publish the adjusted expenditure minimum for capital expenditures and the adjusted minimum annual operating costs for institutional health services. Such adjusted minimums shall be in effect during the entire calendar year for which they are established.

(b) The adjustments in the minimums shall be based on the changes which occurred in the Department of Commerce Composite Construction Cost Index during the twelve month period ending the preceding October.

(c) The adjusted minimums shall be published by the department by public notice in one or more newspapers of general circulation within the state and through a written notice sent to each health systems agency, the hospital commission, each health care facility subject to the requirements of the certificate of need program, each statewide organization of such health care facilities, and the state health coordinating council.

[Statutory Authority: RCW 70.38.025. 81-09-060 (Order 1641), § 248-156-030, filed 4/20/81.]

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Chapter 248-160 WAC CYTOGENETIC LABORATORY SERVICES

WAC

- 248-160-010 Definitions.
- 248-160-020 Performance of cytogenetic laboratory procedures.
- 248-160-030 Fees.
- 248-160-040 Eligibility for reduced fee or no-fee services.

WAC 248-160-010 Definitions. For the purposes of this chapter:

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

(2) "Cytogenetics" means the hereditary components of cells in the form of chromosomes made visible and identifiable by specialized laboratory procedures. Abnormalities of the number or structure of chromosomes are generally associated with physical malformations, impaired reproduction, mental deficiency, mental illness, or aberrant behavior. Viable cells for cytogenetic analysis may be obtained from blood, bone marrow, skin, other solid tissues, or body fluids, including amniotic fluid.

(3) "Cytogenetics services" means the analysis of chromosome number and structure by established laboratory procedures.

[Statutory Authority: RCW 43.20.050. 83-12-049 (Order 258), § 248-160-010, filed 6/1/83.]

WAC 248-160-020 Performance of cytogenetic laboratory procedures. (1) Requests for cytogenetic studies to establish or rule out the presence of a chromosomal number or structural abnormality as the biologic cause for an observed disorder in an individual may be made to the cytogenetics laboratory of the genetics program, by a regional genetics clinic or physician licensed under chapter 18.71 or 18.57 RCW, on behalf of a patient, subject to:

(a) Submittal of a suitable specimen, according to cytogenetics laboratory instructions;

(b) Submittal of such medical information as the cytogenetics laboratory director may require; and

(c) The ability of the cytogenetics laboratory to process the specimen for the analysis required.

The director may refuse to process specimens he or she deems unsuitable for the analysis requested.

(2) The cytogenetics laboratory protocols for performance of cytogenetics studies shall conform to generally accepted practices established for cytogenetic diagnosis as used in comparable cytogenetics service laboratories elsewhere.

[Statutory Authority: RCW 43.20.050. 83-12-049 (Order 258), § 248-160-020, filed 6/1/83.]

WAC 248-160-030 Fees. (1) The department shall charge fees for cytogenetics laboratory services based on:

(a) Codes listed in Physicians' Current Procedural Terminology, current edition (including current updates), American Medical Association; and

(b) The fee to be established by the current department of social and health services, division of medical

assistance, schedule of maximum allowances and program descriptions.

(2) The cytogenetics laboratory shall bill the patient, the patient's responsible party, and/or a third-party payor for the appropriate fee. The payment shall be remitted in a form and manner prescribed by the department.

(3) The billing may be reduced or waived as determined by WAC 248-160-040.

[Statutory Authority: RCW 43.20.050. 83-12-049 (Order 258), § 248-160-030, filed 6/1/83.]

WAC 248-160-040 Eligibility for reduced fee or no-fee services. The department shall determine the financial eligibility of individual patients for reduced or no-fee services according to criteria established by the department. These criteria shall consider national accepted standards of living for low-income families, such as federal poverty levels or state median income, adjusted for family size.

[Statutory Authority: RCW 43.20.050. 83-12-049 (Order 258), § 248-160-040, filed 6/1/83.]

Chapter 248-164 WAC SENTINEL BIRTH DEFECTS

WAC

248-164-001	Purpose.
248-164-010	Definitions.
248-164-020	General requirements.
248-164-030	Information—Content of reports.
248-164-040	Information to parents.
248-164-050	Confidentiality of reports—Access to information—Use of information.
248-164-060	Information on public and private services for handicapped.

WAC 248-164-001 Purpose. (1) The purpose of these rules and regulations is to establish procedures for reporting birth defects to the department's birth defects monitoring program (BDMP). These rules are promulgated pursuant to RCW 70.58.300 through 70.58.350 directing the department of social and health services to implement the provisions of the Sentinel Birth Defects Act.

(2) The purposes of the BDMP are to count and map birth defects, to correlate data on birth defects with factors potentially affecting the fetal environment such as environmental exposures, genetic disease, and maternal nutrition, and to provide information needed for planning and evaluating services for the handicapped.

[Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-001, filed 10/11/85.]

WAC 248-164-010 Definitions. (1) "BDMP" means the department's birth defects monitoring program.

(2) "Confidential" means information maintained in the DSHS birth defects registry that identifies or which could be used to identify a child with a birth defect.

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

(4) "ICD-9-CM" means a publication entitled International Classification of Diseases, 9th Revision, Clinical Modification, published by the U.S. Department of Health and Human Services, where disease classification is confined to a limited number of categories encompassing the entire range of morbid conditions.

(5) "May" means permissive or discretionary on the part of the department.

(6) "Record" means the computerized birth defects registry record for a child with a reported birth defect.

(7) "Report" means a written report of information required for birth defects registration purposes made on a form designated for reporting purposes by the department.

(8) "Sentinel" means a birth defect signaling the possible presence of environmental hazards, genetic disease, poor maternal health, or some other risk factor to which a child's mother and/or father was exposed and which exposure may have contributed to development of the child's birth defect. For purposes of this chapter, sentinel birth defects include all congenital anomalies (ICD-9-CM, 740.0-759.9), childhood cancers, cerebral palsy, mental retardation, and congenital infections.

(9) "Shall" means compliance is mandatory.

[Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-010, filed 10/11/85.]

WAC 248-164-020 General requirements. (1) Physicians have primary responsibility for reporting birth defects detected in their patients.

(2) Birth defects shall be reported if each of the following criteria apply:

(a) The condition is among those listed in WAC 248-164-030;

(b) The child was born on or after January 1, 1986;

(c) The child was between zero and fourteen years of age at the time of first diagnosis or treatment of the condition; and

(d) The child was seen for the condition in a medical care setting in Washington state.

(3) Hospitals and outpatient clinics may elect to fulfill physicians' reporting responsibilities. Physicians need not submit reports for patients treated at hospitals or clinics having agreed to provide birth defects information to the BDMP directly.

(4) For infants delivered in a birth center or other nonhospital setting, the attendant at birth shall be responsible for reporting birth defects detected at time of birth.

(5) Physicians need not report conditions already reported to the DSHS crippled children's services (CCS) program or the DSHS division of developmental disabilities (DDD).

(6) Conditions need only be reported once. To avoid duplicate reporting, health care providers may contact the BDMP at 1-800-228-6087 to find out whether a condition of their patient was previously reported.

(7) Instructions for completing and submitting birth defects reports shall be provided in a procedures manual published by the BDMP.

[Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-020, filed 10/11/85.]

WAC 248-164-030 Information--Content of reports. (1) Congenital anomalies and other childhood conditions shall be reported in a manner identifying conditions by name and ICD-9-CM code. Conditions to be reported include:

Conditions	Code ICD-9-CM Range
(a) Anomalies of the central nervous system	740.0 - 742.9
(b) Anomalies of the eye	743.0 - 743.9
(c) Anomalies of the ear, face, neck	744.0 - 744.9
(d) Anomalies of the cardiovascular system	745.0 - 747.9
(e) Anomalies of the respiratory system	748.0 - 748.9
(f) Anomalies of the gastrointestinal system	749.0 - 751.9
(g) Urogenital anomalies	752.0 - 753.9
(h) Musculoskeletal deformities	754.0 - 756.9
(i) Anomalies of the skin	757.0 - 757.9
(j) Chromosomal anomalies, syndromes, and other congenital anomalies	758.0 - 759.9
(k) Childhood cancers	140.0 - 208.9
(l) Mental retardation (I.Q. less than 70)	317 - 319
(m) Congenital infections	090.0 - 090.2, 090.4 - 090.9, 770.0 - 771.2, 760.2
(n) Cerebral palsy	343.0 - 343.3, 437.8

(2) For children having one or more of the above cited reportable birth defects, the following diagnostic information shall be reported:

(a) Name and ICD-9-CM code of diagnosed birth defect.

(b) Month, day, and year defect was diagnosed or treated.

(c) Whether diagnosed defects comprise a recognizable birth defect syndrome and, if so, the name and ICD-9-CM code of syndrome.

(d) Child's height and weight (only for nonneonates and only if available).

(e) Child's head circumference (for nonneonates up to two years of age if available).

(3) To eliminate duplicate reports for the same condition, and to permit combining of information from multiple reporting sources, the following identifying information shall be reported:

(a) Child's name (first, last, and middle initial).

(b) Name of child's father and mother, if available (first, last, and middle initial).

(c) Child's current address (street, city, state, ZIP code).

(d) Child's residence at time of birth (state or foreign country).

(e) Child's birth date (month, day, and year).

(f) Child's sex.

(4) To provide a basis for verifying the accuracy and completeness of birth defects information, and to provide information needed for follow-back epidemiologic studies, the following information shall be reported:

(a) Name of physician detecting or treating child's condition (first, last, and middle initial).

(b) Identification of data source (name of hospital, clinic, service treatment program, etc.).

(c) Name and phone number of person completing form.

(d) Identification number on child's medical/treatment chart.

(e) Date report was completed (month, day, and year).

(5) Forms for reporting of birth defects shall be available through the office of the birth defects monitoring program of the Division of Health, DSHS, Mailstop ET-14, Olympia, Washington 98504.

[Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-030, filed 10/11/85.]

WAC 248-164-040 Information to parents. The primary physician or other primary health care provider of the child shall advise parents or legal guardians of birth defects reported to the birth defects registry. DSHS shall make available a brochure and a copy of the completed birth defects report that may be used as a means of meeting this information requirement.

[Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-040, filed 10/11/85.]

WAC 248-164-050 Confidentiality of reports--Access to information--Use of information. (1) The release of confidential information shall be governed by the provisions of current law regarding personal records/disclosure (chapter 334, Laws of 1985).

(2) In accordance with the provisions of chapter 334, Laws of 1985, confidential information shall not be disclosed unless:

(a) The request for confidential information is made by the child's parent or legal guardian or the child himself or herself at age of majority; or

(b) The request for confidential information is made by a scientific research professional associated with a bona fide scientific research organization, and the research professional's written research proposal has been reviewed and approved by the department's human research review board with respect to scientific merit and confidentiality safeguards, and the director of the division of health has given administrative approval for the proposal; or

(c) The request for confidential information is made by the DSHS office of epidemiology and is needed for epidemiological research activities in response to a real or suspected immediate public health hazard.

(3) In carrying out epidemiologic investigations using confidential information, researchers shall contact the child's attending physician before contacting families if possible.

[Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-050, filed 10/11/85.]

WAC 248-164-060 Information on public and private services for handicapped. Information on public and private services for the handicapped shall be available through the BDMP.

[Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-060, filed 10/11/85.]

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.
248-554-018	Shelter homes and safe homes—General.
248-554-020	Domestic violence 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 for domestic violence services funded by the department of social and health services. These standards address adequate food, clothing, housing, safety, security, advocacy, and counseling for victims of domestic violence utilizing domestic violence services. These minimal standards are developed and established pursuant to chapter 70.123 RCW.

[Statutory Authority: RCW 70.123.030, 86-22-039 (Order 2435), § 248-554-001, filed 11/3/86. 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-based counseling" means the involvement of a client with an advocate counselor in an individual, family, or group session with the primary focus on safety planning and on empowerment of the client through reinforcing the client's autonomy and self-determination. Advocacy-based counseling uses problem-solving methods and includes identifying the barriers to safety; developing safety checking and planning skills; clarifying issues; solving problems; increasing self-esteem and self-awareness; and improving and implementing skills in decision making, parenting, self-help, and self-care.

(2) "Advocate counselor" means a trained staff person within a domestic violence service who provides advocacy-based counseling.

(3) "Bathing facility" means a bathtub or shower.

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

(5) "Client" means a victim of domestic violence or dependent child of the victim.

(6) "Cohabitant" means a person who is married or who is living 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.

(7) "Department" means the department of social and health services.

(8) "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).
- (p) Physical harm, bodily injury, assault, or the infliction of fear or imminent physical harm, bodily injury, or assault or causing another to engage in involuntary sexual relations by force, threat of force, or duress (chapter 26.50 RCW).

(9) "Domestic violence service" means an agency which provides shelter, advocacy, and counseling for domestic violence clients in a supportive environment.

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

(11) "Lodging unit" means one or more rooms utilized for a victim of domestic violence including those rooms used for sleeping or sitting.

(12) "Program" means the domestic violence program of the department.

(13) "Secretary" means the secretary of the department or his or her designee.

(14) "Shelter" means a place of temporary refuge, which includes access to adequate food and clothing, 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 has two or less lodging units and has a working agreement with a domestic violence service.

(b) "Shelter home" means a shelter that has three or more lodging units and either is a component of or has a working agreement with a domestic violence service.

(15) "Staff" means persons who are paid or who volunteer services and are a part of a domestic violence service.

(16) "Toilet" means a plumbing fixture used for defecation, fitted with a seat, and a device for flushing the bowl with water.

(17) "Victim" means a cohabitant who has been subjected to domestic violence.

[Statutory Authority: RCW 70.123.030, 86-22-039 (Order 2435), § 248-554-005, filed 11/3/86. 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 meet general requirements for shelters and domestic violence services in accordance with chapter 70.123 RCW and this chapter.

(2) At least one staff shall be present or on call to go to the shelter home at all times (twenty-four hours per day) when at least one client is residing in the shelter home.

(3) There shall be a biennial on-site evaluation by the department of each shelter home to measure compliance with standards contained in this chapter.

[Statutory Authority: RCW 70.123.030, 86-22-039 (Order 2435), § 248-554-010, filed 11/3/86. 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 receiving the domestic violence service client in a safe home, the safe home shall have made application and have been approved by the domestic violence service.

(2) The domestic violence service shall keep available for department review a permanent record of all safe homes. The record shall contain the address and name of the person operating the safe home or an identification code for the safe home, the safe home application, and the approved certification of compliance.

(3) Certification of compliance shall be on forms provided by the department.

(4) The department shall utilize a sampling method in selecting safe homes for inspection during biennial visits to domestic violence service offices. Inspections of approved safe homes shall measure their compliance with this chapter and with the domestic violence service certification.

(5) When there is evidence that a safe home is out of compliance with the standards as specified in this chapter, the department shall provide the domestic violence service with written notice specifying the deficiencies. The deficiencies shall be corrected in accordance with the plan of correction approved by the department.

[Statutory Authority: RCW 70.123.030, 86-22-039 (Order 2435), § 248-554-015, filed 11/3/86. Statutory Authority: Chapter 70.123 RCW, 80-01-068 (Order 1467), § 248-554-015, filed 12/21/79.]

WAC 248-554-018 Shelter homes and safe homes--General. (1) Safe homes shall comply with WAC 388-73-310, Fire safety requirements, and shelter homes shall comply with chapter 212-52 WAC, Standards for fire protection.

(2) These facilities, equipment, and supplies shall be in good repair and be in a clean, safe, and sanitary condition. This shall include the outdoor areas.

(3) Water supply.

(a) The water supply used for human consumption shall be from an approved public water system as defined in chapter 248-54 WAC or, if an individual system, the local health department shall approve it as safe for human consumption.

(b) Cross-connections between drinking water and nonpotable systems are prohibited.

(4) Toilet and bathing facilities. Minimally, one toilet, one lavatory, and one bathing facility shall be provided

on the premises. Running hot and cold water shall be provided to all lavatories and bathing facilities. In shelter homes:

(a) All floor surfaces shall be impervious to moisture.

(b) At least one toilet, lavatory, and bathing facility shall be provided for each fifteen clients or fraction of this number.

(5) Ventilation.

(a) Lodging units shall have natural or mechanical ventilation capable of preventing objectionable odors and excessive condensation.

(b) Bedrooms shall have a window or opening to the outdoors which can be locked or secured from the inside.

(c) In shelter homes 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 condensation.

(6) Heating.

(a) Rooms used by clients shall be provided with a safe and adequate source of heat, capable of maintaining the room at a healthful temperature during the time of occupancy.

(b) Gas-fired or oil-fired space heaters and water heaters shall be safely vented to the outside.

(7) Lighting. All areas should be appropriately lighted when in use.

(8) Food service. Food and beverages prepared by and for clients shall be prepared, served, and stored in a safe and sanitary manner. The following are required:

(a) A sink for dishwashing;

(b) A refrigerator or other storage equipment capable of maintaining a temperature of forty-five degrees Fahrenheit or lower;

(c) A range, stove, or hot plate;

(d) Covered garbage container;

(e) Eating and cooking utensils which are clean and in good repair;

(f) Impervious to moisture, cleanable, counter surfaces;

(g) Home-canned, low-acid foods (e.g., meats and vegetables) shall not be served to clients in residence;

(h) In shelter homes, when food is served to the clients, the staff shall prepare it in compliance with chapter 248-84 WAC, Food service sanitation.

(9) Insect and rodent control. Preventive measures shall be taken to control insect and rodent infestation.

(10) Sewage and liquid waste. Sewage and liquid waste shall be discharged into a public sewer system or into an independent sewage system approved by the local health authority or department.

(11) Pets. Pets shall be prohibited from the kitchen during food preparation.

(12) Bedding. Bedding shall be kept clean and in good repair.

(a) Clients shall be provided with bed linen, towels, and washcloths. After use by a client, bed linen, washcloths, towels, etc., shall be laundered prior to use by another client. If a sleeping bag is used, a liner is required unless the bag is cleaned between use by different clients.

(b) Washcloths, towels, and bed linen used by the same client for more than one day shall be changed as needed and minimally one time each week.

(13) Laundry.

(a) Means shall be provided for laundering of bed linen, towels, washcloths, and personal clothing of clients in residence.

(b) All laundry shall be handled and stored in a sanitary manner.

(14) Housekeeping, sanitation, and safety.

(a) Containers of chemical cleaning agents and other toxic materials shall be labeled and bear the instructions and precautions for use as described by the manufacturer.

(b) Containers of toxic agents shall be stored and secured in places out of reach of children and to prevent contamination of food stuff, clothing, and bedding.

(c) Wastebaskets shall be incombustible.

(d) Sanitary diaper changing areas shall be established and hygiene procedures developed for handling and storage of diapers and sanitizing of the changing table.

(e) All medications shall be inaccessible to children.

(f) First-aid supplies including, at least, a department approved first-aid manual, band-aids, gauze (squares and rolls), adhesive tape, and syrup of ipecac shall be available.

(15) Physical hazards.

(a) Safe guard and handrails shall be provided for stairways, porches, and balconies used by clients when necessary.

(b) Swimming pools, wading pools, bathtubs and bathing beaches shall be maintained in the manner which does not present a health hazard, safety problem, or nuisance.

(c) Firearms shall be kept in locked storage, accessible only to authorized persons.

(16) Bedrooms in shelter homes.

(a) Bedrooms shall have a clear, average ceiling height of not less than seven feet six inches and a minimum of fifty square feet of usable floor area per bed.

(b) Floor area where the ceiling height is less than five feet shall not be considered as usable floor area.

(17) Building safety.

(a) There shall be a method for securing all windows, doors, and other building accesses to prevent the entry of intruders.

(b) There shall be provision for staff entry to any area occupied by clients should an emergency arise.

(c) All refrigerators and freezers accessible to children shall be secured in such a manner as to prevent children from climbing in and becoming trapped.

(18) Inspections, investigations, and certifications.

(a) Upon receipt of a complaint, the department shall notify the domestic violence service and shall make an investigation.

(b) There shall be an on-site inspection of each domestic violence service biennially to measure compliance with standards contained in this chapter.

(c) Safe homes and shelter homes shall document services provided to clients in residence.

(d) If a lodging unit is occupied at the time of an inspection or investigation, the domestic violence service shall give the client an opportunity to leave the unit.

(e) When there is evidence a safe home, shelter home, or domestic violence service is out of compliance with the standards as specified in this chapter, the department shall provide written notice to the domestic violence service specifying deficiencies. The deficiencies shall be corrected in accordance with the plan of correction approved by the department.

(f) The department may deny, revoke, or suspend the approval and funding of a domestic violence service in which a safe home, shelter home, or the service itself is out of compliance with this chapter.

[Statutory Authority: RCW 70.123.030. 86-22-039 (Order 2435), § 248-554-018, filed 11/3/86.]

WAC 248-554-020 Domestic violence services--General. (1) The domestic violence service shall provide food and beverage necessary and appropriate for the basic sustenance of the resident clients, unless other resources are available.

(2) The domestic violence service shall provide resident clients with access to adequate and basic clothing. Clothing provided for clients by the domestic violence service shall have been cleaned and stored in a sanitary manner prior to disbursement.

(3) Bed and bedding shall be provided to resident clients.

(4) The domestic violence service shall provide:

(a) Twenty-four-hour access to advocacy-based counseling.

(b) A supportive environment offering safety and an opportunity for clients to examine events leading to the need for domestic violence services.

(c) A referral to other appropriate services or domestic violence agencies when:

(i) Shelter homes or safe homes are occupied at capacity.

(ii) Inappropriate referral has been made to a domestic violence service.

(iii) The client has problems requiring services of another agency or agencies prior to offering domestic violence services.

(d) A telephone for contacting emergency services.

(5) Domestic violence services shall establish standards for counseling which meet or exceed the following:

(a) All advocate counselors shall have a minimum of twenty hours of basic training covering:

(i) Theory and implementation of advocacy-based counseling,

(ii) The history of domestic violence,

(iii) Legal, medical, and social service advocacy,

(iv) Referrals and shelter transfers,

(v) Procedures and policies,

(vi) Confidentiality and ethics, and

(vii) Advocacy in diverse communities.

(b) Advocate counselors shall be skilled in the areas of client safety assessment and planning, problem-solving, and crisis intervention.

(c) Advocate counselors with less than one year counseling experience with a domestic violence service shall be supervised by another advocate counselor. The supervising counselor shall have:

(i) Two years' counseling experience with a domestic violence service, and

(ii) Fifty hours of training on domestic violence issues and counseling.

(d) Advocate counselors shall attend a minimum of thirty hours of continuing education per year. At least fifteen hours of the continuing education must include training on advocacy-based counseling.

(e) Provision of private areas for counseling.

(f) Assistance with child care during counseling sessions.

(g) A minimum ratio of one group leader to eight group participants.

(h) Structured activities for children in shelter residence.

(6) Domestic violence services shall document the provision of shelter and counseling services.

(7) Domestic violence services shall have written personnel policies addressing:

(a) Nondiscrimination relating to staff.

(b) Recruitment, hiring, periodic performance evaluation, promotion, and termination of staff.

(c) Job descriptions for all staff positions including volunteers.

(d) Health requirements including that staff persons with a communicable disease in an infectious stage shall not work with clients.

(8) Domestic violence services shall have written program policies to include:

(a) Clients in immediate danger or at risk will receive first priority for shelter.

(b) Nondiscrimination relating to services and clients.

(c) Encouraging clients, with the financial means to do so, to reimburse for services provided.

(d) Availability of services regardless of ability to pay.

(e) A procedure for referrals to available community services resources, (e.g., medical, community services offices, bilingual or bicultural agencies, pastoral care, legal consultation).

(f) Client access to his or her files.

(g) Confidentiality of client records.

(h) Description of services provided by the domestic violence service.

(i) Notification to resident clients of times the shelter is staffed and whom to call in emergencies or for assistance if no staff is present.

(9) Domestic violence services shall have written administrative policies including:

(a) Organizational lines of authority (e.g., bylaws). There shall be one designated staff member responsible for certifying compliance with this chapter.

(b) Emergency procedures including fire, disaster, first aid, medical, and police intervention.

(c) Working agreements between the domestic violence service and safe homes, shelters, contracted services, and child protective services of the department, if applicable.

(d) Appropriate accounting procedures.

(e) Policies of cooperation with other domestic violence services in the immediate geographic area and throughout the state of Washington.

(f) Reporting of child abuse as legally mandated.

[Statutory Authority: RCW 70.123.030, 86-22-039 (Order 2435), § 248-554-020, filed 11/3/86. 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 and the department's determination that the following criteria are met:

(a) The waiver will not place the client's safety or health in jeopardy, and that the domestic violence service is unable to meet the requirements without the waiver, or that the absence of such a waiver will have a detrimental effect on the provision of services.

(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 is held invalid, the remainder of the regulations or application of the provision is not affected.

(3) The department is not obligated to disburse funds to domestic violence services complying with the standards as stipulated in this chapter.

(4) Appeal procedures shall be in accordance with chapter 34.04 RCW.

[Statutory Authority: RCW 70.123.030, 86-22-039 (Order 2435), § 248-554-030, filed 11/3/86. 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 public health district, department, or county-city department.

WAC 248-990-990 Appendix--County, city, or town in a public health district, department, or county-city department.

APPENDIX

Guidelines¹

for Negotiating Support by a

County, City, or Town in

Maintaining and Operating the Local Public Health Agency

(District, Department, or County-City Department)

A. Every county, city, and town should furnish the support necessary to provide the following basic public health services^{2,3}:

1. Personal health protection services

Epidemiologic services

Tuberculosis
 Sexually transmitted diseases
 Other communicable diseases
 Immunizations
 Family planning
 Child health services
 Crippled children's services
 Maternal and infant services
 Nutrition and/or WIC services
 Chronic disease prevention, detection,
 hazard control

2. Environmental health protection services

Food
 Water
 Solid waste disposal
 Liquid waste disposal
 Living environment
 Chemical and physical hazards
 Vector control

3. Laboratory services necessary to support any of the programs listed in A 1 and 2 of this appendix (provide or purchase)

4. Vital records, birth, and death registration

5. Health promotion, information, and education

B. In addition, counties, cities, and towns at their option may choose to support additional public health protection and promotion actions or services. These may include, but not be limited to:

Dental health
 School health services
 Jail health services
 Mental health services
 Alcoholism services
 Developmental disabilities
 Health screening programs for the aging
 (Senior Citizens Services Act)
 Home health services
 Primary care for special population groups
 Emergency health services
 Community health planning
 Any program area identified by local or state health officials when the health of the general population is shown to be at risk of adverse health effects.

C. Potential sources of funds:

1. Fees for permits and licenses
2. Charges for services
3. Contracts with counties, cities, schools, and other agencies
4. State and federal funds
5. Sales of property
6. Miscellaneous gifts and sales, e.g., sale of publications

7. County funds for special services not needed or desired by all participating counties and cities

8. City funds for special services

9. Reserve funds for special purposes

10. County general fund base support

D. Determination of equitable share for each municipality (county or city) of its fiscal support of basic health services:

1. The level of the basic health services budget and the respective county and city general fund contributions necessary to balance that budget should be determined through a negotiation process. The negotiators may wish to use some form of formula in this determination. Negotiating the formula is a basic part of the negotiation process. A number of formulas may be considered. Most formulas involve one or more of the following factors: Population (per capita), assessed valuation, use, need, or proportion of budget. No single formula is mandated state-wide, but a formula, once adopted by a local health board, should apply to all member jurisdictions. Agreements need not be limited to a single year. Multiyear contracts may be negotiated with the agreement adopting a basic formula but providing for annual adjustments of variable factors such as valuation or population.

2. The following formulas are presented as guidelines. Options 1 through 3 provide for a county base support while options 4 and 5 have no county base built into the formula. The county base is a variable replacing previous statutory millages for public health and tuberculosis. The base may vary. In multicounty health districts, the county base public health support is to be determined annually by the district health board in consultation with the respective boards of county commissioners and divided among the member counties in proportion to each county's assessed valuation. An acceptable alternative method is to vary the base among the county members of the health district as the board of health, in consultation with the respective boards of county commissioners, shall determine.

Option 1:

$$C = 1/2 B \frac{A_c}{A_t} + 1/2 B \frac{P_c}{P_t}$$

Where:

C = Contribution of city or county needed to balance the budget (basic plus optional dollars)

B = Dollars needed to balance the basic plus optional dollar portion of the local public health agency annual budget

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 local public health agency

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

Variation 1:

Derive the proportion of assessed valuation and population in the formula from the average of several years instead of the current year only.

Option 2:

$$C = B \frac{A_c}{A_t}$$

Where:

C = Contribution of city or county needed to balance the budget (basic plus optional dollars)

B = Dollars needed to balance the basic plus optional portion of the local public health agency annual budget

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 local public health agency

Option 3:

$$C = B \frac{P_c}{P_t}$$

Where:

C = Contribution of city or county needed to balance the budget (basic plus optional dollars)

B = Dollars needed to balance the basic plus optional portion of the local public health agency annual budget

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 local public health agency

Variation 1:

The per capita share is graduated by grouping or classes of cities so that small cities pay less than large cities.

Variation 2:

The county *base* remains the same but the per capita share is applied only to the cities.

Option 4:

(1) Charge each city or county the full estimated cost of environmental health services

(2) Charge each county the full cost of tuberculosis services

(3) Charge each city and county the remainder of tax necessary on a per capita basis

(4) Reduce each city's charge by giving credit to them for the county property taxes paid by the property owners of each city

(5) Small cities may be charged a reduced share per capita

Option 5:

Half of the necessary funds are divided among the cities and counties in proportion to a statistical report of the services provided to each. The other half are provided on the basis of population or another of the options identified.

¹Pertains also to a county, city, or town which has withdrawn from a health district to operate its own health department or decides to contract with another municipality for such health services.

²Basic services are those services required by state law and regulations or provided under service contracts with the department of social and health services.

³A list of all applicable laws, administrative regulations, and available current service contracts will be provided by the state board of health upon request.

[Statutory Authority: RCW 70.46.080 and 43.20.050. 83-19-057 (Order 268), § 248-990-990, filed 9/20/83; 83-04-011 (Order 253), § 248-990-990, filed 1/24/83; Order 104, Appendix—Guidelines (codified as WAC 248-990-990), filed 9/25/74; Appendix, filed 8/4/67.]