WAC 246-318-700 Pediatric nursing unit. Hospitals planning new construction of a pediatric unit shall:

(1) Locate the pediatric unit to prevent unnecessary traffic through the service area;

(2) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 248-18-719;

(3) Meet general requirements for certain service facilities under WAC 248-18-711 as follows:

(a) Locate for convenient use of staff;

(b) May be shared with other service areas when service is limited to sixteen patient beds or less in a combined-use area;

(c) Provide clean utility or materials room;

(d) Provide housekeeping room;

(e) Provide medication distribution facilities;

(f) Provide soiled utility or materials room; and

(g) Provide storage room.

(4) Design the pediatric unit to accommodate WAC 248-18-216 and meet the requirements under WAC 248-18-530 (6), (7), and (8), except as follows:

(a) Patient rooms with fifty square feet usable floor space per bassinet;

(b) Adjoining patient toilets may be omitted from bassinet rooms;

(c) Ratios of bathing facilities to beds may exclude cribs and bassinets; and

(d) At least one isolation room located in the pediatric area.

(5) Meet the requirements under WAC 248-18-530(9) for:

(a) Nurses' station or equivalent;

(b) Ice facilities;

(c) Drinking facilities;

(d) Nourishment facilities;

(e) Personnel facilities; and

(f) Treatment and examination room.

(6) Provide parents' waiting room with education facilities; and

(7) Provide multipurpose room with:

(a) Space for playing and dining;

(b) Separate activity area for adolescents; and

(c) Construction minimizing sound transmission.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-700, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-541, filed 11/1/89, effective 12/2/89.]

WAC 246-318-710 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.

(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:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(6), HOUSEKEEPING FACILITIES.

[6]May be movable equipment.

[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711.

[8]Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-719(5); VENTILATION, WAC 248-18-719(2); and ELECTRICAL SYSTEMS, WAC 248-18-719(4).

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(10), STORAGE FACILITIES.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-710, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-645, filed 5/30/90, effective 6/30/90. 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 246-318-720 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 248-18-601. 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 248-18-601 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 248-18-719(4) and Table 719-6.

(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 UNIT[6] – 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 248-18-719(4) and Table 719-6.

(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 STERILIZER[11] IN EACH SURGERY SUITE.

(c) IF PRACTICE OF STERILIZING UNWRAPPED SETS OF INSTRUMENTS IS TO BE FOLLOWED, A SUFFICIENT NUMBER OF STERILIZERS[12,] 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 248–18–711(7). May be located in anesthesia work room or in clean supply room;

(d) LINEN.[6] 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 CARTS[13] 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 SIGNALLING 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:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248–18–711(6), HOUSEKEEPING FACILITIES.

[6]May be movable equipment.

[8]Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248–18–719(5); VENTILATION, WAC 248–18–719(2); and ELECTRICAL SYSTEMS, WAC 248–18–719(4).

[10]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248–18–711(2), CLEAN–UP FACILITIES.

[11]May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

[12]May be instrument pressure sterilizer (high speed recommended) or instrument washer–sterilizer.

[13]See RECEIVING, STORES, AND DISTRIBUTION, WAC 248–18–700(10), FLAMMABLE ANESTHETIC STORAGE.

[14]See Recovery Unit, WAC 248–18–560.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248–18–711(10), STORAGE FACILITIES.

[24]In accordance with program.

[56]See GENERAL DESIGN REQUIREMENTS, WAC 248–18–719(4) and Table 719–6.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–318–720, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90–12–014 (Order 061), § 248–18–565, filed 5/30/90, effective 6/30/90. 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 246–318–730 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 248-18-711(7).

(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 ROOM[7], 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:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(6), HOUSEKEEPING FACILITIES.

[6]May be movable equipment.

[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711 (8) or (9), SOILED UTILITY OR MATERIALS ROOM.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(10), STORAGE FACILITIES.

[56]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-719, Table 719-6.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-730, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-560, filed 5/30/90, effective 6/30/90. 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 246-318-740 Critical care facilities. Hospitals planning new construction of critical care facilities shall:

(1) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 248-18-719.

(2) Meet general requirements for certain service facilities under WAC 248-18-711 (3) or (4), (6), (7), (8) or (9), (10) and (11) including nourishment facilities and ice machine in a clean room with combined use or sharing permitted if:

(a) The critical care facility has fewer than five beds; and

(b) The service facilities:

(i) Are in close proximity to the beds; and

(ii) Provide sufficient space for critical care functions.

(3) Provide a critical care facility with:

(a) Location to avoid traffic and penetration of objectionable heat or noise or odors from other areas of the hospital;

(b) A water closet, clinic sink, hopper, or equivalent with bedpan-flushing device for disposing of patient wastes, in a room directly accessible to each critical care patient room;

(c) A staff toilet; and

(d) Charting areas.

(4) Provide patient rooms with:

(a) Location of patient rooms and placement of beds in rooms to provide for direct visibility of patients from nurses' station or equivalent unless there is provision for indirect viewing of patients by mirror system or television;

(b) Maximum capacity of two beds per room and a ratio of at least one single room for every three planned critical care beds;

(c) Minimum usable floor space per bed of one hundred fifty square feet, exclusive of areas taken up by passage door swings, closets, wardrobes, portable lockers, and toilet rooms;

(d) Spacing of at least:

(i) Four feet or more between side of bed and wall;

(ii) Six feet or more between foot of bed and wall; and

(iii) Eight feet or more between beds in multibed rooms;

(e) Equipment as follows:

(i) Curtains or equivalent means of providing visual privacy;

(ii) Clocks with sweep second hands and lapse timer functions or equivalent;

(iii) One lavatory per room; and

(iv) An electrocardiographic monitor with oscilloscope at least five inches wide with an audio alarm system for each bed;

(f) Uncarpeted floors.

(5) Provide nurses' station or equivalent with:

(a) Location to provide direct visibility of each patient unless a mirror system or television is provided;

(b) Space for patient monitoring equipment including:

(i) Slave oscilloscope with audio alarm for continuous display of each patient's electrocardiogram;

(ii) Rate meter; and

(iii) Recorder;

(c) Wall-mounted clock with sweep second hand or equivalent;

(d) Charting surface or equivalent; and

(e) Combined use or sharing permitted if:

(i) The critical care facility has fewer than five beds; and

(ii) The nurses' station or equivalent:

(A) Is located in close proximity to the beds; and

(B) Provides sufficient space for critical care functions.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-318-740, filed 11/30/90, effective 12/31/90.]

WAC 246-318-750 Facilities for care of patients in labor. Hospitals planning new construction of labor rooms which are not birthing rooms shall:

(1) Locate labor rooms to prevent unnecessary traffic through the labor room service area;

(2) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in accordance with WAC 248-18-719.

(3) Meet general requirements for certain service facilities under WAC 248-18-711 as follows:

(a) Locate for convenient use of staff;

(b) May be shared with other service areas;

(c) Provide medicine distribution facilities;

(d) Provide clean materials room or clean utility room;

(e) provide soiled materials room or soiled utility room; and

(f) Provide housekeeping facilities.

(4) Provide a labor room meeting requirements under WAC 248-18-530(6) with:

(a) Identification and location accommodating requirements under WAC 248-18-221(3); and

(b) A maximum capacity of two beds.

(5) Provide toilet and bathing facilities meeting requirements under WAC 248-18-530 (7) and (8) with:

(a) Water closets in ratio of at least one to every four labor beds or fraction thereof; and

(b) Showers in the ratio of at least one to every eight obstetrical service beds or fraction thereof.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-606, filed 11/1/89, effective 12/2/89.]

WAC 246-318-760 Obstetrical delivery facilities. Hospitals planning new construction of obstetrical delivery facilities shall:

(1) Locate delivery rooms to prevent traffic through delivery room service areas;

(2) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage meeting requirements under WAC 248-18-719.

(3) Meet general requirements for certain service facilities under WAC 248-18-711 and provide the following:

(a) Clean materials or clean utility room;

(b) Housekeeping facilities;

(c) Medicine distribution facility;

(d) Soiled utility room; and

(e) Storage room.

(4) Design delivery room or surgery room for obstetrical services to accommodate the requirements under WAC 248-18-221 and provide:

(a) Clock with sweep second hand and interval timer or equivalent;

(b) Film illuminators for at least two x-ray films or equivalent;

(c) Minimum gross area of three hundred and sixty square feet;

(d) Minimum dimension of eighteen feet; and

(e) Delivery room light.

(5) Provide scrub area located to provide direct access to the delivery room with:

(a) One scrub sink or equivalent for every delivery or surgery room;

(b) Dispenser at each scrub sink with foot control, or equivalent, if liquid hand cleaner is used;

(c) Storage for scrub equipment, masks, caps, nail cleaners, and shoe covers;

(d) Clock or timer within view from scrub sinks; and

(e) A towel dispenser or equivalent.

(6) Provide sterilizing facilities within the delivery service area and meeting requirements under WAC 248-18-680(4), or provide central processing meeting requirements under WAC 248-18-680(1).

(7) Provide anesthesia storage or anesthesia workroom meeting requirements under WAC 248-18-565 (12) or (13).

(8) Provide staff facilities meeting requirements under WAC 248-18-565(15).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-760, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-601, filed 11/1/89, effective 12/2/89.]

WAC 246-318-770 Birthing rooms. Hospitals planning new construction of birthing rooms shall:

(1) Locate birthing rooms to prevent unnecessary traffic through the obstetrical service area;

(2) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 248-18-719;

(3) Meet general requirements for certain service facilities under WAC 248-18-711 as follows:

(a) Locate for convenient use by staff;

(b) May be shared with other service areas;

(c) Provide medicine distribution facilities;

(d) Provide clean utility room;

(e) Provide soiled utility room;

(f) Provide housekeeping facilities; and

(g) Provide storage room.

(4) Provide a nourishment facility which:

(a) Meets requirements under WAC 248-18-530(9); and

(b) May be shared with other service areas.

(5) Design each birthing room to accommodate the requirements under WAC 248-18-221(4) and provide:

(a) Area and dimensions meeting the requirements under WAC 248-18-530 (6)(d) and with a minimum usable floor space excluding lavatory, wardrobe, or closet, fixed or movable cabinets, storage facilities, and entry vestibules as follows:

(i) One hundred and sixty square feet total; and

(ii) Four feet at one side and at foot of bed.

(b) A lavatory in the room meeting requirements under WAC 248-18-719; and

(c) Privacy curtains or equivalent.

(6) Provide toilet and bathing facilities meeting requirements under WAC 248-18-530 (7) and (8) and with:

(a) Patient toilets adjoining birthing room and in a ratio of one toilet for each patient bed;

(b) Support persons' toilets, separate from patient toilet, and conveniently located; and

(c) Showers in a ratio of one shower to every eight patient beds in obstetrical service area.

(7) Provide nurses' station or equivalent meeting requirements under WAC 248-18-530 (9)(a).

(8) Provide staff facilities meeting requirements under WAC 248-18-070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-770, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-608, filed 11/1/89, effective 12/2/89.]

WAC 246-318-780 Obstetrical recovery unit.[14] Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS – SEE WAC 248-18-515.)

Within or close to delivery suite or combined surgery/delivery suite. IF WITHIN DELIVERY SUITE OR COMBINED SURGERY/DELIVERY SUITE, LOCATED NEAR ENTRANCE AND AWAY FROM IMMEDIATE AREA OF DELIVERY ROOMS AND OPERATING ROOMS.

Note:

[14]See Recovery Unit, WAC 248-18-560.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-780, filed 12/27/90, effective 1/31/91; 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 246-318-790 Newborn nursery facilities. Hospitals planning new construction of newborn nursery facilities shall:

(1) Locate the nursery facilities to prevent unnecessary traffic through the service area;

(2) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 248-18-719;

(3) Provide service facilities:

(a) Convenient to nursery room;

(b) Shared with other nursery areas at hospital's discretion;

(c) Designed to separate clean and soiled areas and meeting the requirements under WAC 248-18-711 with:

(i) A clean utility room with accommodation for a refrigerator for infant feedings;

(ii) A soiled utility room;

(iii) Housekeeping room; and

(iv) Storage.

(4) Meet the requirements under WAC 248-18-221 (6) and (7);

(5) Provide nursery rooms with:

(a) No public access to the nursery except through handwashing and gowning area;

(b) Enough bassinets for newborn infants at least equal to anticipated need;

(c) An area of twenty-four square feet per bassinet;

(d) At least three feet between bassinets;

(e) A lavatory meeting the requirements of WAC 248-18-719 (3)(g) and (6)(b)(iv) and (v) and located at every entrance to each nursery room, and a ratio of one lavatory for every twelve bassinets or major fraction;

(f) Liquid detergent dispenser with foot control;

(g) A clock with sweep second hand or equivalent visible from all nursery rooms and service areas;

(h) Lighting level measured at height of infant station or treatment table:

(i) Minimum seventy foot candles; and

(ii) Maximum one hundred foot candles.

(i) Provision for viewing infants in the nursery rooms by visitors outside the nursery rooms;

(j) A charting area which may be shared with other nurseries, with provisions for:

(i) A writing desk or counter;

(ii) Chart rack; and

(iii) Use of telephone.

(6) Provide a handwashing and gowning area at the public entrance to the nursery room with:

(a) A lavatory with gooseneck spout and knee or foot faucet control or equivalent;

(b) Liquid detergent dispenser with foot control;

(c) Storage for linen and equipment; and

(d) Provision for hanging outer garments.

(7) Staff facilities meeting the requirements under WAC 248-18-070 which may be shared with other service areas.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-790, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-616, filed 11/1/89, effective 12/2/89.]

WAC 246-318-799 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:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(6), HOUSEKEEPING FACILITIES.

[6]May be movable equipment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-799, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-640, filed 5/30/90, effective 6/30/90. 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.]

WAC 246-318-800 Intermediate care nursery and neonatal intensive care nursery. Hospitals planning new construction of intermediate care nurseries and neonatal intensive care nurseries shall:

(1) Locate the nursery facilities to prevent unnecessary traffic through the service area;

(2) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 248-18-719;

(3) Provide service facilities:

(a) Convenient to nursery room;

(b) Shared with other nursery areas at hospital's discretion; and

(c) Designed to separate clean and soiled areas and meeting the requirements of WAC 248-18-711 with:

(i) A clean utility room with accommodation for a refrigerator for infant feedings;
(ii) A soiled utility room;
(iii) Housekeeping room;
(iv) Storage; and
(v) Medicine distribution facilities.
(4) Meet the requirements under WAC 248-18-221 (6) and (7);
(5) Meet the requirements under WAC 248-18-224(2) for intermediate care nurseries;
(6) Meet the requirements under WAC 248-18-224(3) for neonatal intensive care nurseries;
(7) Meet all requirements under WAC 248-18-616 with additions as follows:
(a) Provide nursery rooms with film illuminators or equivalent to view a minimum of two x-ray films which may be shared between intermediate and neonatal intensive care nurseries; and
(b) Provide infant stations with:
(i) Minimal usable floor area exclusive of aisles with:
(A) Fifty square feet in intermediate care nursery; and
(B) Eighty square feet in neonatal intensive care nursery.
(ii) Space to accommodate monitors;
(iii) Work counter with provisions for a writing area; and
(iv) Closed storage for individual supplies and equipment.
(8) Provide scrub area including:
(a) A scrub sink for every eight infant stations or a major fraction thereof, with no less than two sinks;
(b) Germicidal dispenser, hand brush, sponge dispenser or equivalent, located at each scrub sink; and
(c) Clean storage for clean gowns, masks, nail cleaners, and shoe covers.
(9) Design any planned isolation room to meet the requirements under subsection (6)(b)(i), (ii), (iii), and (iv) of this section;
(10) Provide parent privacy room with education facilities providing cubicle curtains or equivalent for complete visual privacy;
(11) Provide conference or counseling room convenient to intermediate care and neonatal intensive care nursery rooms;
(12) Provide nurses' station or equivalent meeting the requirements under WAC 248-18-530 (9)(a); and
(13) Staff facilities meeting the requirements under WAC 248-18-070 which may be shared with other service areas.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-800, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-637, filed 11/1/89, effective 12/2/89.]

WAC 246-318-810 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:

[24]In accordance with program.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-810, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030 and 43.20.050. 84-22-003 (Order 277), § 248-18-532, filed 10/26/84.]

WAC 246-318-820 Psychiatric unit construction. Hospitals planning new construction of a psychiatric unit shall:

(1) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 248-18-719, with:

(a) All windows and relites located in rooms or areas accessible to patients:

(i) Meeting requirements under WAC 248-18-719 (l)(i); and

(ii) Installation of security or maximum security windows or equivalent;

(b) Tamper-resistant accessories and equipment in patient rooms, toilet rooms, and bathrooms;

(c) Tamper-resistant electrical receptacles in all patient rooms and areas;

(d) Design to prevent opportunity for suicide.

(2) Meet general requirements for certain service facilities under WAC 248-18-711 (3) or (4), (6), (7), (8) or (9), and (10) with locks on all doors for housekeeping, medications, storage, and utility rooms.

(3) Provide psychiatric facilities including:

(a) Location avoiding traffic and penetration of objectionable heat, noise, or odors from other areas of the hospital;

(b) Examination room unless available in an adjacent area or unit with:

(i) Minimum floor space of one hundred square feet;

(ii) Minimum dimension of eight feet; and

(iii) The following equipment:

(A) Medical emergency signal devices;

(B) Lavatory or sink;

(C) Clock with sweep second hand or equivalent;

(D) Oxygen outlet;

(E) Suction outlet;

(F) Work surface; and

(G) Storage cabinet.

(c) Toilet rooms with water closets in ratio of at least one water closet to every four beds.

(d) At least one wheelchair accessible toilet available on the unit.

(e) A staff toilet available on the unit.

(f) Patient bathing facilities with:

(i) Showers or tubs in the ratio of at least one bathing facility per eight beds; and

(ii) At least one wheelchair accessible shower on the psychiatric unit.

(g) Nourishment station in an area serving clean functions only with:

(i) Space for waste containers;

(ii) The following equipment:

(A) Refrigerator;

(B) Ice machine;

(C) Work counter;

(D) Sink; and

(E) Storage for utensils and foodstuffs.

(h) Administrative facilities with:

(i) Storage for personal effects of staff apart from storage for patient care supplies and equipment;

(ii) Office or private area for staff and supervisory activities;

(iii) Conference room for confidential staff/patient/family communications on or adjacent to the unit.

(i) A waiting area adjacent to the unit;

(j) A wheelchair accessible:

(i) Water fountain; and

(ii) Public telephone.

(k) Patient laundry facility with:

(i) Sink or lavatory;

(ii) Clothes washer;

(iii) Clothes dryer;

(iv) Lockable storage facilities; and

(v) Counter.

(4) Provide patient rooms including:

(a) Maximum capacity of two beds per patient room;

(b) Minimum usable floor space per bed, exclusive of areas taken up by passage door swings, closets, wardrobes, portable lockers and toilet rooms, of:

(i) Eighty square feet in multi-bed rooms; and

(ii) One hundred square feet in one-bed rooms.

(c) Minimum dimension of eleven feet for multi-bed rooms.

(d) The following equipment:

(i) Provision for patient privacy in all multi-bed rooms; and

(ii) A wardrobe, closet, or locker per bed, designed to prevent suicide, for garments and storage of personal effects.

(5) Provide a nurses' station or equivalent with:

(a) Charting surface;

(b) Storage for:

(i) Patients' charts; and

(ii) Charting supplies;

(c) Telephone; and

(d) Clock.

(6) Provide a seclusion room, unless provided on an adjacent nursing unit, with:

(a) Design to minimize potential for stimulation, escape, hiding, injury, or suicide;

(b) Maximum capacity of one patient;

(c) Doors to open outward;

(d) Minimum space of eighty square feet;

(e) Minimum dimension of eight feet;

(f) Staff-controlled, lockable, adjoining toilet room; and

(g) A provision for staff visualization of occupant at all times.

(7) Provide suitably equipped areas which may be for multipurpose use combining activities below and including areas for:

(a) Dining;

(b) Occupational and recreational therapies;

(c) Day room;

(d) Physical activity and patient recreation on the unit or elsewhere on the hospital premises; and

(e) Space and privacy for interviewing, group, family, and individual counseling.

(8) If electroconvulsive therapy (ECT) rooms are planned, provide:

(a) Minimum area of one hundred fifty square feet;

(b) Minimum dimension of twelve feet; and

(c) The following equipment:

(i) Emergency call;

(ii)Lavatory or sink;

(iii) Treatment light;

(iv) Storage for supplies and equipment;

(v) Robe hook and shelf;

(vi) Space and electrical receptacles for ECT machine;

(vii) Oxygen and suction outlet;

(viii) Stretcher or treatment table or equivalent;

(ix) Space for emergency medical supplies and equipment;

(x) Space for anesthesia machine or cart and equipment;

(xi) Space for (EKG) electrocardiograph monitor; and

(xii) Clock with sweep second hand or equivalent.

(9) If ECT is performed, provide a recovery facility, which may be the patient room, with:

(a) Location near ECT treatment room;

(b) Oxygen and suction for each bed, stretcher, or cart;

(c) Easy access to a clean and soiled utility room; and

(d) Provisions for equipment, space, and functions required under WAC 248-18-256.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-820, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-23-012 (Order 113), § 248-18-536, filed 11/13/90, effective 12/14/90.]

WAC 246-318-830 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, prevocational program, and placement.

(8) Special education facilities.

Schoolroom for children if children are to be included in program.

(9) TOILET, LOCKER, AND SHOWER FACILITIES.

(a) LOCKER, TOILET, AND SHOWER FACILITIES FOR PATIENTS.

(b) PATIENT TOILET 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:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(6), HOUSEKEEPING FACILITIES.

[23]For construction and ventilation requirements for areas in which flammable agents are to be handled or stored, refer to standards of the State Fire Marshal.

[24]In accordance with program.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-830, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-675, filed 5/30/90, effective 6/30/90. 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 246-318-840 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 248-18-719(4) and Table 719-6.

(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]

(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 248-18-711 (8) and (9).

(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:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(6), HOUSEKEEPING FACILITIES.

[6]May be movable equipment.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(10), STORAGE FACILITIES.
[24]In accordance with program.
[56]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-719(4) and Table 719-6.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-840, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-568, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-568, filed 11/13/85.]

WAC 246-318-850 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:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(6), HOUSEKEEPING FACILITIES.
[6]May be movable equipment.
[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711.
[14]See Recovery Unit, WAC 248-18-560.
[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-711(10), STORAGE FACILITIES.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-850, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-650, filed 5/30/90, effective 6/30/90. 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 246-318-860 Dialysis facilities. Hospitals planning new construction of dialysis facilities shall:

(1) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 248-18-719 with:

(a) Air changes in patient areas equivalent to a treatment room;

(b) Capture hoods in equipment cleanup or dialyzer reuse preparation rooms:

(i) Capable of maintaining formaldehyde levels less than 0.5 parts per million in the rooms; and

(ii) Exhausting directly to outdoors;

(c) Plumbing for each dialysis station providing:

(i) A water supply system or mechanism capable of meeting the flow and pressure requirements of the manufacturer for each machine;

(ii) A waste line serving dialysis equipment with an unalterable air gap or equivalent to prevent backflow;

(iii) Connections to the dialysis equipment or equivalent to prevent backflow; and

(iv) Piping and fittings used for all dialysis functions conforming to National Sanitation Foundation Standard No. 14 titled "Plastics Piping Components," August 1986;

(d) Electrical services providing:

(i) A minimum of four single electrical receptacles on emergency power at each dialysis station;

(ii) At least two of the electrical receptacles per station on emergency power connected to a dedicated branch circuit;

(iii) Lighting in each dialysis facility on emergency power; and

(iv) Ground fault circuit interrupter protection for all electrical outlet services in dialysis stations and wet areas.

(2) Meet general requirements for certain service facilities under WAC 248-18-711 (3) or (4), (6), (7), (8) or (9), (10), and (11) which may be shared with any immediately adjacent facility and including:

(a) Lockable storage for patient valuables unless provided elsewhere under hospital policy;

(b) Chemical storage in an area within a room; and

(c) Cleanup room for dialysis equipment meeting requirements of WAC 248-18-711 (5)(b), (c), and (d) with eyewash equipment located within the dialysis facility.

(3) Provide a dialysis facility with:

(a) Location to avoid through traffic;

(b) Uncarpeted floors in patient care and wet areas;

(c) Coat hook or equivalent for hanging full length garments;

(d) A medical emergency signal device;

(e) A patient waiting area;

(f) Work station for staff with writing surfaces and storage for supplies;

(g) Patient preparation areas:

(i) Adjacent to dialysis stations;

(ii) With provisions for:

(A) Privacy;

(B) Handwashing; and

(C) Storage;

(h) Privacy areas for interviewing and consultation which may be shared;

(i) Toilet or toilets in or convenient to the dialysis facility including at least one wheelchair accessible toilet; and

(j) Patient training room with a lavatory if home training is planned.

(4) Provide dialysis stations including:

(a) Minimum square feet per dialysis station of:

(i) Seventy square feet excluding aisles when the service uses recliner chairs; and

(ii) Eighty square feet excluding aisles when the service uses beds;

(b) Lavatory adjacent to each dialysis station; and

(c) A patient nurse call.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-860, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-318-860, filed 11/30/90, effective 12/31/90.]

WAC 246-318-870 Long-term care unit. Hospitals planning new construction of long-term care facilities of ten or more beds shall:

(1) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 248-18-719;

(2) Provide and meet general requirements for certain service facilities under WAC 248-18-711 (3) or (4), (6), (7), (8) or (9), (10), and (11) including:

(a) Locks on all doors for housekeeping, medications, storage, and utility rooms;

(b) Controlled access locks on medication rooms;

(c) A housekeeping supply room on or adjacent to each facility;

(d) Linen storage in a clean room; and

(e) General storage space of not less than four square feet per bed within the hospital in addition to closets and equipment storage provided in the long-term care service area;

(3) Provide long-term care facilities with:

(a) Location of facilities described under subsection (2)(a) through (c) of this section on the same floor as long-term care beds;

(b) Location to minimize through traffic and penetration of objectionable noise, odors, or heat from other areas of the hospital;

(c) Wheelchair accessible patient toilets including:

(i) Water closets in a ratio of at least one per four beds;

(ii) Bedpan flushing equipment;

(iii) Accessibility from each patient room;

(iv) Lavatory in each toilet; and

(v) Grab bars properly located and securely mounted on each side of the water closet;

(d) At least one wheelchair accessible toilet opening directly from the main corridor;

(e) Handrails along both sides of all patient use corridors:

(i) Mounted at thirty-two to thirty-four inches above the floor;

(ii) With ends returned to the walls; and

(iii) Projecting a maximum of three and one-half inches from the wall;

(f) Patient bathing facilities including:

(i) Showers or tubs in a ratio of one per fifteen beds;

(ii) At least one emersion bathing fixture accessible from two sides and one end for wheelchairs and stretchers;

(iii) One roll-in shower or equivalent designed:

(A) For ease of shower chair entry;

(B) With bulk heads a maximum of thirty-four inches high providing for toe space;

(C) With properly sloped and drained floor to prevent the flow of water outside the stall while providing for safe use of a shower chair within the stall; and

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

(g) Grab bars including:

(i) One horizontal grab bar a minimum of forty-eight inches long at the side of each standard bathtub with an "L" shaped bar at the faucet end;

(ii) At least one horizontal grab bar at the faucet end of each peninsular bathtub; and

(iii) Horizontal grab bar on two sides of each shower stall with an "L" shaped bar on the shower head side;

(h) Nourishment room in each facility including:

(i) Space for waste containers;

(ii) Equipment:

(A) Refrigerator;

(B) Ice machine;

(C) Sink with work counter; and

(D) Storage for utensils and foodstuffs;

(i) Waiting room or area;

(4) Provide patient rooms with:

(a) Maximum capacity of two beds per patient room;

(b) Minimum usable floor space per bed exclusive of areas taken up by passage door swings, closets, wardrobes, portable lockers, and toilet rooms of:

(i) Eighty-five square feet in multibed rooms; and

(ii) One hundred square feet in one-bed rooms;

(c) Minimum dimensions of:

(i) Eleven feet for multibed rooms; and

(ii) Three feet between the sides and the foot of the bed and any wall, fixed obstruction, or other bed;

(d) Space for wheelchair storage;

(e) Equipment including:

(i) The provision for patient privacy in all rooms;

(ii) One wardrobe, closet, or locker per bed for hanging of full-length garments and a securable drawer for personal effects; and

(iii) A lavatory in each multibed room;

(5) Provide a nurses station or equivalent including:

(a) A charting surface;

(b) Confidential storage for patients' medical records;

(c) Storage for charting supplies;

(d) Clock; and

(e) Telephone;

(6) Provide staff facilities including:

(a) A toilet;

(b) Securable storage for purses and personal effects apart from storage for patient care supplies and equipment;

(c) An office for confidential management and staff communications; and

(d) A conference room for confidential staff and family communication;

(7) Provide suitably equipped patient areas in the long-term care facility for:

(a) Dining room;

(b) Recreational activity; and

(c) Dayroom with windows;

(8) Provide occupational therapy and physical therapy facilities as described under WAC 248-18-675 either in the long-term care unit or elsewhere in the hospital;

(9) Include the following features if planning to provide a protective facility for cognitively impaired patients:

(a) Corridors with the following minimum widths:

(i) Ten feet;

(ii) Eight feet for a circular route allowing the patient to return to the patient's starting point without reversing direction; or

(iii) As permitted under chapter 248-14 WAC specifically for construction of facilities for the cognitively impaired;

(b) Floors, walls, and ceiling surfaces displaying contrasting colors for identification;

(c) Door thresholds of one-half inch or less;

(d) Exits secured by alarms or doors requiring cognitive ability to open or other methods provided doors release upon activation of the fire alarm system and upon loss of power;

(e) Instruction labels on door release devices requiring direction for use;

(f) Secured outdoor space and walkways, when outdoor space is provided, including:

(i) Walls or fences at least six feet high and designed to prevent climbing and penetration;

(ii) Ambulation area with:

(A) Walking surfaces firm, stable, and free from abrupt changes in elevation; and

(B) Slip-resistant surfaces on areas subject to wet conditions;

(iii) Exits from the secured outdoor spaces and walkways releasing automatically upon activation of fire alarm signal or upon loss of power.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-870, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-318-870, filed 11/30/90, effective 12/31/90.]

WAC 246-318-990 Fees. Hospitals licensed under chapter 70.41 RCW shall:

(1) Submit an annual license fee of nineteen dollars for each bed space within the licensed bed capacity of the hospital to the department;

(2) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of this chapter for twenty-four-hour assigned patient rooms;

(3) Include neonatal intensive care bassinet spaces;

(4) Include bed spaces assigned for less than twenty-four-hour patient use as part of the licensed bed capacity when:

(a) Physical plant requirements of this chapter are met without movable equipment; and

(b) The hospital currently possesses the required movable equipment and certifies this fact to the department;

(5) Exclude all normal infant bassinets;

(6) Limit licensed bed spaces as required under chapter 70.38 RCW;

(7) Submit an application for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to department establishment of the hospital licensed bed capacity; and

(8) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-318-990, filed 12/27/90, effective 1/31/91.]

WAC 246-318-99902 Appendix B--Dates of documents adopted by reference in chapter 248-18 WAC. (1) National Fire Protection Association (NFPA), 99, Chapter 12, 1987. Required.

(2) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) Handbook - five volumes: 1987 HVAC Systems and Applications; 1983 Equipment; 1985 Fundamentals; 1986 Refrigeration. Recommended.

(3) Uniform Plumbing Code Standards, WAC 51-16-060, as hereafter amended, 1985 edition. Required.

(4) National Fire Protection Association (NFPA), 99, Chapter 4, 1987. Required.

(5) National Fire Protection Association (NFPA), 90A-1985. Required.

(6) Food Service Equipment Standards of the National Sanitation Foundation. Required.

(7) Recommended are:

(a) "Biosafety in Microbiological and Biomedical Laboratories," Appendix A; "Biological Safety Cabinet," United States Department of Health and Human Services, Publication No. (NIH) 88-8395, Second Edition, May 1988.

(b) "National Sanitation Foundation Standard No. 49 (NSF No. 49) for Class II Biohazard Cabinetry," revised June 1987.

(8) Uniform Mechanical Code, WAC 51-16-040, as now and hereafter amended. Required.

(9) Underwriters Laboratories (UL), 181 Factory Made Air Ducts and Connectors, 1984 edition. Required.

(10) Sheet Metal and Air Conditioning Contractors' National Association, Inc., (SMACNA), Duct Liner Application Standard, 1985. Required.

(11) Compressed Gas Association, Inc., Pamphlet Number P-2.1-1983, "Recommendations for Medical-Surgical Vacuum Systems," 1983 edition. Recommended.

(12) Illuminating Engineers Lighting Handbook (IES), 1987 Application Volume. Recommended.

(13) National Fire Protection Association (NFPA) 70-1987. Required.

(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. Required.

(15) National Fire Protection Association (NFPA) 30-1987. Required.

(16) National Fire Protection Association (NFPA) 99, CHAPTER 7, 1987. Required.

(17) National Fire protection Association (NFPA) 43C-1986. Required.

(18) National Council on Radiation Protection Handbook No. 49. Required.

(19) Chapter 51-10 WAC Washington State Regulations for Barrier-Free Facilities, second edition. Required.

(20) Uniform Building Code Standards, WAC 51-16-030, as now and hereafter amended. Required.

(21) Chapter 248-54 WAC Public Water Supplies. Required.

(22) Chapter 248-92 WAC Public Sewage. Required.

(23) Chapter 248-96 WAC On-Site Sewage Disposal. Required.

(24) National Institute for Occupational Safety and Health (NIOSH) Standard. Required.

(25) Chapter 212-12 WAC Fire Marshal Standards. Required.

(26) Guidelines for Construction and Equipment of Hospital and Medical Facilities, Department of Health and Human Services, 1987. Required.

(27) Chapter 402-24 WAC Standards for Protection Against Radiation. Required.

(28) WAC 296-62-07353 General Occupational Health Standards for Ethylene Oxide. Required.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-99902, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-99902, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 89-22-105 (Order 009), § 248-18-99902, filed 11/1/89, effective 12/2/89; 88-16-086 (Order 2667), § 248-18-99902, filed 8/2/88; 87-04-061 (Order 2466), § 248-18-99902, filed 2/4/87. 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.]

WAC 246-318-99910 Appendix J--Guidelines for laboratory quality assurance program in hospitals. (1) Services.

(a) Hospitals shall ensure all in-hospital testing procedures performed on biological specimens, body fluids, or tissues comply with this section in terms of:

(i) Sufficient equipment, and

(ii) Appropriately trained staff.

(b) Hospitals allowing performance of tests on biological specimens in areas outside of the designated hospital laboratory but within the hospital shall provide evidence to the department on staff training and quality control as described in subsections (2)(b) and (3)(b)(i) through (iv) of this section.

(c) Hospitals where biological specimens are sent outside of the hospital for testing shall obtain and maintain evidence of laboratory quality control consistent with subsection (3)(a), (b), and (c) of this section.

(2) Personnel. Hospitals shall ensure:

(a) Twenty-four hour per day on-site or phone availability of:

(i) Pathology services provided by a physician,

(ii) Appropriate technical consultation services.

(b) Appropriately trained personnel to perform each laboratory procedure.

(3) Quality control.

(a) Laboratories shall perform satisfactorily in a proficiency testing program approved by the department.

(b) Each hospital shall maintain a quality control program related to all tests on biological specimens including:

(i) Maintenance of current procedure manuals;

(ii) Functional verification, calibration, and preventive maintenance of instruments and equipment;

(iii) Demonstration of accuracy and precision of test results; and

(iv) Appropriate documentation.

(c) Hospitals shall establish and maintain:

(i) A timely, appropriate review of all test results, and

(ii) Quality control records.

(4) Facilities. Hospitals shall provide:

(a) Emergency power with sufficient outlets for blood bank refrigerators and other testing procedure equipment,

(b) Protection from power line voltage disturbance in certain electronic equipment, as necessary.

(c) Adequate space for:

(i) Patient safety;

(ii) Storage of materials, equipment, and supplies;

(iii) Electrical support functions; and

(iv) Performance and equipment associated with laboratory testing procedures.

(d) A signal to a staffed area from the blood refrigerator alarm.

(5) Reports and records. Hospitals shall:

(a) Make reports of test results available to appropriate authorized persons in a timely fashion, and

(b) Maintain a system for two-year retention and retrieval of laboratory test results and quality control records.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-99910, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 87-24-038 (Order 2560), § 248-18-99910, filed 11/25/87.]

Chapter 246-321 WAC
HOSPICE CARE CENTER

WAC

WAC 246-321-001 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-001, filed 11/6/81.]

WAC 246-321-010 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 bylaws 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-010, filed 12/27/90, effective 1/31/91. 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 246-321-012 Licensure--Notice of decision--Adjudicative proceeding. (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, 70.41.150, 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.

(5)(a) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.205. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(b) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written adjudicative proceeding application by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-012, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and chapter 34.05 RCW. 90-05-038 (Order 034), § 248-21-005, filed 2/14/90, effective 3/17/90. Statutory Authority: 43.20.050. 81-23-003 (Order 218), § 248-21-005, filed 11/6/81.]

WAC 246-321-014 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-014, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-010, filed 11/6/81.]

WAC 246-321-015 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-015, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-015, filed 11/6/81.]

WAC 246-321-017 HIV/AIDS education and training. Hospice care centers shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-017, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-21-017, filed 10/12/89, effective 11/12/89.]

WAC 246-321-020 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-020, filed 11/6/81.]

WAC 246-321-025 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-025, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-025, filed 11/6/81.]

WAC 246-321-030 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 counsel 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 farenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred fifty degrees farenheit. 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-030, filed 11/6/81.]

WAC 246-321-035 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. 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-035, filed 12/27/90, effective 1/31/91. 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 246-321-040 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;

(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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-040, filed 11/6/81.]

WAC 246-321-045 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-045, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-045, filed 11/6/81.]

WAC 246-321-050 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, housekeeping 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 farenheit 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 farenheit;

(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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-050, filed 11/6/81.]

WAC 246-321-055 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-055, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-055, filed 11/6/81.]

WAC 246-321-990 Fees. Hospice care centers shall include a license fee of three hundred dollars with each application for a license.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-321-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-322 WAC
PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

WAC

WAC 246-322-010 Definitions. For the purposes of these rules and regulations for private psychiatric and alcoholism hospitals, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise:

(1) "Abuse" means the injury or sexual abuse of an individual patient by a person who is legally responsible for the welfare of that patient under circumstances which indicate that the health, welfare and safety of the patient is harmed thereby.

Person "legally responsible" shall include a parent, guardian or an individual to whom parental or guardian responsibility has been delegated, (e.g., teachers, providers of residential care and/or treatment, providers of day care).

(a) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harrassment or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Administrator" means the individual appointed as chief executive officer by the governing body of the facility to act in its behalf in the overall management of the hospital.

(3) "Alcoholic patient" means an individual demonstrating signs or symptoms of alcoholism.

(4) "Alcoholism" means a chronic, progressive, potentially fatal disease characterized by tolerance and physical dependency, pathological organic changes, or both, all of which are the consequences of alcohol ingestion.

(a) "Chronic and progressive" means that physical, emotional and social changes that develop are cumulative and progress as drinking continues.

(b) "Tolerance" means physiological adaptation to the presence of high concentration of alcohol.

(c) "Physical dependency" means that withdrawal symptoms occur from decreasing or ceasing ingestion of alcohol.

(5) "Alcoholism counselor" means a member of the clinical staff who is knowledgeable about the nature and treatment of alcoholism, is knowledgeable about community resources which provide services alcoholics may need, knows and understands the principles and techniques of alcoholism counseling and is skilled in the application of these principles and techniques.

(6) "Authenticated" or authentication means authorization of a written entry in a record or chart by means of a signature which shall include, minimally, first initial, last name and title.

(7) "Bathing facility" means a bathtub or shower.

(8) "Child psychiatrist" means a psychiatrist who is certified in child psychiatry by the board of psychiatry and neurology or board eligible.

(9) "Clinical record" means a file containing all pertinent clinical information about a particular patient to include: Identifying information, data bases, assessment, individualized comprehensive treatment plan, diagnosis and treatment, progress notes, other clinical events and a discharge summary.

(10) "Clinical staff" means qualified individuals, licensed when applicable, appointed by the governing body to practice within the parameters of the clinical staff bylaws as approved by the governing body of the hospital.

(11) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact regardless of whether or not damage is inflicted.

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

(13) "Detoxified" means withdrawn from alcohol and/or associated substance use and recovered from the transitory effects of intoxication and any associated acute physiological withdrawal reaction.

(14) "Detoxification" means the process in which an individual recovers from the transitory effects of intoxication and/or any associated physiological withdrawal reaction.

(15) "Dietitian" means an individual who is eligible for membership in the American Dietetic Association.

(16) "Discipline" means reasonable actions by personnel and staff aimed at regulation of unacceptable behavior.

(17) "Drug administration" means an act in which a single dose of prescribed drug or biological is given to a patient by an authorized person in accordance with all

laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the physician's order, giving the individual dose to the proper patient, and properly recording the time and dose given.

(18) "Drug dispensing" means an act entailing the interpretation of an order (prescription) for a drug or biological and, pursuant to that order (prescription), proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(19) "Family" means individuals who are important to and designated by a patient, who need not be relatives.

(20) "Governing body" means the individual or group legally responsible for operation and maintenance of the hospital.

(21) "Grade" means the level of the ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(22) "Individualized treatment plan" means a written statement of care to be provided for a patient based upon assessment of his/her strengths and problems. This statement shall include short–term and long–term goals with an estimated time frame stipulated and shall include discharge planning. When appropriate, the statement shall be developed with participation of the patient.

(23) "Intoxication" means acute poisoning or temporary impairment of an individual's mental and/or physical functioning caused by alcohol and/or associated substance use.

(24) "Intoxicated" means in the state of intoxication.

(25) "Lavatory" means a plumbing fixture designed and equipped for handwashing purposes.

(26) "Legend drug" means any drug which is required by an applicable state or federal law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.

(27) "Licensed pharmacy" means a pharmacy licensed by the state board of pharmacy and a place where the practice of pharmacy is conducted.

(28) "Medical staff" means physicians and other medical practitioners appointed by the governing body to practice within the parameters of the medical staff bylaws within the hospital.

(29) "Multidisciplinary treatment team" means a group comprised of individuals from the various clinical services who assess, plan, implement and evaluate treatment for patients under care.

(30) "Neglect" means negligent treatment or maltreatment: An act or omission which evinces a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to an individual patient's health, welfare and safety.

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations and disordered development.

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

(a) New building(s) to be used as a part of the hospital.

(b) Addition(s) to existing hospital(s) to be used as part of the hospital(s).

(c) Alteration(s) or modification(s) other than minor alteration(s) to a hospital. "Minor alterations" means any structural or functional modification within the existing hospital which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department, however, this does not constitute a release from the applicable requirements contained in chapter 248–16 WAC.

(32) "Occupational therapist" means a person eligible for certification as a registered occupational therapist by the American occupational therapy association.

(33) "Owner" means an individual, firm or joint stock association or the legal successor thereof who operates the hospital whether owning or leasing the premises.

(34) "Pharmacist" means an individual who is licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW, as now or hereafter amended.

(35) "Physician" means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.

(36) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his/her professional practice, as defined by Washington state statute, for legitimate medical purposes (RCW 18.64.011(8)).

(37) "Private alcoholism hospital" means an institution, facility, building or equivalent designed, organized, maintained and operated to provide diagnosis, treatment and care of individuals demonstrating signs or symptoms of alcoholism, including the complications of associated substance use and other medical diseases that can be appropriately treated and cared for in the facility and providing accommodations, medical services and other necessary services over a continuous period of twenty–four hours or more for two or more individuals unrelated to the operator, provided that this chapter shall not apply to any facility, agency or other entity which shall be both owned and operated by a public or governmental body.

(38) "Private psychiatric hospital" means an institution, facility, building or agency specializing in the diagnosis, care and treatment of individuals demonstrating signs and/or symptoms of mental disorder (as defined in RCW 71.05.020(2)) and providing accommodations and other necessary services over a continuous period of twenty–four hours or more for two or more individuals

not related to the operator, provided that this chapter shall not apply to any facility, agency or other entity which shall be both owned and operated by a public or governmental body.

(39) "Psychiatrist" means a physician who has successfully completed a three-year residency program in psychiatry and is eligible for certification by the American board of psychiatry and neurology.

(40) "Psychologist" means an individual who is licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW, as now or hereafter amended.

(41) "Recreational therapist" means an individual with a bachelor's degree with a major or option in therapeutic recreation or in recreation for ill and handicapped.

(42) "Registered nurse" means an individual duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW, as now or hereafter amended.

(43) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting volitional body movements.

(44) "Scheduled drugs" means those drugs, substances or immediate precursors controlled under Article II of the Uniform Controlled Substances Act, chapter 69.50 RCW.

(45) "Seclusion room" means a small secure room specifically designed and organized to provide for temporary placement, care and observation of one patient and further, providing an environment with minimal sensory stimuli, maximum security and protection and visualization of the patient by authorized personnel and staff.

(a) Inside or outside rooms are acceptable for seclusion.

(b) Doors of seclusion rooms shall be provided with locks. There shall be relites in the door, or equivalent, affording visability of the occupant at all times.

(c) Seclusion room shall provide at least eighty square feet of floor space, exclusive of fixed equipment, with a minimum room dimension of eight feet.

(46) "Security room" means a patient sleeping room designed, furnished and equipped to provide maximum safety and security. This room shall be provided with window protection or security windows and a lockable door with provision for observation of the occupant(s).

(47) "Security window" means a window designed to inhibit exit, entry and injury to a patient. A "maximum security window" shall mean a window that can only be opened by keys or tools that are under control of personnel. The operation of the sash of the maximum security window shall be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and/or other appropriate security features shall be incorporated.

(48) "Self-administration" means those instances when a patient takes his/her own medication from a properly labeled container, while on the premises of the hospital, with the responsibility for appropriate use maintained by the hospital.

(49) "Shall" means compliance with the regulation is mandatory.

(50) "Should" means compliance with the regulation or rule is suggested or recommended but not required.

(51) "Social worker" means an individual with a master's degree in social work from an accredited school of social work.

(52) "Special services" means clinical and rehabilitative activities and/or programs which shall include but not be limited to: Educational and vocational training; speech, language, hearing, vision, dentistry, and physical therapy.

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

(54) "Water closet" means a plumbing fixture for defecation fitted with a seat and a device for flushing the bowl of the fixture with water.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-010, filed 12/27/90, effective 1/31/91. 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 246-322-020 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, modification, or revocation of a license; adjudicative proceeding.

(a) When the department determines that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and/or these rules, the department may, if the interests of the patients so demand, issue to the applicant or licensee a notice to deny a license application, or to suspend, modify, or revoke a license to a license holder. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or license holder has the right to an adjudicative proceeding to contest a license decision.

(b) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

(4) Submission of plans. The following shall be submitted with an application for license: *Provided, however,* That when any of the required plans are already on file with the department for previous applications for license or construction approval, only plans for portions or changes which are not on file need to be submitted.

(a) A plan showing streets, driveways, water and sewage disposal systems, the location of buildings on the site, and grade elevations within ten feet of any building in which patients are to be housed.

(b) Floor plans for each building in which patients are to be housed. The floor plans shall provide the following information: Identification of each patient's sleeping room by use of a lettering or numbering system; the useable square feet of floor space in each room; the clear glass window area in each patient's sleeping room, the height of the lowest portion of the ceiling in any patient's sleeping room; the floor elevations referenced to the grade level.

(5) Posting of a license. The license for the hospital shall be posted in a conspicuous place on the premises.

(6) New construction.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

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

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

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plans;

(ii) Plans for each floor of the building(s) which designate the function of each room and show all fixed equipment in the planned locations of beds and other furniture in patient's sleeping rooms;

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

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows; plumbing, heating ventilation and electrical systems; and

(v) Specifications which fully describe workmanship and finishes.

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

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. As indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated

into the construction project shall be submitted for the department's file on the project, even though it was not required that these be submitted prior to approval.

(7) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under the provisions of RCW 71.12-.485 which are found in Title 212 WAC apply.

(b) If there is no local plumbing code, the uniform plumbing code of the international association of plumbing and mechanical officials shall be followed.

(c) Compliance with these regulations does not exempt private hospitals from compliance with the local and state electrical codes or local zoning, building, and plumbing codes.

(8) Transfer of ownership. The ownership of a hospital shall not be transferred until the transferee has been notified by the department that the transferee's application for license has been approved. Change in administrator shall be reported to the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-22-005, filed 2/28/90, effective 3/1/90. 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 246-322-040 Governing body and administration. (1) The hospital shall have a governing body which is responsible for the overall operation and maintenance of the hospital, including adoption of written personnel policies and written policies for safety, care and treatment of patients.

(2) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies and special services to meet the needs of the patients.

(3) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(4) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority and relationships of positions within the hospital.

(5) Governing body bylaws, in accordance with legal requirements, shall be adopted by the governing body, reviewed biennially and revised as necessary.

(6) The governing body shall have the authority and responsibility for the appointment and reappointment of the medical and clinical staff. This authority may be delegated.

(a) Each private alcoholism hospital shall have a medical director who is a physician preferably with training and/or experience in alcoholism and associated substance use. Each private psychiatric hospital shall have a medical director who is a psychiatrist. The medical director shall have twenty-four hour accountability and responsibility for directing and supervising medical care and medical treatment of patients.

(b) The governing body shall keep on file evidence that each practitioner appointed to the medical or clinical staff has appropriate, current qualification and, when required by Washington state law, a current license to practice and/or certification as required.

(c) The medical and clinical staff shall develop bylaws, rules and regulations subject to approval by the governing body. These bylaws and rules shall include requirements for medical and clinical staff membership, delineation of clinical privileges and organization of the medical and clinical staff.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-040, filed 12/27/90, effective 1/31/91. 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 246-322-050 Personnel--Volunteers--Research. (1) There shall be sufficient, qualified personnel to provide the services needed by the patients and to maintain the hospital.

(a) There shall be a written job description for each position classification within the hospital.

(b) There shall be a personnel record system and a current personnel record for each employee to include application for employment, verification of education or training when required, a record of verification of a valid, current license for any employee for whom licensure is required and an annual written performance evaluation.

(c) A planned, supervised and documented orientation, including employee responsibility regarding patient rights, patient discipline and patient abuse shall be provided for each new employee. (See WAC 248-22-021(7)).

(d) There shall be an ongoing inservice education program which is documented and affords each employee the opportunity to maintain and update the competencies needed to perform assigned duties and responsibilities. Cardiopulmonary resuscitation training shall be provided. Employees who work with patients should have first aid training.

(2) When volunteer services are provided or permitted within the hospital, the following shall apply:

(a) Volunteer services and activities shall be coordinated by a designated, qualified employee of the hospital.

(b) There shall be appropriate, documented orientation and training provided for each volunteer in accordance with the service or job to be performed which shall include patient rights.

(c) There shall be supervision and periodic written evaluation by qualified hospital personnel of volunteers who work directly with patients.

(3) Research and human subjects review committee. When research is proposed or conducted which involves patients, there shall be a documented multidisciplinary initial and continuing review process.

(a) The purpose of this review shall be to protect the patient's rights with acceptance or rejection and continuing review for the duration of the study.

(b) Policies and procedures of the committee shall reflect Title 42 Code of Federal Regulations, Part 2.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-050, filed 12/27/90, effective 1/31/91. 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 246-322-060 HIV/AIDS education and training. Private psychiatric and alcoholism hospitals shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-22-017, filed 10/12/89, effective 11/12/89.]

WAC 246-322-070 Patient care services. (1) Each hospital shall have written policies regarding admission criteria and treatment methods. Admission and retention of patients shall be in keeping with the stated policies and shall be limited to patients for whom the facility is qualified by staff, services and equipment to give adequate care. When alcoholic patients are admitted and retained in psychiatric hospitals, all rules and regulations specific to alcoholism hospitals shall apply.

(2) Treatment and discharge planning.

(a) Private psychiatric hospital treatment and discharge planning shall include:

(i) An initial treatment plan for each patient upon admission to the hospital.

(ii) A written, comprehensive, individualized, treatment plan developed for each patient within seventy-two hours of admission. This plan shall be implemented, reviewed and modified as indicated by the clinical course of the patient. The individualized treatment plan and revisions shall be interpreted to the personnel, staff and patient and to the family when possible and appropriate.

(iii) There shall be participation of the multidisciplinary treatment team in treatment and discharge planning and participation of patient, family and/or guardian when possible and appropriate.

(b) Private alcoholism hospital treatment and discharge planning shall include:

(i) A written, comprehensive, individualized treatment plan developed for each patient not requiring detoxification within seventy-two hours of admission or seventy-two hours following completion of detoxification of a patient. This plan shall be implemented, regularly reviewed, and modified as indicated by the clinical course of the patient.

(ii) There shall be participation of the multidisciplinary treatment team in treatment and discharge planning. There should be participation of patient, family, and/or guardian when possible and appropriate.

(3) Clinical services. Clinical services shall be prescribed by the attending physician or other appropriate clinical staff.

(a) Private alcoholism hospital clinical services shall include but not be limited to, provision of physiological care, collection of social data, alcohol and associated substance use education, direct therapeutic services and activities, and development of referral procedures to community resources.

(b) Private psychiatric hospital clinical services shall include, but not be limited to, provision of physiological care, emotional care, social services, direct therapeutic services and activities, health education, development of community resources, and referral procedures.

(4) Private psychiatric hospital specific service requirements shall include the following:

(a) Medical services. Each patient in a private psychiatric hospital shall be admitted by a member of the medical staff as defined by the staff bylaws.

(i) A staff psychiatrist shall be available for consultation daily and make visits as necessary to meet the needs of each patient.

(ii) There shall be an initial health assessment by a qualified person upon admission. There shall be a comprehensive health assessment and medical history completed and recorded by a physician within forty-eight hours after admission unless a comprehensive health assessment and medical history has been done within fourteen days prior to admission and the information is recorded in the clinical record.

(iii) A psychiatric evaluation, including provisional diagnosis, shall be completed and documented for each patient within seventy-two hours following admission.

(iv) There shall be orders signed by a physician for drug prescriptions, medical treatments and discharge.

(v) There shall be a physician on call at all times. Provisions shall be made for emergency medical services when needed.

(vi) When hospital policy permits admission of children and/or adolescents, a child psychiatrist shall be available for regular consultation.

(b) Nursing services. There shall be a director of nursing who is a registered nurse employed full time who shall be responsible for nursing services twenty-four hours per day.

(i) The director of nursing shall have, at least, a bachelor's degree and experience in working with psychiatric patients or there shall be documented evidence of regular consultation with a registered nurse who has a masters degree in psychiatric nursing.

(ii) There shall be a registered nurse on duty within the hospital at all times who shall supervise nursing care.

(c) Social work services. There shall be a social worker with experience in working with psychiatric patients responsible for supervision and coordination of social work service staff, review of social work activities and integration of social work services into treatment.

(d) Psychological services. There shall be a psychologist, who should provide documented evidence of skill

and experience in working with psychiatric patients, responsible for supervision and coordination of psychological services.

(e) Occupational therapy services. There shall be available an occupational therapist who has experience in working with psychiatric patients and who shall be responsible for the occupational therapy functions and for the integration of these into the individualized treatment plans.

(f) Recreational therapy services. There shall be available a recreational therapist who has experience in working with psychiatric patients and who shall be responsible for the recreational therapy functions and for the integration of these into the individualized treatment plans.

(5) Private alcoholism hospital specific service requirements shall include the following:

(a) Medical services. Each patient in a private alcoholism hospital shall be admitted by a physician and receive continuing care from a member of the medical staff.

(i) There shall be an initial health assessment by a qualified person upon admission. There shall be a comprehensive health assessment and medical history completed and recorded by a physician within forty–eight hours after admission or within seventy–two hours after completion of detoxification.

(ii) There shall be a physician on call at all times. Provisions shall be made for emergency medical services when needed.

(b) Nursing services. There shall be a director of nursing who is a registered nurse, preferably with experience and/or training in alcoholism and associated substance use, employed full time who shall be responsible for nursing services twenty–four hours per day.

(i) The director of nursing shall be responsible for appropriate nursing assessment and implementation of nursing elements of the individualized treatment plan.

(ii) There shall be a registered nurse on duty within the hospital at all times who shall supervise nursing care.

(c) Alcoholism counseling services. There shall be on staff at least one full–time alcoholism counselor and such additional alcoholism counselors as necessary to provide the alcoholism counseling services needed by patients.

(6) Private psychiatric and private alcoholism hospitals shall make provisions for special services. These services shall be provided within the facility or contracted outside the facility to meet the needs of patients and shall be prescribed by a staff physician or other appropriate clinical staff. Special services shall be provided by qualified individuals.

(7) General patient safety and care requirements.

(a) Patient rights shall be described in policy and reflected in care as described in chapter 71.05 RCW and in WAC 275–55–170, 275–55–200(1), 275–55–050, 275–55–260, 275–55–270, and 275–55–288.

(b) Disciplinary policies and practices shall be stated in writing.

(i) Discipline shall be related to the behavior of the patient, the responsibility of the multidisciplinary treatment team, and documented in the clinical record.

(ii) Corporal punishment shall not be used.

(iii) Discipline shall not be prescribed or administered by patients.

(c) Seclusion and restraints, when used, shall be used in accordance with WAC 275–55–280 (2)(o), (p)(i), (ii), (iii), (iv). There shall be documentation in the clinical record of observation and assessment of patient needs every fifteen minutes during restraint or seclusion with intervention as indicated.

(d) Patients shall be protected from assault, abuse and neglect.

(i) Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty or neglect of a patient shall be reported to the department or to a law enforcement agency, within provisions of applicable state or federal statute (see chapter 71.05 RCW and Title 42 Code of Federal Regulations, Part 2).

(ii) Reporting requirements for suspected incidents of child abuse and/or neglect shall comply with chapter 26.44 RCW.

(e) Each patient's personal property and valuables left on deposit with the facility shall be properly recorded.

(f) Patients shall not be used for basic maintenance of the facility and/or equipment, housekeeping, or food service. Tasks may be performed under direct supervision insofar as they are included in and appropriate to the individualized treatment plan and documented as part of the treatment program. Work assignments shall be appropriate to the age, physical and mental condition of the patient.

(g) There shall be current written policies and orders signed by a physician to guide the action of personnel when medical emergencies or threat to life arise and a physician is not present.

(i) Emergency medical policies shall be reviewed annually and revised as needed in writing, by representatives of the medical, nursing and administrative staffs.

(ii) There shall be a current transfer agreement with an acute care general hospital. Relevant data shall be transmitted with the patient in the event of a transfer.

(h) Written policies and procedures shall address immediate notification of legal guardian or next–of–kin in the event of a serious change in the patient's condition, transfer of a patient to another facility, elopement, death or when unusual circumstances warrant (see Title 42 Code of Federal Regulations, Part 2).

(i) There shall be written policies and procedures addressing safety precautions to include:

(i) Smoking by personnel, patients, visitors and others within the facility.

(ii) Provision for immediate emergency access to sleeping rooms, toilets, showers, bathrooms or any other rooms occupied by patients.

(iii) Availability and access to emergency supplies and equipment to include airways, bag resuscitators, intravenous fluids, oxygen, appropriate sterile supplies, and other equipment as identified in the emergency medical policies.

(iv) The summoning of internal or external resource agencies and/or persons (e.g., poison center, fire department, police).

(v) Systems for routine preventive maintenance, checking and calibration of electrical, biomedical and therapeutic equipment with documentation of the plan and dates of inspection.

(vi) Fire and disaster plans which include documentation of rehearsals on a regular basis.

(vii) Immediate actions or behaviors of facility staff when patient behavior indicates that he/she is assaultive, out of control or self-destructive. There shall be documentation of rehearsals by staff on a regular basis and an attendance record shall be maintained.

(j) There shall be written policies and procedures governing actions to be taken following any accident or incident which may be harmful or injurious to a patient and which shall include documentation in the clinical record.

(k) There shall be written policies and procedures addressing transportation of patients for hospital connected business or programs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-070, filed 12/27/90, effective 1/31/91. 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 246-322-080 Food and dietary services. (1) There shall be an individual designated to manage and supervise food and dietary services who shall assume twenty-four hour per day responsibility. Personnel from dietary or food service shall be present in the hospital during all meal times.

(2) The dietary service shall incorporate the ongoing input of a dietitian. Adequate nutritional and dietary consultation services shall be provided by a dietitian.

(3) At least three meals a day shall be served at regular intervals with not more than fourteen hours between the evening meal and breakfast. Meals shall be prepared and served under the supervision of food service personnel.

(4) Meals and nourishment shall provide a well balanced diet of food of sufficient quantity and quality to meet the nutritional needs of the patients. Unless contraindicated, the dietary allowances of the food and nutrition board of the national research council, adjusted for age, sex and activities shall be used. Snacks of nourishing quality shall be available as needed for patients and posted as part of the menu.

(5) There shall be written medical orders for all therapeutic diets served to patients. Therapeutic diets shall be prepared and served as prescribed. A current therapeutic diet manual, approved in writing by the dietitian and medical staff, shall be used for planning and preparing therapeutic diets.

(6) All menus shall be approved in writing by the dietitian, written at least one week in advance, posted in a location easily accessible to all patients, and retained for one year.

(7) Food service sanitation shall be governed by chapter 248-84 WAC.

(8) There shall be current written policies and procedures for food storage, food preparation, food service, scheduled cleaning of all food service equipment and work areas. A copy of the procedures shall be kept within the dietary service area and shall be available for reference by dietary personnel at all times.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-080, filed 12/27/90, effective 1/31/91. 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 246-322-090 Pharmaceutical services. (1) Pharmacy services shall be available to provide drugs, supplies and to fill prescriptions within an appropriate interval. A pharmacist shall be responsible for coordinating and supervising pharmaceutical services.

(2) The hospital shall provide for the proper handling and storage of drugs and shall comply with federal and state laws controlling drugs and pharmacy operation.

(a) A pharmacist, in conjunction with representatives from nursing, medical and administrative staff, shall be responsible for developing written policies and procedures addressing all aspects of pharmaceutical services including: Procuring, prescribing, administering, dispensing and storage of medications; transcription of orders; use of standing orders; disposal of drugs; self-administration of medication; control or disposal of drugs brought into the facility by patients; and recording of drug administration in the clinical record.

(b) There shall be written orders signed by a physician for all medications administered to patients. There shall be an organized system which insures accuracy in receiving, transcribing and implementing orders for the administration of medications.

(c) Drugs shall be dispensed only by practitioners licensed to dispense and administered only by practitioners licensed to administer drugs.

(d) Whether provided as floor stock, individual prescription supply or unit dose packaging, all drugs within the hospital shall be clearly and legibly labeled. The label shall include, at least, the drug name (trade and/or generic), drug strength and, if available, expiration date. Labeling shall comply with applicable state and federal drug labeling regulations.

(e) All medicines, poisons and chemicals kept in any department of the hospital shall be plainly labeled and stored in specifically designated, securely locked, well illuminated cabinets, closets or storerooms and made accessible only to authorized personnel. External medications shall be separated from internal medications.

(f) All prescription records shall be kept for five years. All records for Schedule II drugs shall be kept for three years.

(g) All Schedule II drugs in any department of the hospital except the pharmacy shall be checked by actual count of two licensed persons at least one time each shift. There shall be records of receipts, issuance and disposition of Schedule II drugs stored in the facility.

(3) Drugs brought into the hospital for patients use while in the hospital shall be specifically ordered by the

attending physician. These drugs shall be checked by a pharmacist or physician to insure proper identification and lack of deterioration of the drug prior to administration.

(4) Purchase, storage and control of drugs shall be such as to prevent outdated, deteriorated, impure or improperly standardized drugs in the hospital.

(5) Profiles of drug use for each patient, while in the hospital, shall be maintained and utilized by the pharmacist in accordance with WAC 360-16-260.

(6) If a licensed pharmacy is maintained by the hospital, the pharmacy shall be organized, managed and equipped as described in chapter 360-16 WAC and there shall be:

(a) Provision for supervision of the pharmacy by pharmacists;

(b) Provision for adequate area which is secure, properly lighted and ventilated, and suitably equipped to carry out all pharmacy operations, including proper storage for all pharmaceuticals;

(c) Provision for only legally authorized members of the pharmacy staff to have access to the pharmacy stock of drugs, except that in a pharmacist's absence from the hospital, a registered nurse, designated by the hospital, may obtain from the pharmacy stock of drugs such drugs as are needed in an emergency, not available in floor supplies (excepting Schedule II drugs) and the nurse, not the pharmacist, becomes accountable for her/his actions. Only one registered nurse in a given shift shall have access to the pharmacy stock of drugs.

(i) A nurse shall leave in the pharmacy on a suitable form a record of any drugs removed. Such records shall be kept for three years.

(ii) The container from which the single dose was taken for drug administration purposes shall be left in order that it may be properly checked by a pharmacist. Such records shall be kept for three years.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-090, filed 12/27/90, effective 1/31/91. 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 246-322-100 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-100, filed 12/27/90, effective 1/31/91. 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 246-322-110 Clinical records. (1) The hospital shall have one well defined clinical record system, staff with demonstrated competence and experience or training in patient record administration, adequate facilities, equipment and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use and preservation of patient care data.

(2) The hospital shall have current written policies and procedures related to the clinical record system which shall meet requirements of Title 42 Code of Federal Regulations, Part 2, and shall include the following:

(a) Establishment of the format of the clinical record for each patient.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of the information in accordance with Title 42 Code of Federal Regulations, Part 2 and RCW 71.05.390.

(c) Retention, preservation, and destruction of clinical records in accordance with Title 42 Code of Federal Regulations, Part 2 and RCW 71.05.390.

(3) There shall be an adequate clinical record maintained for every patient which is readily accessible for members of the treatment team. Each entry shall be legible, dated, authenticated, and in permanent form.

(4) There shall be one systematic method for identification of each patient's clinical record(s) in a manner which provides for ready identification, filing, and retrieval of all of the patient record(s).

(5) The originals or durable, legible, direct copies of original reports shall be filed in patient's individual clinical records.

(6) Diagnosis, abbreviations and terminology shall be consistent with the most recent edition of *The American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases.*

(7) In private psychiatric hospitals, the psychiatric condition of the patient shall be clearly described, including history of findings and treatment rendered for the specific psychiatric condition for which the patient is hospitalized.

In private alcoholism hospitals, the disease of alcoholism and associated substance use shall be clearly described, including history of findings and treatment rendered for the condition for which the patient is hospitalized.

(8) There shall be a master patient index.

(9) Procedures related to retention, preservation and final disposal of clinical records and other patient care data and reports shall include the following:

(a) The clinical record of each patient over the age of eighteen years shall be retained and preserved for a period of no less than ten years. Clinical records of patients under the age of eighteen years shall be obtained and preserved for at least ten years or until the patient attains the age of twenty–one, whichever is the longer period of time.

(b) Final disposal of any patient clinical record(s), indices, or other reports which permit identification of the individual shall be accomplished so that retrieval and subsequent use of data contained therein are impossible.

(c) In event of transfer or ownership of the hospital, patient clinical records, indices and reports shall remain in the facility and shall be retained and preserved by the new owner in accordance with subsections above. Records of patients with diagnosed alcoholism and/or substance use shall be handled as prescribed in Title 42, Code of Federal Regulations, Part 2.

(d) If the hospital ceases operation, it shall make arrangements for preservation of its clinical records, reports and patient data in accordance with subsections above and when appropriate, Title 42, Code of Federal Regulations, Part 2. The plan for such arrangements shall have been approved by the department prior to cessation of operation.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–322–110, filed 12/27/90, effective 1/31/91. 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 246-322-120 Physical environment. (1) The hospital shall provide a safe and clean environment for patients, staff and visitors.

(a) There shall be current, written policies and procedures for maintenance and housekeeping functions.

(b) Routine and periodic maintenance and cleaning schedules shall be developed and maintained.

(2) The hospital shall be readily accessible to and equipped to accommodate physically handicapped individuals.

(3) A safely maintained outdoor recreation area shall be available for use of patients in private psychiatric hospitals.

(4) There shall be provision for adequate personal privacy for each patient during toileting, bathing, showering, and dressing.

(5) Patient sleeping rooms.

(a) Each sleeping room shall be directly accessible from a corridor or a common use activity room or an area for patients.

(b) Sleeping rooms shall be outside rooms with clear window area on the outside wall or approximately 1/8 of the usable floor area or more.

(i) When security rooms are provided, security or maximum security windows appropriate to the area and program shall be used.

(ii) Shatterproof glass or other clear, shatterproof materials shall be used in sleeping rooms used as security rooms.

(c) No room more than three feet six inches below grade shall be used for the housing of patients. There shall be at least 80 squared feet of usable floor space in a single bedroom and multipatient rooms shall provide not less than 70 square feet of floor area per bed. The maximum capacity shall not exceed four patients. There shall not be less than 7 1/2 feet ceiling height over the required floor area.

(d) Each patient shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within her/his room or nearby. There shall be provision in the room or elsewhere for secure storage of patients' valuables.

(e) Each patient shall have access to his/her room except when contraindicated by the determination of the treatment team staff.

(f) Each patient shall be provided a bed at least 36 inches wide or appropriate to the special needs and size of the patient with a cleanable, firm mattress and cleanable or disposable pillow.

(g) Sufficient room furnishings shall be provided and maintained in a clean and safe condition.

(h) Patient beds shall be spaced so that they do not interfere with entrance, exit or traffic flow within the room. Patient rooms shall be of a dimension and conformation allowing not less than three feet between beds.

(6) Each patient occupied floor of the facility shall provide one toilet and lavatory for every six patients or fraction thereof.

(a) There shall be one bathing facility for each six patients or fraction thereof.

(b) Separate toilet and bathing facilities for each sex are required if the toilet facility contains more than one water closet or bathing facility. Such facilities shall provide doors and partitions for privacy.

(c) Grab bars shall be provided at each water closet and bathing facility.

(7) Adequate lighting shall be provided in all areas of the hospital.

(8) Ventilation.

(a) Ventilation of all rooms used by patients or personnel shall be sufficient to remove all objectionable odors, excessive heat or condensation.

(b) All inside rooms, including toilets, bathrooms, smoking rooms and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(9) Heating. The heating system shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by patients during the coldest weather conditions ordinarily encountered in the geographical location of the hospital.

(10) Water supply. There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the state board of health, chapter 248-54 WAC. Hot water at all fixtures used by patients shall be at a safe temperature. Hot water temperature at bathing fixtures used by patients shall be automatically regulated so as not to exceed 110°F. There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(11) Linen and laundry.

(a) A safe and adequate storage area with a supply of clean linen shall be provided.

(b) When laundry facilities are provided, they shall be located in an area separate from food preparation and dining area(s).

(c) The soiled laundry storage and sorting area(s) shall be in well ventilated area(s), separate from clean linen handling area(s). If linen/laundry is washed on the premises, an adequate supply of hot water shall be available to provide water at a minimum of 160°F in the washing machine.

(d) When commercial laundry service is used, the hospital shall ensure that all requirements above are met.

(e) Provision for laundering of personal clothing of patients shall meet the above standards.

(12) Visiting area. An adequate number of rooms shall be provided within the hospital to allow privacy for patients and visitors.

(13) Counseling/therapy rooms.

(a) An adequate number of rooms shall be provided for group or individual therapy programs.

(b) Therapy rooms shall be enclosed and reasonably soundproofed, as necessary to maintain confidentiality.

(c) Private psychiatric hospitals shall provide at least one seclusion room, intended for short term occupancy, which provides for direct supervision by the treatment staff. Each seclusion room shall have provisions for ventilation and light.

(14) Physical examination room. There shall be a physical examination room within the facility. An inside room may be used.

(a) The examination room shall be equipped with an examination table, examination light, and storage units for medical supplies and equipment.

(b) There shall be a handwashing facility and soap dispenser in or readily accessible to the examination room.

(15) Utility and storage facilities. There shall be sufficient utility and storage facilities which are designed and equipped for washing, disinfecting, storing and other handling of medical and nursing supplies and equipment in a manner which ensures segregation of clean and sterile supplies and equipment from those that are contaminated.

(16) Housekeeping facilities.

(a) At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable setting on each floor of the facility.

(b) All sewage, garbage, refuse and liquid waste shall be collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition or a nuisance.

(17) There shall be designated charting area(s) which provides space for reading and charting in patient records and provides for maintenance of confidentiality of each record.

(18) Dining area. There shall be a dining area(s) for those patients wishing to eat in the dining area(s). Appropriate furnishings shall be provided for dining.

(19) Communications.

(a) There shall be a telephone readily available for patients to make and receive confidential calls.

(b) There shall be a "nonpay" telephone or equivalent communication device readily accessible on each patient occupied floor in event of fire or other emergencies.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-120, filed 12/27/90, effective 1/31/91. 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 246-322-130 Laboratory services. Laboratory services shall be immediately available to or provided by the hospital. If the hospital maintains and operates a laboratory service within the facility, the following standards shall apply:

(1) Proficiency testing.

(a) The laboratory shall successfully participate in state-operated or state-approved proficiency testing programs covering all the specialties or subspecialties in which the laboratory is approved to perform tests. Records of proficiency testing performance shall be maintained and available for review.

(b) The clinical laboratory shall perform only those laboratory tests and procedures that are within the specialties or subspecialties in which the laboratory director or supervisors are qualified.

(2) Quality controls imposed and practiced by the laboratory must provide for and assure:

(a) Preventive maintenance, periodic inspection, and testing for proper operation of equipment and instruments as may be appropriate; validation of methods; evaluation of reagents and volumetric equipment; surveillance of results; and remedial action to be taken in response to detected defects.

(b) Adequacy of facilities, equipment, instruments, and methods for performance of the procedures or categories of procedures for which a certification is approved; proper lighting for accuracy and precision;

convenient location of essential utilities; monitoring of temperature–controlled spaces and equipment, including water baths, incubators, sterilizers and refrigerators, to assure proper performance; evaluation of analytical measuring devices, such as photometers and radioactivity counting equipment, with respect to all critical operating characteristics.

(c) Labeling of all reagents and solutions to indicate identity, and when significant, titer strength, or concentration, recommended storage requirements, preparation or expiration date, and other pertinent information. Materials of substandard reactivity and deteriorated materials may not be used.

(d) The availability at all times, in the immediate bench area of personnel engaged on examining specimens and performing related procedures within a category (e.g., clinical chemistry, hematology, and pathology), current laboratory manuals or other complete written descriptions and instructions relating to:

(i) The analytical methods used by those personnel, properly designated and dated to reflect the most recent supervisory reviews;

(ii) Reagents;

(iii) Control and calibration procedures; and

(iv) Pertinent literature references.

(v) Textbooks may be used as supplements to such written descriptions but may not be used in lieu thereof.

(e) Written approval by the director or supervisor of all changes in laboratory procedures.

(f) Maintenance of the laboratory, availability of laboratory personnel and availability of records reflecting dates and, where appropriate, the nature of inspection, validation, remedial action, monitoring, evaluation, changes and dates of changes in laboratory procedures.

(g) Solicitation designed to provide for collection, preservation, and transportation of specimens sufficiently stable to provide accurate and precise results suitable for clinical interpretation.

(3) Provision shall be made for an acceptable quality control program covering all types of analysis performed by the laboratory for verification and assessment of accuracy, measurement of precision, and detection of error. The factors explaining the standard are as follows:

(a) Microbiology. Chemical and biological solutions, reagents, and antisera shall be tested and inspected each day of use for reactivity and deterioration.

(i) Bacteriology and mycology. Staining materials shall be tested for intended reactivity by concurrent application to smears of micro–organisms with predictable staining characteristics. Each batch of medium shall be tested before or concurrently with use with selected organisms with predictable staining characteristics. Each batch of medium shall be tested before or concurrently with use with selected organisms to confirm required growth characteristics, selectivity, enrichment, and biochemical response.

(ii) Parasitology. A reference collection of slides, photographs, or gross specimens of identified parasites shall be available and used in the laboratory for appropriate comparison with diagnostic specimens. A calibrated ocular micrometer shall be used for determining the size of ova and parasites, if size is a critical factor.

(iii) Virology. Systems for the isolation of viruses and reagents for the identification of viruses shall be available to cover the entire range of viruses which are etiologically related to clinical diseases for which services are offered.

Records shall be maintained which reflect the systems used and the reaction observed. In tests for the identification of viruses, controls shall be employed which will identify erroneous results. If serodiagnostic tests for virus diseases are performed, requirements for quality control as specified for serology shall apply.

(b) Serology.

(i) Serologic tests or unknown specimens shall be run concurrently with a positive control serum of known titer or controls of graded reactivity plus a negative control in order to detect variations in reactivity levels. Controls for all test components (antigens, complement, erythrocyte indicator systems, etc.) shall be employed to insure reactivity and uniform dosage. These results shall not be reported unless the predetermined reactivity pattern of the controls is obtained.

(ii) Each new lot of reagent shall be tested concurrently with one of known acceptable reactivity before the new reagent is placed in routine use.

(iii) Equipment, glassware, reagents, controls, and techniques for tests for syphillis shall conform to those recommended in the "Manual of Tests for Syphillis 1969," United States Public Health Service Publication No. 411, January 1969.

(c) Clinical chemistry.

(i) Each instrument or other device shall be recalibrated or rechecked at least once on each day of use. Records which document the routine precision of each method, automated or manual, and its recalibration schedule shall be maintained and be available to laboratory personnel and the secretary. At least one standard and one reference sample (control) shall be included with each run of unknown specimens where such standards and reference samples are available. Control limits for standards and reference samples shall be recorded and displayed and shall include the course of action to be instituted when the results are outside the acceptable limits.

(ii) Screening or qualitative chemical urinalysis shall be checked daily by use of suitable reference samples.

(d) Immuno–hematology.

(i) ABO grouping shall be performed by testing unknown red cells with anti–A and anti–B grouping serums licensed under Part 73, Title 42, Code of Federal Regulations, or possessing equivalent potency, using the technique for which the serum is specifically designed to be effective. For conformation of ABO grouping, the unknown serum shall be tested with known A1 and B red cells.

(ii) The Rh. (D) type shall be determined by testing unknown red cells with anti–RH (anti–D) typing serum licensed under 42 CFR Part 73, or possessing equivalent

potency, using the technique for which the serum is specifically designed to be effective. Anti–RH' (CD), anti–RH'' (DE) and anti–RH rh'rh'' (CDE) serums licensed pursuant to 42 CFR Part 73, or possessing an equivalent potency may be used for typing donor blood. All Rh negative donor and patient cells shall be tested for the Rh variant (D''). A control system of patient's cells suspended in his own serum or in albumin shall be employed when the test is performed in a protein medium.

(iii) The potency and reliability of reagents (antisera known test cells, and antiglobulin–Coombs serum) which are used for ABO grouping, RH typing, antibody detection and compatibility determinations must be tested for reactivity on each day of use and when a new lot of reagents is first used.

(e) Hematology. Instruments and other devices used in hematological examination of specimens shall be recalibrated or retested or reinspected, as may be appropriate, each day of use. Each procedure for which standards and controls are available shall be rechecked each day of use with standards or controls covering the entire range of expected values. Tests such as the one–stage prothrombin time test shall be run in duplicate unless the laboratory can demonstrate that low frequency of random error or high precision makes such testing unnecessary. Reference materials, such as hemoglobin pools, and stabilized cells, shall be tested at least once each day of use to insure accuracy of results. Standard deviation, coefficient of variation, or other statistical estimates of precision shall be determined by random replicate testing of specimens. The accuracy and precision of blood cell counts and hematocrit and hemoglobin measurements shall be tested each day of use.

(f) Exfoliative cytology; histopathology; oral pathology—

(i) Exfoliative cytology. The laboratory director or supervisor qualified in cytology or cytotechnologist shall rescreen for proper staining and correct interpretation at least a 10–percent random sample of gynecological smears which have been interpreted to be in one of the benign categories by personnel not possessing director or supervisor qualifications. All gynecological smears interpreted to be in the "suspicious" or positive categories by screeners shall be confirmed by the laboratory director or qualified supervisor and the report shall be signed by a physician qualified in pathology or cytology. All nongynecological cytological preparations, positive and negative, shall be reviewed by a director or supervisor qualified in cytology. Nonmanual methods shall provide quality control similar to that provided in other nonmanual laboratory procedures. All smears shall be retained for not less than two years from date of examination.

(ii) Histopathology and oral pathology. All special stains shall be controlled for intended reactivity by use of positive slides. Stained slides shall be retained for not less than two years from date of examination and blocks shall be retained for not less than one year from such date. Remnants of tissue specimens shall be retained in a fixative solution until those portions submitted for microscopy have been examined and a diagnosis made by a pathologist.

(g) Radiobioassay. The counting equipment shall be checked for stability at least once on each day of use, with radioactive standards or reference sources. Reference samples with known activity and within expected levels of normal samples shall be processed in replicate quarterly. For each method, records which document shall be maintained and be available to the department.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–322–130, filed 12/27/90, effective 1/31/91. 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.]

WAC 246-322-990 Private psychiatric hospital fees. Private psychiatric hospitals licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of twenty–seven dollars for each bed space within the licensed bed capacity of the hospital to the department;

(2) Include all bed spaces and rooms complying with physical plant and movable equipment requirements of this chapter for twenty–four–hour assigned patient rooms;

(3) Include bed spaces assigned for less than twenty–four–hour patient use as part of the licensed bed capacity when:

(a) Physical plant requirements of this chapter are met without movable equipment; and

(b) The private psychiatric hospital currently possesses the required movable equipment and certifies this fact to the department;

(4) Limit licensed bed spaces as required under chapter 70.38 RCW;

(5) Submit applications for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to department establishment of the private psychiatric hospital's licensed bed capacity; and

(6) Set up twenty–four–hour assigned patient beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.040. 91–02–050 (Order 122), § 246–322–990, filed 12/27/90, effective 1/31/91.]

WAC 246-322-991 Alcoholism hospital fees. Alcoholism hospitals licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of twenty dollars for each bed space within the licensed bed capacity of the alcoholism hospital to the department;

(2) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of this chapter for twenty–four–hour assigned patient rooms;

(3) Include bed spaces assigned for less than twenty–four–hour patient use as part of the licensed bed capacity when:

(a) Physical plant requirements of this chapter are met without movable equipment; and

(b) The alcoholism hospital currently possesses the required movable equipment and certifies this fact to the department;

(4) Limit licensed bed spaces as required under chapter 70.38 RCW;

(5) Submit an application for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to the department establishment of the alcoholism hospital's licensed bed capacity; and

(6) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-322-991, filed 12/27/90, effective 1/31/91.]

Chapter 246-323 WAC

RESIDENTIAL TREATMENT FACILITIES FOR PSYCHIATRICALLY IMPAIRED CHILDREN AND YOUTH

WAC

WAC 246-323-010 Definitions. (1) "Abuse" means injury, sexual abuse or negligent treatment or maltreatment of a child or adolescent by a person who is legally responsible for the child's/adolescent's welfare under circumstances which indicate that the child's/adolescent's health, welfare and safety is harmed thereby. (RCW 26.44.020.)

Person "legally responsible" shall include a parent or guardian or a person to whom parental responsibility has been delegated (e.g., teachers, providers of residential care, providers of day care).

(a) "Physical abuse" means damaging or potentially damaging, nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Administrator" means the individual appointed as chief executive officer by the governing body of the facility, to act in its behalf in the overall management of the residential treatment facility.

(3) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title.

(4) "Child psychiatrist" means a psychiatrist who has specialization in the assessment and treatment of children and youth with psychiatric impairments. This individual shall be certified in child psychiatry by the board of psychiatry and neurology or board eligible.

(5) "Client" means an individual child or youth who is living in a residential treatment facility for the purpose of receiving treatment and/or other services for a psychiatric impairment.

(6) "Clinical staff" means mental health professionals who have been appointed by the governing body of a residential treatment facility to practice within the parameters of the clinical staff bylaws as established by the governing body of that residential treatment facility.

(7) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact of a harmful or potentially harmful nature regardless of whether or not damage is actually inflicted.

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

(9) "Dietician" means a person who is eligible for membership in the American dietetic association.

(10) "Discipline" means actions taken by personnel and staff to encourage the establishment of habits of self-control or to regulate unacceptable client behavior. The individualized treatment plan shall define both of these.

(11) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper patient, and properly recording the time and dose given.

(12) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(13) "Governing body" means the individual or group which is legally responsible for operation and maintenance of the residential treatment facility.

(14) "Individualized treatment plan" means a written statement of care to be provided to a client based upon assessment of his/her strengths, assets, interests, and problems. This statement shall include short and long-term goals with an estimated time frame stipulated, identification of the process for attaining the goals and a discharge plan. When possible, this statement shall be developed with participation of the client.

(15) "Mental health professional" means those individuals described in RCW 71.05.020 and WAC 275-55-100.

(16) "Multidisciplinary treatment team" means a group comprised, when indicated, of individuals from various clinical services, to include medicine, psychiatry, psychology, social work, nursing, occupational and recreational therapies, dietary, pharmacy, education,

speech, and hearing. Members of this group shall assess, plan, implement, and evaluate treatment for clients under care.

(17) "Neglect" means negligent treatment or maltreatment or an act of omission which evinces a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a child's/adolescent's health, welfare, and safety. (RCW 26.44.020.)

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for client level of development, inadequate food, clothing, or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation, or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations, and disordered development.

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

(a) New building(s) to be used as part of the residential treatment facility;

(b) Addition(s) to or conversions of existing building(s) to be used as part of the residential treatment facility;

(c) Alteration(s) or modification(s) other than minor alteration(s) to a residential treatment facility or to a facility seeking licensure as a residential treatment facility.

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

(19) "Occupational therapist" means a person eligible for certification as a registered occupational therapist by the American Occupational Therapy Association.

(20) "Occupational therapy services" means activities directed toward provision of ongoing evaluation and treatment which will increase the client's ability to perform those tasks necessary for independent living, including daily living skills, sensory motor, cognitive and psychosocial components.

(21) "Owner" means an individual, firm, or joint stock association or the legal successor thereof who operates residential treatment facilities for psychiatrically impaired children, whether owning or leasing the premises.

(22) "Pharmacist" means a person who is licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(23) "Physician" means a doctor of medicine or a doctor of osteopathy licensed to practice in the state of Washington.

(24) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his/her professional practice, as defined by Washington state statutes for legitimate medical purposes. (RCW 18.64.011.)

(25) "Psychiatric impairment" means severe emotional disturbance corroborated by clear psychiatric diagnosis provided that one or more of the following symptomatic behaviors is exhibited:

(a) Bizarreness, severe self-destructiveness, schizophrenic ideation, chronic school failure, or other signs or symptoms which are the result of gross, ongoing distortions in thought processes;

(b) School phobias, suicide attempts, or other signs or symptoms associated with marked severe or chronic affective disorders as defined in the most recent edition of *American Psychiatric Association Diagnostic and Statistical Manual*;

(c) Chronic sexual maladjustment, history of aggressive unmanageability including violent, chronic, grossly maladaptive behaviors which are associated with (a) or (b) above.

(26) "Psychiatrist" means a physician who has successfully completed a three-year residency program in psychiatry and is certified by the American board of psychiatry and neurology.

(27) "Psychological services" means activities directed towards the provision of interpretation, review and supervision of psychological evaluations; treatment services; participation in admission and discharge; diagnostic formulation; consultation and research.

(28) "Psychologist" means a person who is licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW with training in child clinical psychology.

(29) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, regulating the practice of registered nursing in the state of Washington.

(30) "Recreational therapist" means a person with a bachelor's degree with a major or option in therapeutic recreation or in recreation for ill and handicapped or a bachelor's degree in a related field with equivalent professional experience.

(31) "Recreational therapy services" means those activities directed toward providing assessment of a client's current level of functioning in social and leisure skills and implementation of treatment in areas of deficiency.

(32) "Residential treatment facility for psychiatrically impaired children and youth" means a residence, place or facility designed and organized to provide twenty-four hour residential care and long-term individualized, active treatment for clients who have been diagnosed or evaluated as psychiatrically impaired.

(33) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting volitional body movement.

(34) "Scheduled drugs" means those drugs, substances, or immediate precursors listed in Scheduled I through V, Article II, RCW 69.50.201, State Uniform Controlled Substance Act, as now or hereafter amended.

(35) "Self-administration of medication" means that a client administers or takes his/her own medication from a properly labeled container: *Provided*, That the

facility maintains the responsibility for seeing that medications are used correctly and that the client is responding appropriately.

(36) "Shall" means that compliance with regulation is mandatory.

(37) "Should" means that compliance with a regulation or standard is suggested or recommended but not required.

(38) "Social work services" means "professional social work services" which includes activities and/or services which are performed to assist individuals, families, groups or communities in improving their capacity for social functioning or in effecting changes in their behavior, emotional responses or social conditions.

(39) "Social worker" means a person with a master's degree in social work obtained from an accredited school of social work.

(40) "Special services" means clinical and rehabilitative activities and/or programs which shall include but not be limited to: Laboratory, radiology and anesthesiology services; education and vocational training; speech, language, hearing, vision, dentistry, and physical rehabilitation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-010, filed 12/27/90, effective 1/31/91. 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 246-323-020 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, modification, or revocation of a license; adjudicative proceeding.

(a) When the department determines that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and/or these rules, the department may, if the interests of the clients so demand, issue to the applicant or licensee a notice to deny a license application or to suspend, modify, or revoke a license to a license holder. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(b) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter

conflicts with chapter 248-08 WAC, the provision in this chapter governs.

(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 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 shall be followed.

(c) Compliance with these regulations does not exempt a residential treatment facility from compliance with local and state electrical codes or local zoning, building and plumbing codes.

(10) Transfer of ownership. The ownership of a residential treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for a license has been approved. Change in administrator shall be reported to the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-23-010, filed 2/28/90, effective 3/1/90. 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 246-323-030 Administration. (1) Governing body.

(a) The residential treatment facility shall have a governing body which shall establish and adopt personnel policies; written policies for the admission, care, safety and treatment of clients; bylaws, rules and regulations for the responsible administrative and clinical staffs.

(b) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies and special services necessary to meet the needs of clients.

(c) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(d) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority and relation of positions within the facility.

(2) Personnel.

(a) There shall be sufficient qualified personnel to provide the services needed by the clients and to maintain the residential treatment facility.

(b) There shall be a current written job description for each position classification.

(c) There shall be a personnel record system and a current personnel record for each employee to include application for employment, verification of education or training when required, a record of verification of a valid, current license for any employee for whom licensure is required, and an annually documented performance evaluation.

(d) A planned, supervised and documented orientation shall be provided for each new employee.

(e) There shall be ongoing in-service education which affords each employee the opportunity to maintain and update competencies needed to perform assigned duties and responsibilities. Cardiopulmonary resuscitation training and review shall be provided.

(f) Volunteer services and activities, when provided shall be coordinated by a qualified member of the facility staff.

(i) There shall be appropriate documented orientation and training provided for each volunteer in accordance with the job to be performed.

(ii) There shall be supervision and periodic written performance evaluation of volunteers who have contact with clients, by qualified staff.

(3) Research and human subjects review committee. When research is proposed or conducted which directly involves clients, there shall be a documented multidisciplinary initial and continuing review process. The purpose of this review shall be to protect rights of the clients with acceptance or rejection and continuing review for the duration of the study.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-030, filed 12/27/90, effective 1/31/91. 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 246-323-040 HIV/AIDS education and training. Residential treatment facilities for psychiatrically impaired children and youth shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-23-025, filed 10/12/89, effective 11/12/89.]

WAC 246-323-050 Client care services. (1) The residential treatment facility shall have written policies regarding admission criteria and treatment methods. The admission of clients shall be in keeping with the stated policies and shall be limited to clients for whom the facility is qualified by staff, services, and equipment to give adequate care.

(2) Acceptance of a client for admission and treatment shall be based upon an assessment and intake procedure that determines the following:

(a) A client requires treatment which is appropriate to the intensity and restrictions of care provided by the programs; and/or

(b) The treatment required can be appropriately provided by the program(s) or program component(s); and

(c) Alternatives for less intensive or restrictive treatment are not available.

(3) Treatment and discharge planning.

(a) An initial treatment plan shall be developed for each client upon admission.

(b) The multidisciplinary treatment team shall develop an individualized treatment plan for each client within fourteen days of admission to the facility.

(i) This plan shall be developed following a complete client assessment which shall include, but not be limited to assessment of physical, psychological, chronological age, developmental, family, educational, social, cultural, environmental, recreational, and vocational needs of the clients.

(ii) The individualized treatment plan shall be written and interpreted to the client, guardian, and client care personnel.

(iii) There shall be implementation of the individualized treatment plan by the multidisciplinary treatment team with written review and evaluation at least one time each thirty days. Modifications in the treatment plan shall be made as necessary. Implementation and review shall be evidenced in the clinical record.

(iv) The individualized treatment plan shall include a written discharge plan developed and implemented by the multidisciplinary treatment team.

(v) The individualized treatment plan shall be included in the clinical record.

(4) A written plan shall be developed describing the organization of clinical services. This plan shall address the following:

(a) Medical services.

(i) A comprehensive health assessment and medical history shall be completed and recorded by a physician within five working days after admission unless a comprehensive health assessment and history have been

completed within thirty days prior to admission and records are available to the residential treatment facility.

(ii) A complete neurological evaluation shall be completed when indicated.

(iii) A physician member of the clinical staff shall be responsible for the care of any medical condition that may be present during residential treatment.

(iv) Orders for medical treatment shall be signed by a physician.

(v) There shall be a physician on call at all times to advise regarding emergency medical problems. Provisions shall be made for emergency medical services when needed.

(vi) A psychiatric evaluation shall be completed and documented by a psychiatrist within thirty days prior or fourteen days following admission.

(vii) If there is not a child psychiatrist on the staff, there shall be a child psychiatrist available for consultation.

(b) Psychological services. There shall be a psychologist with documented evidence of skill and experience in working with children and youth available either on the clinical staff or by consultation, responsible for planning and reviewing psychological services and for developing a written set of guidelines for psychological services.

(c) Nursing service. There shall be a registered nurse, with training and experience in working with psychiatrically impaired children and youth, on staff as a full–time or part–time employee who shall be responsible for all nursing functions.

(d) Social work services. There shall be a social worker with experience in working with children and youth on staff as a full–time or part–time employee who shall be responsible for social work functions and the integration of these functions into the individualized treatment plan.

(e) Special services.

(i) There shall be an educational/vocational assessment of each client with appropriate educational/vocational programs developed and implemented or assured on the basis of that assessment.

(ii) Special services shall be provided by qualified persons as necessary to meet the needs of the clients.

(f) Occupational therapy services. There shall be an occupational therapist available who has experience in working with psychiatrically impaired children and youth responsible for occupational therapy functions and the integration of these functions into treatment.

(g) Recreational therapy services. There shall be a recreational therapist available who has had experience in working with psychiatrically impaired children and youth responsible for the recreational therapy functions and the integration of these functions into treatment.

(h) Food and dietary services.

(i) Food and dietary services shall be provided and managed by a person knowledgeable in food service.

(ii) Dietary service shall incorporate the services of a dietician in order to meet the individual nutritional needs of clients.

(iii) All menus shall be written at least one week in advance, approved by a dietician, and retained for one year.

(iv) There shall be client–specific physician orders for therapeutic diets served to clients. Therapeutic diets shall be prepared and served as prescribed. A current therapeutic diet manual approved by the dietician shall be used for planning and preparing therapeutic diets.

(v) Meals and nourishment shall provide a well balanced diet of good quality food in sufficient quantity to meet the nutritional needs of children and youth. Unless contraindicated, the dietary allowances of the food and nutrition board of the national research council adjusted for age, sex, and activity shall be used. Snacks of a nourishing quality shall be available as needed for clients.

(vi) Food service sanitation shall be governed by chapter 248–84 WAC, "food service sanitation."

(5) Other client safety and care requirements.

(a) Disciplinary policies and practices shall be stated in writing.

(i) Discipline shall be fair, reasonable, consistent, and related to the behavior of the client. Discipline, when needed, shall be consistent with the individualized treatment plan.

(ii) Abusive, cruel, hazardous, frightening, or humiliating disciplinary practices shall not be used. Seclusion and restraints shall not be used as punitive measures. Corporal punishment shall not be used.

(iii) Disciplinary measures shall be documented in the clinical record.

(b) Assault, abuse and neglect. Clients shall be protected from assault, abuse and neglect. Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty or neglect to a child or adolescent shall be reported to a law enforcement agency or to the department.

Reporting requirements for suspected incidents of child abuse and/or neglect shall comply with chapter 26.44 RCW.

(i) Staff and/or practitioners legally obligated to report suspected abuse or neglect include licensed practical nurses, registered nurses, physicians and their assistants, podiatrists, optometrists, chiropractors, dentists, social workers, psychologists, pharmacists, professional school personnel, and employees of the department.

(ii) Orientation material shall be made available to the facility personnel, clinical staff and/or consultants informing practitioners of their reporting responsibilities and requirements. Appropriate local police and department phone numbers shall be available to personnel and staff.

(iii) When suspected or alleged abuse is reported, the clinical record shall reflect the fact that an oral or written report has been made to the child protective services of the department or to a law enforcement agency. This note shall include the date and time that the report was made, the agency to which it was made and the signature of the person making the report. Contents of the report need not be included in the clinical record.

(iv) Conduct conforming with reporting requirements of this section or chapter 26.44 RCW shall not be deemed a violation of the confidential communication privileges of RCW 5.60.060 (3) and (4) and 18.83.110.

(c) Allowances, earnings, and expenditures shall be accounted for by the facility. When a client is discharged, he/she may be permitted to take the balance of his/her money or be fully informed about the transfer of his/her money to another facility or other transfer as permitted by state or federal law.

(d) Clients shall not be used to carry the responsibility for basic housekeeping and maintenance of the facility and equipment. Assigned tasks may be performed insofar as they are appropriate and are a part of the individualized treatment plan. Work assignments shall be adequately supervised and there shall be documentation of the work as part of the treatment program. Work assignments shall be appropriate to the age, physical and mental condition of the client.

(e) Written policy statements and procedures shall describe client rights as specified in WAC 275-55-170, 275-55-200(1), 275-55-260, and 275-55-270.

(f) There shall be current written policies and orders signed by a physician to guide the action of facility personnel when medical emergencies or a threat to life arise and a physician is not present.

(i) Medical policies shall be reviewed as needed and at least biennially and approved in writing by representatives of the medical, nursing, and administrative staffs.

(ii) There shall be current transfer agreement with an acute care general hospital. Medical and related data shall be transmitted with the client in the event of a transfer.

(g) Written policies and procedures shall address notification of legal guardian or next of kin in the event of a serious change in the client's condition, transfer of a client to another facility, elopement, death, or when unusual circumstances warrant.

(h) There shall be written policies and procedures addressing safety precautions to include:

(i) Smoking by personnel, clients, visitors, and others within the facility.

(ii) Provision for immediate emergency access to sleeping rooms, toilets, showers, bathrooms, or any other rooms occupied by clients.

(iii) Use and monitoring of seclusion rooms and restraints in accordance with WAC 275-55-280 (2)(o), (p)(i) through (iv).

(iv) Availability and access to emergency supplies and equipment to include airways, bag resuscitators and other equipment as identified in the emergency medical policies.

(v) Summoning of internal or external resource agencies or persons, e.g., poison center, fire department, police.

(vi) Systems for routine preventative maintenance, checking and calibration of electrical, biomedical, and therapeutic equipment with documentation of the plan and dates of inspection.

(vii) Fire and disaster plans which include a documentation process and evidence of rehearsals on a regular basis.

(viii) Immediate actions or behaviors of facility staff when client behavior indicates that he/she is assaultive, out of control, or self-destructive. There shall be documentation that rehearsals of staff occur on a regular basis.

(i) There shall be written policies and procedures governing actions to be taken following any accident or incident which may be harmful or injurious to a client which shall include documentation in the clinical record.

(j) There shall be written policies addressing transportation of clients which shall include consideration of the following:

(i) When transportation is provided for clients in a vehicle owned by the facility, the vehicle shall be in safe operating condition as evidenced by preventive maintenance records.

(ii) Authorization of all drivers of vehicles transporting clients by administration of the facility. Drivers shall possess a current driver's license.

(iii) Observation of maximum safe vehicle driving capacity. Seat belts or other safety devices shall be provided for and used by each passenger.

(iv) Conditions under which clients may be transported in nonfacility-owned vehicles.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-050, filed 12/27/90, effective 1/31/91. 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 246-323-060 Pharmaceutical services. (1) The facility shall have an agreement with a pharmacist to provide the services called for in the following paragraphs and to advise the facility on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) There shall be written policies and procedures approved by a physician and pharmacist addressing the procuring, prescribing, administering, dispensing, storage, transcription of orders, use of standing orders, disposal of drugs, self-administration of medication, control or disposal of drugs brought into the facility by clients, and recording of drug administration in the clinical record.

(a) There shall be written orders signed by a physician or by another legally authorized practitioner acting within the scope of his/her license for all medications administered to clients. There shall be an organized system which ensures accuracy in receiving, transcribing, and implementing orders for administration of medications.

(b) Drugs shall be dispensed by persons licensed to dispense drugs. Drugs shall be administered by persons licensed to administer drugs.

(c) Drugs brought into the facility for client use while in the facility shall be specifically ordered by a physician.

(i) These drugs shall be checked by a pharmacist prior to administration to determine proper identification of the drug and lack of deterioration of the drug.

(ii) The facility is responsible for the control and appropriate use of all drugs administered or self-administered within the facility.

(d) There shall be provision for procurement, labeling, and storage of medications, drugs and chemicals.

(i) Drugs ordered or prescribed for specific clients shall be procured by individual prescription.

(ii) The services of the pharmacist and the pharmacy shall be such that medications, supplies and individual prescriptions are provided without undue delay.

(iii) Medication containers within the facility shall be clearly and legibly labeled with the medication name (generic and/or trade), strength and expiration date, (if available).

(iv) Medications, poisons and chemicals kept anywhere in the facility shall be plainly labeled and stored in a specifically designated, secure, well-illuminated cabinet, closet or store room and made accessible only to authorized persons. External medications shall be separated from internal medications.

(v) Poisonous external chemicals, caustic materials and drugs shall show appropriate warning or poison labels and shall be stored separately from all other drugs.

(3) The facility shall have a current drug reference readily available for use by clinical staff and treatment team members.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-060, filed 12/27/90, effective 1/31/91. 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 246-323-070 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-070, filed 12/27/90, effective 1/31/91. 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 246-323-080 Clinical records. (1) The residential treatment facility shall have a well defined clinical record system, adequate and experienced staff, adequate facilities, equipment and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use and preservation of client care data. There shall be a person responsible for the clinical record system who has demonstrated competency and experience or training in clinical record administration.

(2) The client records and record system shall be documented and maintained in accordance with recognized principles of clinical record management.

(3) The residential treatment facility shall have current policies and procedures related to the clinical record system which shall include the following:

(a) The establishment of the format and documentation expectations of the clinical records for each client.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of the information contained in records and release of information in accordance with RCW 71.05.390 and WAC 275-55-260.

(4) There shall be an adequate clinical record maintained for each client which is readily accessible to members of the treatment team. Each entry in the clinical record shall be legible, dated and authenticated.

(5) There shall be a systematic method for identifying the clinical record of each client.

(6) Entries in the clinical record shall be made on all diagnostic and treatment procedures and other clinical events. Entries shall be in ink, typewritten, or on a computer terminal.

(7) Diagnosis, abbreviations and terminology shall be consistent with the most recent edition of the "American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders" and "International Classification of Diseases."

(8) Clinical records shall include identifying information, assessments by the multidisciplinary treatment team, regular progress notes by members of the multidisciplinary treatment team, individualized treatment plans and a discharge summary.

(9) There shall be a master client index.

(10) Procedures related to retention, preservation, and final disposal of clinical records and other client care data shall include the following:

(a) Each client's clinical record shall be retained and preserved for a period of no less than five years, or for a period of no less than three years following the date upon which the client obtained the age of eighteen years, or five years following the client's most recent discharge, whichever is the longer period of time.

(b) A complete discharge summary, by a member of the clinical staff, and reports of tests related to the psychiatric condition of each client shall be retained and preserved for a period of no less than ten years or for a period of no less than three years following the date upon which the patient obtained the age of eighteen years, or ten years following the client's most recent discharge, whichever is the longer period of time.

(c) Final disposal of any client clinical record(s), indices or other reports which permit identification of the individual shall be accomplished so that retrieval and subsequent use of data contained therein are impossible.

(d) In the event of transfer of ownership of the residential treatment facility, client clinical records, indices and reports shall remain in the facility and shall be retained and preserved by the new operator of the facility in accordance with subsections above.

(e) If the residential treatment facility ceases operation, it shall make arrangements for preservation of its clinical records, reports, indices, and client data in accordance with subsections above. The plans for such arrangements shall have been approved by the department prior to cessation of operation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-080, filed 12/27/90, effective 1/31/91. 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 246-323-090 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-090, filed 12/27/90, effective 1/31/91. 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.]

WAC 246-323-990 Fees. Residential treatment facilities for psychiatrically impaired children and youth (RTF-CY) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of thirty-five dollars for each bed space within the licensed bed capacity of the RTF-CY;

(2) Include all bed spaces and rooms complying with physical plant and movable equipment requirements of this chapter; and

(3) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-323-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-325 WAC
ADULT RESIDENTIAL REHABILITATION CENTERS AND PRIVATE ADULT TREATMENT HOMES

WAC

WAC 246-325-001 Purpose. The purpose of these regulations is to administratively implement chapter 71-.12 RCW by providing standards for health and safety for persons admitted to residential rehabilitation centers

and private adult treatment homes. Adult residential rehabilitation centers and private adult treatment homes are 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-001, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-001, filed 8/6/82.]

WAC 246-325-010 Definitions. (1) "Abuse" means injury, sexual use or abuse, negligent or maltreatment of a resident by a person legally responsible for the resident's welfare under circumstances which indicate harm to the resident's health, welfare, and safety.

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 rehabilitation center.

(3) "Adult residential rehabilitation center" or "center" 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 rehabilitation and treatment for residents diagnosed or evaluated as psychiatrically impaired or chronically mentally ill as defined herein or in chapter 71.24 RCW.

(4) "Ambulatory" means physically and mentally able to:

(a) Walk unaided or move about independently with only the help of a cane, crutches, walkerette, walker, wheelchair, or artificial limb;

(b) Traverse a normal path to safety unaided by another individual;

(c) Get into and out of bed without assistance of another individual; and

(d) Transfer to a chair or toilet or move from place to place without assistance of another individual.

(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 resident with provision of assistance in activities of daily living as needed.

(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) "Dietitian" means an individual meeting the eligibility requirements described in "Directory of Dietetic Programs Accredited and Approved," American Dietetic Association, Edition 100, 1980.

(10) "Discipline" means actions taken by personnel and staff to encourage the establishment of habits of self-control or to regulate unacceptable resident behavior. The individualized treatment plan shall define establishment of habits of self-control and unacceptable resident behavior.

(11) "Drug administration" means an act where a single dose of a prescribed drug or biological is given to a resident 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 resident, and properly recording the time and the 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 resident or for a service unit of the facility.

(13) "Dwelling" means any building or any portion thereof which is not an apartment house, lodging house or hotel, containing one or two guest rooms used, rented, leased, let, or hired out to be occupied for living purposes.

(14) "Governing body" means the individual or group responsible for establishing and maintaining the purposes and policies of the residential rehabilitation center.

(15) "Independent living skill training" consists of:

(a) Social skill training: A service designed to aid residents in learning appropriate social behavior in situations of daily living (e.g., the use of appropriate behavior in families, work settings, the residential center and other community settings).

(b) Self-care skills training: A service designed to aid residents 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.

(16) "Individualized treatment plan or ITP" means a written statement of care to be provided to a resident based upon assessment of his or her strengths, assets, interests, and problems. The statement shall include stipulation of an estimated time frame, identification of the process for attaining the goals, and a discharge plan.

(17) "Licensed practical nurse (LPN)" means an individual licensed under provisions of chapter 18.78 RCW.

(18) "Mental health professional" means the individuals described in RCW 71.05.020 and WAC 275-55-020.

(19) "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 team shall assess, plan, implement, and evaluate rehabilitation and treatment for residents under care.

(20) "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 resident's health, welfare, and safety.

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for resident 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.

(21) "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 rehabilitation center;

(b) Addition or additions to or conversions, either in whole or in part, of the existing building or buildings to be used as part of the residential rehabilitation center;

(c) Alteration or modification other than minor alteration to a residential rehabilitation center or to a facility seeking licensure as a residential rehabilitation center;

(d) "Minor alteration" means any structural or functional modification within the existing residential rehabilitation center, 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.

(22) "Occupational therapist" means an individual licensed as an occupational therapist under provisions of chapter 18.59 RCW.

(23) "Owner" means an individual, partnership or corporation, or the legal successor thereof, operating residential rehabilitation centers for psychiatrically impaired adults, whether owning or leasing the premises.

(24) "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.

(25) "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.

(26) "Physician" means an individual licensed under the provisions of chapter 18.57 or 18.71 RCW.

(27) "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 under the provisions of RCW [18.64.011] [18.64.001].

(28) "Private adult treatment home" or "treatment home" means a dwelling which is the residence or home of one or more adults providing food, shelter, beds, and care for two or fewer psychiatrically impaired residents, provided these residents are detained under chapter 71-.05 RCW and the home is certified as an evaluation and treatment facility under provisions of chapter 71.05 RCW.

(29) "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 American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (DSM–III–R), 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 (29) (a) or (b) of this section.

(30) "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.

(31) "Psychologist" means a person licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(32) "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.

(33) "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.

(34) "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.

(35) "Rehabilitation specialist" means mental health professionals, paraprofessionals, and medical personnel employed to work in a residential rehabilitation center to provide direct resident treatment, training, and rehabilitation services within the residential rehabilitation center, and includes full–time and part–time staff and consultants.

(36) "Resident" means an individual living in an adult residential center or private adult treatment home for the purpose of participating in rehabilitation and treatment for psychiatric impairment or an individual living in the facility for board and domiciliary care.

(37) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting free body movement.

(38) "Security window" means a window designed to inhibit exit, entry, and injury to a resident, incorporating approved, safe, transparent material.

(39) "Self–administration of medication" means the resident 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 resident 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: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–325–010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88–17–022 (Order 2668), § 248–25–002, filed 8/9/88; 82–17–009 (Order 1858), § 248–25–002, filed 8/6/82.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246–325–012 Licensure--Adult residential rehabilitation centers and private adult treatment homes. Centers and treatment homes shall obtain a license under chapter 71.12 RCW. Chapter 248–25 WAC establishes minimum licensing standards for the safety, adequate care, and treatment of residents living in centers or treatment homes.

(1) Application for license.

(a) Applicants shall apply for a center or treatment home license on forms furnished by the department. The owner or a legal representative of the owner shall sign the application.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes affecting the current accuracy of such information as to:

(i) The identity of each officer and director of the corporation, if the program is operated by legally incorporated entity, profit or nonprofit; and

(ii) The identity of each partner, if the program is a legal partnership.

(2) Disqualified applicants.

(a) The department shall consider each and every individual named in an application for a center or treatment home license, separately and jointly, as applicants. If the department deems anyone disqualified or unqualified in accordance with the law or these rules, a license may be denied, suspended, or revoked.

(b) The department may deny, suspend, or revoke a license for failure or refusal to comply with the requirements and rules established under provisions of chapter 71.12 RCW, and in addition, but not limited to, 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 a center or treatment home;

(iii) Cruelty, abuse, neglect or assault, or indifference to the welfare of any resident;

(iv) Misappropriation of the property of the resident;

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual resident, the department, or the business community.

(c) The department shall consider the ability of each individual named in the license application prior to granting a license to determine:

(i) Ability of each individual to operate the center or treatment home in accordance with the law and these rules;

(ii) If there is cause for denial of a license to an individual named in the application for any of the following reasons:

(A) Previous denial of a license to operate a health or personal care facility in Washington state or elsewhere, or

(B) Civil or criminal conviction for operating a health or personal care facility without a license, or

(C) Previous revocation or suspension of a license to operate a health or personal care facility.

(d) The department shall deny a license for reasons listed in subsections (2)(c)(ii) of this section unless an applicant affirmatively establishes clear, cogent, and convincing evidence of ability to operate a center or treatment home in full conformance with all applicable laws, rules and regulations.

(3) Inspection of premises. Centers and treatment homes shall permit the department to visit and examine the premises of centers and treatment homes annually and as necessary to ascertain compliance with chapter 71.12 RCW and chapter 248–25 WAC.

(4) Denial, suspension, or revocation of a license; adjudicative proceeding.

(a) The department shall issue a letter to an applicant or licensee stating the department is denying an application, or is suspending, modifying, or revoking a license because:

(i) Findings upon inspection reveal failure or refusal of a center or treatment home to comply with chapter 71.12 RCW and chapter 248-25 WAC; and

(ii) The criteria in WAC 248-25-010 (2)(b) are satisfied; and

(iii) The health, safety, or welfare of residents is endangered.

(b) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(c) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(d) The proceeding is governed by the Administrative Procedure Act (chapter 34.04 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

(5) Submission of plans and programs for centers. Centers shall submit the following with an application for license unless already on file with the department:

(a) A written description of activities and functions containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the physical plant and facilities required by chapter 248-25 WAC;

(b) 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 residents;

(c) Floor plans of each building housing residents with the following information:

(i) Identification of each resident'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 resident's sleeping room;

(iv) The height of the lowest portion of the ceiling in any resident's sleeping room; and

(v) The floor elevations referenced to the grade level.

(6) New construction for centers.

(a) Centers shall submit the following to the department for review when new construction is contemplated:

(i) A written description of activities and functions containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the physical plant and facilities required by these regulations;

(ii) Duplicate sets of preliminary plans 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; and

(B) The plans for each floor of the building or buildings, existing and proposed, designating the functions of each room and showing all fixed equipment.

(iii) A statement about:

(A) Source of the water supply;

(B) The method of sewage and garbage disposal; and

(C) A general description of construction and materials, including interior finishes.

(b) Licensees and applicants shall start construction only after department receipt and approval of:

(i) Specifications and duplicate sets of final plans drawn to scale;

(ii) Specifications showing complete details to contractors for construction of buildings; and

(iii) Plans and specifications including:

(A) Plot plans;

(B) Plans for each floor of each building designating the function of each room and showing all fixed equipment and the planned location of beds and other furniture in residents' sleeping rooms;

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

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

(E) Plumbing, heating, ventilation, electrical systems, fire safety; and

(F) Specifications fully describing workmanship and finishes.

(c) Centers shall make adequate provisions for safety and comfort of residents as construction work takes place in or near occupied areas.

(d) Centers shall:

(i) Ensure all construction takes place in accordance with department approved final plans and specifications;

(ii) Consult with the department prior to making any changes from the approved plans and specifications;

(iii) Incorporate only department-approved changes into a construction project;

(iv) Submit modified plans or addenda on changes incorporated into a construction project to the department file on the project even though submission of the modified plans or addenda was not required by the department prior to approval.

(e) The department may require submission of modified plans or addenda for review prior to considering a proposed change or changes for approval.

(7) Compliance with other regulations.

(a) Centers shall comply with rules and regulations adopted by the Washington state fire marshal under provisions of RCW 71.12.485.

(b) Centers involved in construction shall comply with the state building code as required in chapter 19.27 RCW.

(c) Center compliance with chapter 248-25 WAC does not exempt it from compliance with codes under other state authorities or local jurisdictions, such as state electrical codes or local zoning, building, and plumbing codes.

(8) Posting of license. Centers shall post the license in a conspicuous place on the premises.

(9) Transfer of ownership. A center shall transfer ownership or, if a corporation, sell a majority of stock, only after the transferee has received department approval of the license application and reported change of center administrator.

(10) Exemptions.

(a) The secretary or designee may exempt a center or treatment home from compliance with specified subsections of these regulations when the department ascertains such exemptions may be made in an individual case without jeopardizing the safety or health of the residents in a particular center or treatment home.

(b) Centers and treatment homes shall keep all written exemptions granted by the department pursuant to chapter 248-25 WAC on file in the center or treatment home.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-012, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-25-010, filed 2/28/90, effective 3/1/90. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-010, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-010, filed 8/6/82.]

WAC 246-325-015 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-015, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-015, filed 8/6/82.]

WAC 246-325-020 Administration--Adult residential rehabilitation center. (1) Governing body.

(a) Each center shall have a governing body.

(b) The governing body of the center shall:

(i) Be responsible for the provision of personnel, facilities, equipment, supplies, and other services necessary to meet the needs of residents;

(ii) Appoint an administrator responsible for implementing the policies adopted by the governing body; and

(iii) Establish and maintain a current, written organizational plan, including all positions and delineating responsibilities, authority, and relation of positions within the center.

(2) Personnel.

(a) Centers shall provide:

(i) Sufficient qualified personnel to provide the services needed by the residents and to maintain the center;

(ii) Written, current job descriptions for each position classification;

(iii) A personnel record system;

(iv) A current personnel record for each employee including:

(A) Application for employment,

(B) Verification of education or training when required,

(C) A record or verification of a valid, current license for any employee requiring licensure, and

(D) An annually documented performance evaluation.

(v) A planned, supervised, and documented orientation for each new employee;

(vi) Ongoing in-service education affording each employee the opportunity to maintain and update competencies needed to perform assigned tasks and responsibilities, to include cardiopulmonary resuscitation when appropriate.

(b) Centers using volunteer services and activities shall:

(i) Ensure coordination by a qualified member of the center staff;

(ii) Conduct appropriate screening;

(iii) Document orientation and training provided for each volunteer in accordance with the job to be performed; and

(iv) Provide supervision of volunteers by qualified staff.

(3) Research. When research is proposed or conducted directly involving residents, the center shall ensure:

(a) Review, monitoring, and approval of the research project by a multidisciplinary committee to protect the rights and safety of residents; and

(b) Inclusion on the multidisciplinary committee of at least:

(i) One licensed mental health professional not employed by the center; and

(ii) A resident or resident advocate not employed by the center.

(c) The right and responsibility of the committee to modify or discontinue research.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-020, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-020, filed 8/6/82.]

WAC 246-325-025 HIV/AIDS education and training. Adult residential rehabilitation centers and private adult treatment homes shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV)

and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know – HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-025, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-25-025, filed 10/12/89, effective 11/12/89.]

WAC 246-325-030 Resident care services in adult residential rehabilitation centers or private adult treatment homes. (1) Policies and procedures. Centers shall establish and follow written policies regarding admission criteria and treatment methods ensuring:

(a) Admission of residents in keeping with stated policies and limited to residents for whom a center is qualified by staff, services, and equipment, to give adequate care;

(b) Acceptance of a psychiatrically impaired resident based upon prior assessment by a mental health professional as defined in chapter 71.05 RCW or by a community mental health program under chapter 71.24 RCW.

(2) Resident assessments. Centers shall require documentation of the assessment of each psychiatrically impaired resident by a mental health professional or program to establish:

(a) Resident requirements are appropriate to the intensity and restrictions of care available and provided;

(b) Resident services required can be appropriately provided by the center or treatment home program or program components; and

(c) The resident is free of a physical condition requiring medical or nursing care available only in a hospital.

(3) Board and domiciliary care. Centers may admit and provide services for residents requiring only board and domiciliary care.

(4) Resident admission limitations. Unless excepted in writing by the Washington state fire marshal and the department, centers and treatment homes shall prohibit admission and retention of individuals who:

(a) Need physical restraints,

(b) Are not ambulatory,

(c) Lack adequate cognitive functioning to enable response to a fire alarm, or

(d) Are unable to evacuate the premises in an emergency without assistance.

(5) Individual treatment and discharge planning.

(a) Centers and treatment homes shall ensure an initial assessment of each resident within seventy-two hours of admission with development of a provisional individualized treatment plan (ITP) for each psychiatrically impaired resident.

(b) A multidisciplinary treatment team shall develop a written ITP for each resident within fourteen days of admission.

(i) The center or treatment home shall provide interpretation of the ITP to resident care staff.

(ii) Each resident and/or an individual selected or chosen by the resident shall be provided an opportunity to participate in development of the ITP.

(iii) The center or treatment home and the multidisciplinary treatment team shall implement the ITP with written review and evaluation as necessary and at least once each thirty days with:

(A) Modifications in the ITP as necessary; and

(B) Implementation and review evidenced in the clinical record.

(iv) Centers and treatment homes shall include the ITP in the clinical record.

(6) Treatment and rehabilitation delivery services. Centers and treatment homes shall develop a written plan describing the organization of services. Consistent with the plan, policies and procedures shall address the following:

(a) [A] Requirements for physician authentication of a completed comprehensive health assessment and medical history within three working days after admission unless a comprehensive health assessment or review performed within the previous thirty days is available upon admission;

(b) Arrangements for physician care of any resident with a medical condition present;

(c) Signing of orders for medical treatment by a physician or other authorized practitioner acting within the scope of Washington state statutes defining practice;

(d) Provisions for emergency medical services;

(e) Completion of a psychiatric evaluation for each psychiatrically impaired resident with authentication by a psychiatrist within thirty days prior to or three working days following admission;

(f) Requirements for a registered nurse, with training and experience in working with psychiatrically impaired adults as follows:

(i) Employed full or part-time or under contract or written agreement; and

(ii) Responsible for all nursing functions.

(g) Access to and availability of mental health professionals, occupational therapists, recreational therapists, LPN, rehabilitation specialists, and paraprofessionals with experience in working with psychiatrically impaired adults, as necessary to develop, integrate, and implement the ITP.

(h) Rehabilitation services under long-term care to include:

(i) An educational and vocational assessment of each resident with appropriate educational and vocational programs developed and implemented or arranged on the basis of the assessment; and

(ii) Training in independent living skills provided by qualified persons as necessary to meet the needs of the residents.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-030, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-030, filed 8/6/82.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems

ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-325-035 General resident safety and care--Policies, procedures, practices. (1) Centers and treatment homes shall state disciplinary policy and practices in writing ensuring any disciplinary practice used is:

(a) Fair, reasonable, consistent, and related to the mental status and behavior of a resident;

(b) Consistent with the ITP;

(c) Not abusive, cruel, hazardous, frightening, or humiliating; and

(d) Documented in the clinical record.

(2) Centers and treatment homes shall prohibit:

(a) Use of seclusion and restraint as punitive measures; and

(b) Use of corporal punishment.

(3) Centers and treatment homes shall:

(a) Protect residents from assault, abuse, and neglect; and

(b) Report suspected or alleged incidents to the department including:

(i) Nonaccidental injury,

(ii) Sexual abuse,

(iii) Assault,

(iv) Cruelty, and

(v) Neglect.

(4) Centers and treatment homes shall account for resident allowances, earnings, and expenditures including:

(a) Permitting a discharged resident to take the balance of his or her money; or

(b) Fully informing a resident when his or her money is transferred to another facility or organization as permitted by state or federal law; and

(c) Informing each resident of any responsibility for cost of care and treatment per law or rule.

(5) Centers and treatment homes shall allow residents to work on the premises only when:

(a) Assigned tasks are appropriate to resident age, physical and mental condition;

(b) Assignments are described in the ITP;

(c) Resident work is supervised and part of a treatment program;

(d) Center or treatment home staff retain responsibility for basic housekeeping, maintenance of equipment, and maintenance of the physical environment; and

(e) Documentation of resident work occurs.

(6) Centers and treatment homes shall establish written policy and procedures to:

(a) Describe resident rights consistent with chapter 275-56 WAC;

(b) Require current written policy and signed physician orders guiding actions of staff when medical emergencies or threats to life occur including:

(i) Policy review as needed and at least once each two years;

(ii) Written approval of policies by representatives of medical, nursing, and administrative staff;

(iii) Maintenance of current transfer agreements with one or more acute care hospitals; and

(iv) Provision for transmitting medical and related resident information with a resident in event of transfer for medical or other treatment and care.

(c) Describe circumstances for notification of legal guardian or next-of-kin in event of:

(i) Serious change in resident condition;

(ii) Resident death;

(iii) Resident escape or unauthorized departure;

(iv) Transfer of resident to another facility; and

(v) Other unusual circumstances.

(d) Establish requirements consistent with chapter 70.160 RCW Washington Clean Indoor Air Act if residents, staff, or visitors are permitted to smoke in the center or treatment home;

(e) Provide for immediate emergency access to sleeping rooms, toilets, showers, bathrooms, or other rooms occupied by residents;

(f) Maintain resident monitoring and safety consistent with chapter 275-55 WAC if seclusion rooms or restraints are used;

(g) Provide for availability and access to emergency supplies and equipment identified in emergency medical policies;

(h) Provide guidance for staff in:

(i) Summoning of internal and external assistance, e.g., poison center, police, fire department;

(ii) Immediate actions required when resident behavior is violent or assaultive;

(iii) Regular documented rehearsals of safe, effective staff action when a resident is violent or assaultive;

(iv) Regular documented rehearsal of a fire and disaster plan; and

(v) Actions and documentation in clinical record following accidents or incidents considered harmful or injurious to a resident.

(i) Require the presence of one or more on-duty staff with current training in first aid and cardiopulmonary resuscitation;

(j) Encourage safe transportation of residents including:

(i) Assuring center-owned vehicles used for resident transport are in safe operating condition with records of preventive maintenance;

(ii) Providing a center authorization including a requirement for a current driver's license for each driver of a center-owned vehicle transporting residents;

(iii) Mandatory use of seat belts or other safety devices;

(iv) Observation of maximum vehicle passenger capacity; and

(v) Description of circumstances when residents are transported in vehicles not owned or operated by the center.

(k) Establish systems for routine preventive maintenance, documentation of the plan, and documentation of dates inspected.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-035, filed 8/9/88.]

WAC 246-325-040 Pharmaceutical services in adult residential rehabilitation centers. (1) Each center shall have an agreement with a pharmacist to advise on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) Centers shall obtain written approval of a physician and pharmacist for written policies and procedures addressing:

(a) Procuring,

(b) Prescribing,

(c) Administering,

(d) Dispensing,

(e) Storage,

(f) Transcription of orders,

(g) Use of standing orders,

(h) Disposal of drugs,

(i) Self-administration of medication, and

(j) Control or disposal of drugs brought into the center by residents and/or recording of drug administration in the clinical record.

(3) Centers shall require and ensure:

(a) 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 residents;

(b) An organized system to maintain accuracy in receiving, transcribing, and implementing orders for administration of medications;

(c) Drug dispensing only by persons licensed to dispense drugs;

(d) Drug administering only by persons licensed to administer drugs;

(e) Drugs brought into the center for resident use while in the center are specifically ordered by a physician;

(f) Control and appropriate use of all drugs administered or self-administered within the center;

(g) Provisions for procurement, drug profiles, labeling and storage of medications, drugs, and chemicals;

(h) Procurement of drugs ordered or prescribed for a specific resident by individual prescription only;

(i) The services of a pharmacist and pharmacy so that medications, supplies, and individual prescriptions are provided without undue delay;

(j) Medication containers within the center are clearly and legibly labeled with the medication name (generic and/or trade), strength, and expiration date (if available);

(k) Medications, poisons, and chemicals kept anywhere in the center are:

(i) Plainly labeled and stored in a specifically designated, secure, well-illuminated cabinet, closet, or storeroom;

(ii) Made accessible only to authorized persons; and

(iii) Maintained so that external medications are separated from internal medications.

(l) Maintenance of appropriate warning or poison labels and separate storage for poisonous external chemicals, caustic materials, and drugs.

(4) Centers shall maintain a current drug reference readily available for use by staff and treatment team members.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-040, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-040, filed 8/6/82.]

WAC 246-325-045 Food storage--Preparation--Service. (1) Centers shall maintain food service facilities and practices complying with chapter 248-84 WAC.

(2) Centers and treatment homes shall provide:

(a) A minimum of three meals in each twenty-four hour period;

(b) Evidence of written approval by the department when a specific request for fewer than three meals per twenty-four hour period is granted;

(c) A maximum time interval between the evening meal and breakfast of fourteen hours unless a snack contributing to the daily nutrient total is served or made available to all residents between the evening meal and breakfast;

(d) Dated, written menus which:

(i) Are written at least one week in advance,

(ii) Are retained six months, and

(iii) Provide a variety of foods with cycle duration of at least three weeks before repeating.

(e) Substitutions for food on menus of comparable nutrient value;

(f) Palatable, attractively served diets, meals, and nourishments sufficient in quality, quantity, and variety to meet the recommended dietary allowances of the food and nutrition board, national research council, 1980 edition; and

(g) A record of all food and snacks served and contributing to nutritional requirements.

(3) Centers and treatment homes shall prepare and serve:

(a) Resident specific modified or therapeutic diets when prescribed and as prescribed by a physician with menus approved by a dietitian; and

(b) Only those nutrient concentrates and supplements prescribed in writing by a physician.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-045, filed 8/9/88.]

WAC 246-325-050 Infection control in adult residential rehabilitation centers. (1) Centers shall establish written policies and procedures addressing infection control and isolation of residents (should isolation be necessary and medically appropriate for an infectious condition).

(2) Centers shall report communicable disease in accordance with chapter 248-100 WAC.

(3) Centers shall maintain:

(a) A current system for reporting, investigating, and reviewing infections among residents and personnel; and

(b) A system for keeping records on such infections.

(4) Centers shall require off-duty status or restrict resident contact where an employee is known to have a communicable disease in an infectious stage and is likely to be spread by casual contact.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-050, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-050, filed 8/6/82.]

WAC 246-325-060 Clinical records. (1) Centers shall maintain and retain:

(a) A well-defined clinical record system, adequate and experienced staff;

(b) Adequate facilities, equipment, and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use, and preservation of resident care data; and

(c) A person demonstrating competency and experience or training in clinical record administration responsible for the clinical record system.

(2) Centers and treatment homes shall document and maintain individual resident records and a record system in accordance with recognized principles of clinical record management to include:

(a) Ready access for appropriate members of staff;

[(b) Systematic methods for identifying the record of each resident; and

(c) Legible, dated, authenticated entries (ink, typewritten, computer terminal, or equivalent) on all diagnostic and treatment procedures and other clinical events].

(3) Centers shall have current policies and procedures related to the clinical record system including:

(a) An established format and documentation expectations for the clinical record of each resident;

(b) Control of access to and release of data in clinical records including confidentiality of information contained in records and release of information in accordance with chapter 71.05 RCW;

(c) Retention, preservation, and final disposal of clinical records and other resident care data to ensure:

(i) Retention and preservation of:

(A) Each resident's clinical record for a period of no less than five years, or for five years following the resident's most recent discharge, whichever is the longer period of time;

(B) A complete discharge summary, authenticated by an appropriate member of the staff, for a period of no less than ten years or no less than ten years following the resident's most recent discharge, whichever is the longer period of time; and

(C) Reports of tests related to the psychiatric condition of each resident for a period of no less than ten years or no less than ten years following the resident's most recent discharge, whichever is the longer period of time.

(ii) Final disposal of any resident clinical record, indices, or other reports permitting identification of the individual shall be accomplished so retrieval and subsequent use of data contained therein are impossible;

(iii) In the event of transfer of ownership of the center or treatment home, resident clinical records, indices, and reports remain in the center or treatment home, retained and preserved by the new operator in accordance with this section;

(iv) Center or treatment home arrangements for preservation of clinical records, reports, indices, and resident data in accordance with this section if the center or treatment home ceases operation; and

(v) Department approval of plans for preservation and retention of records prior to cessation of operation.

(d) Psychiatric diagnoses, abbreviations, and terminology consistent with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (DSM-III-R), physical diagnoses, abbreviations, and terminology consistent with *International Classification of Diseases*, ninth revision, Clinical Modification (ICD-9-CM);

(e) Clinical records identifying information, assessments by the multidisciplinary treatment team, regular progress notes by members of the multidisciplinary treatment team, individualized treatment plans, final evaluation, and a discharge summary;

(f) A master resident index;

(g) Identifying information;

(h) Assessments and regular progress notes by the multidisciplinary treatment team;

(i) Individualized treatment plans; and

(j) Final evaluation and discharge summary.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-060, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-060, filed 8/6/82.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-325-070 Physical environment in adult residential rehabilitation centers. (1) Each center shall provide a safe, clean environment for residents, staff, and visitors.

(2) Centers shall provide:

(a) A ground floor accessible to the physically handicapped; and

(b) Program activity areas and sleeping quarters for any physically handicapped residents on floors meeting applicable standards.

(3) Residents' sleeping rooms.

(a) Centers shall provide sleeping rooms which:

(i) Are directly accessible from a corridor or common-use activity room or an area for residents;

(ii) Are outside rooms with a clear glass window area of approximately one-tenth of the usable floor area;

(iii) Have windows above the ground floor level appropriately screened or have a security window;

(iv) Provide a minimum of eighty square feet of usable floor space in a single-bed room;

(v) Provide no less than seventy square feet of usable floor area per bed in multi-bed rooms;

(vi) Accommodate no more than four residents;

(vii) Provide no less than seven and one-half feet of ceiling height over the required floor area;

(viii) Provide space so beds do not interfere with the entrance, exit, or traffic flow within the room;

(ix) Have dimensions and conformation allowing placement of beds three feet apart; and

(x) Have room furnishings maintained in a clean, safe condition.

(b) Centers shall prohibit use of any room more than three feet, six inches below grade as a resident sleeping room.

(c) Centers shall provide:

(i) Visual privacy for each resident as needed and may achieve this through a program assuring privacy in toileting, bathing, showering, and dressing;

(ii) An enclosed space suitable for hanging garments and storage of personal belongings for each resident within or convenient to his or her room; and

(iii) Secure storage of resident valuables in the room or elsewhere.

(d) Centers shall provide each resident access to his or her room with the following exceptions:

(i) If appropriate, center rules may specify times when rooms are unavailable; and/or

(ii) An ITP may specify restrictions on use of a room.

(e) Centers shall provide a bed for each resident which is:

(i) At least thirty-six inches wide or appropriate to the special needs and size of the resident; and

(ii) Provided with a clean, cleanable, firm mattress and a clean, cleanable, or disposable pillow.

(4) Centers shall ensure that each resident occupied floor or level provides:

(a) One toilet and sink for each eight residents or any fraction thereof;

(b) A bathing facility for each twelve residents or fraction thereof; and

(c) Arrangements for privacy in toilets and bathing facilities.

(5) Centers shall provide:

(a) Adequate lighting in all areas;

(b) An adequate number of electrical outlets to permit use of electrical fixtures appropriate to the needs of residents and consistent with the program;

(c) General lighting for sleeping rooms with an electrical wall switch located at the door of each sleeping room to control one built-in light fixture within the room; and

(d) Emergency lighting equipment such as flashlights or battery-operated lamps available and maintained in operating condition.

(6) Ventilation.

(a) Centers shall provide ventilation of all rooms used by residents or personnel sufficient to remove objectionable odors, excessive heat, or condensation.

(b) Centers shall provide appropriate vents in inside rooms, including toilets, bathrooms, and other rooms where excessive moisture, odors, or contaminants originate.

(7) Centers shall provide:

(a) An adequate supply of hot and cold running water under pressure conforming with standards of the state board of health, chapter 248-54 WAC;

(b) Hot water temperature at bathing fixtures not to exceed one hundred twenty degrees Fahrenheit;

(c) Hot water at a temperature of one hundred forty degrees Fahrenheit available for laundry equipment; and

(d) 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. Centers shall provide:

(a) An adequate storage area and supply of clean linen, washcloths, and towels available for resident use;

(b) Availability of at least one laundry room with washer and dryer located in an area separated from the kitchen and dining area; and

(c) Well-ventilated soiled laundry or linen storage and sorting areas physically separated from the clean linen handling area, the kitchen, and the eating areas.

(9) Centers shall provide at least one private area within the center for visitation of residents and guests.

(10) Centers shall provide an adequate number of therapy and examination rooms for:

(a) Group and individual therapy reasonably sound-proofed to maintain confidentiality;

(b) Seclusion or maximum security if required by a program, unless immediately accessible in a hospital, with each room:

(i) Under direct staff supervision;

(ii) Intended for short-term occupancy only;

(iii) Designed and furnished to provide maximum security and safety for occupant;

(iv) An inside or outside room with natural or artificial light;

(v) Provided with window lights in door or other provisions for direct visibility of an occupant at all times; and

(vi) A minimum of fifty square feet of floor space, exclusive of fixed equipment and a minimum dimension of six feet.

(c) Physical examination of residents when performed on a routine basis within the center including:

(i) Provisions for privacy and adequate light;

(ii) A handwashing facility with single-use disposable towels or equivalent; and

(iii) A soap dispenser.

(11) If seclusion or maximum security rooms are not required by program, these shall be immediately available in a hospital or other licensed facility.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored, or handled within the center, centers shall provide utility and storage areas designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from contaminated supplies and equipment.

(13) Centers shall provide housekeeping facilities including:

(a) At least one service sink and housekeeping closet equipped with shelving; and

(b) Provision for collection and disposal of sewage, garbage, refuse, and liquid wastes in a manner to prevent creation of an unsafe or unsanitary condition or nuisance.

(14) Centers shall provide:

(a) A heating system operated and maintained to provide a comfortable, healthful temperature in rooms used by residents;

(b) An area for secure storage of resident records;

(c) An area providing privacy for authorized personnel to read and document in the resident records;

(d) An appropriately furnished dining room or rooms or area or areas large enough to provide table service for all residents;

(e) Sufficient space to accommodate various activities when a multipurpose room is used for dining as well as recreational activities or meetings; and

(f) At least forty square feet per bed for the total combined area utilized for dining, social, educational, recreational activities, and group therapies.

(15) Centers shall provide:

(a) Ready access to one "nonpay" telephone in the event of fire or other emergencies; and

(b) A readily available telephone for use by residents located so privacy is possible.

(16) Centers shall arrange availability of a safely maintained outdoor recreational area for use of residents.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-070, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-070, filed 8/6/82.]

WAC 246-325-100 Resident care services in private adult treatment homes. (1) The treatment home shall have written policies regarding admission criteria and treatment methods. Admission of residents shall be in keeping with stated policies and limited to psychiatrically impaired residents for whom the home can provide adequate safety, treatment, and care.

(2) Rules and regulations contained in chapter 248-25 WAC shall apply except for the following:

(a) WAC 248-25-010 (5), (6), (8), and (9);

(b) WAC 248-25-020;

(c) WAC 248-25-030 (1), (2), (6)(f);

(d) WAC 248-25-035 (6)(j)(i)-(ii) and (6)(k);

(e) WAC 248-25-040;

(f) WAC 248-25-050; and

(g) WAC 248-25-070.

(3) The treatment home shall:

(a) Require a specific order or prescription by a physician or other legally authorized practitioner for resident medications;

(b) Assume responsibility for security and monitoring of resident medications including:

(i) Locked storage or other means to keep medication unaccessible to unauthorized persons;

(ii) Refrigeration of medication when required;

(iii) External and internal medications stored separately (separate compartments);

(iv) Each medication stored in original labeled container;

(v) Medication container labels including the name of the resident and the date of purchase;

(vi) Limiting disbursement and access to licensee except for self-administered medications;

(vii) Medications dispersed only on written approval of an individual or agency having authority by court order to approve medical care;

(viii) Medications dispersed only as specified on the prescription label or as otherwise authorized by a physician; and

(ix) Ensuring self-administration of medications by a resident in accordance with the following:

(A) The resident shall be physically and mentally capable of properly taking his or her own medicine; and

(B) 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) Clinical records and record systems shall comply with WAC 248-25-060.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-100, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-100, filed 8/6/82.]

WAC 246-325-120 Physical environment requirements for private adult treatment homes. (1) The treatment home shall be located on a well-drained site, free from hazardous conditions, and accessible to other facilities necessary to carry out the program. At least one telephone on the premises shall be accessible for emergency use at all times.

(2) The treatment home shall provide and maintain the physical plant, premises, and equipment:

(a) In clean and sanitary condition,

(b) Free of hazards, and

(c) In good repair.

(3) Treatment homes shall provide:

(a) Suitable space for storage of clothing;

(b) Resident bedrooms which are outside rooms permitting entrance of natural light;

(c) Multiple occupancy bedrooms, when used, not less than fifty square feet per resident occupant of floor area exclusive of closets;

(d) A bed for each resident which is at least thirty-six inches wide with clean mattress, pillow, sheets, blankets, and pillowcases;

(e) Adequate facilities for separate storage of soiled and clean linen;

(f) At least one indoor flush-type toilet, one lavatory, and one bathtub or shower with hot and cold or tempered running water with:

(i) Provision for resident privacy; and

(ii) Soap and individual or disposable towels.

(g) Adequate lighting; and

(h) Discharge of sewage and liquid wastes into a public sewer system or into an independent sewage system approved by the local health authority or the department.

(4) Treatment homes shall ensure:

(a) Approval by the local health authority or department when a private water supply is provided;

(b) A heating system operated and maintained to provide not less than sixty-eight degrees Fahrenheit temperature in rooms used by residents during waking hours; and

(c) Premises free from rodents, flies, cockroaches, and other insects.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-120, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-120, filed 8/6/82.]

WAC 246-325-990 Fees. Adult residential rehabilitation centers (ARRC) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of thirty-five dollars for each bed space within the licensed bed capacity of the ARRC;

(2) Include all bed spaces in rooms complying with physical plant and movable equipment requirements in this chapter for client sleeping rooms; and

(3) Set up twenty-four-hour assigned client beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-325-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-326 WAC
ALCOHOLISM TREATMENT FACILITIES

WAC

WAC 246-326-001 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-001, filed 8/3/84. Formerly WAC 248-22-500.]

WAC 246-326-010 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) "Intoxicated" 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-010, filed 8/3/84. Formerly WAC 248-22-501.]

WAC 246-326-020 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 anyone be deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked.

(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, modification, or revocation of licenses or a license appeal; notice; adjudicative proceeding.

(a) When the department determines a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and/or these rules, the department may deny, suspend, modify, or revoke a license. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(b) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-26-020, filed 2/28/90, effective 3/1/90. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-020, filed 8/3/84. Formerly WAC 248-22-510.]

WAC 246-326-030 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-030, filed 8/3/84. Formerly WAC 248-22-520.]

WAC 246-326-035 HIV/AIDS education and training. Alcoholism treatment facilities shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-035, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-26-035, filed 10/12/89, effective 11/12/89.]

WAC 246-326-040 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-040, filed 8/3/84. Formerly WAC 248-22-530.]

WAC 246-326-050 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-050, filed 8/3/84.]

WAC 246-326-060 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.

(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 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-060, filed 8/3/84.]

WAC 246-326-070 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-070, filed 8/3/84. Formerly WAC 248-22-540.]

WAC 246-326-080 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-080, filed 8/3/84. Formerly WAC 248-22-580.]

WAC 246-326-090 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-090, filed 8/3/84. Formerly WAC 248-22-590.]

WAC 246-326-100 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-100, filed 8/3/84. Formerly WAC 248-22-550.]

WAC 246-326-990 Fees. Alcoholism treatment facilities licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of fifteen dollars for each bed space within the licensed bed capacity of the alcoholism treatment facility to the department;

(2) Include all bed spaces in rooms complying with physical plant and movable equipment requirements for twenty-four-hour assigned patient rooms; and

(3) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-326-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-327 WAC
HOME HEALTH AGENCIES

WAC

WAC 246-327-001 Purpose. The purpose of these rules is to administratively implement chapter 70.127 RCW by establishing minimum licensing standards for home health agencies related to safe and competent care for patients.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-005, filed 6/7/89.]

WAC 246-327-010 Definitions. For the purpose of chapter 70.127 RCW and chapter 248-27 WAC, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Acute care" means care provided by an agency for patients who are not medically stable or have not attained a satisfactory level of rehabilitation. These patients require frequent monitoring by a health care professional in order to maintain their health status.

(2) "Administrator" means a person managing and responsible for the day-to-day operation of each licensed agency.

(3) "Advanced registered nurse practitioner" means a registered nurse with a ARNP recognition document under chapter 308-120 WAC.

(4) "Agency" means a home health agency defined under this section and chapter 70.127 RCW.

(5) "AIDS" means acquired immunodeficiency syndrome defined under WAC 248-100-011.

(6) "Authorizing practitioner" means a person authorized to sign a home health plan of treatment including a physician licensed under chapter 18.57 or 18.71 RCW, a podiatrist licensed under chapter 18.22 RCW, or an advanced registered nurse practitioner as authorized by the board of nursing under chapter 18.88 RCW.

(7) "Branch office" means a location or site from which an agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency, included in the license of the agency, and located sufficiently close to share administration, supervision, and services.

(8) "Bylaws" means a set of rules adopted by an agency for governing the agency operation.

(9) "Clinical note" means a written, signed, dated notation of each contact with a patient which may contain a description of signs and symptoms, treatments, medications given, the patient reaction, any changes in physical or emotional condition, and other pertinent information.

(10) "Department" means the department of social and health services or successor state health department.

(11) "Dietitian" means an individual certified under chapter 18.138 RCW, Dietitians and Nutritionists.

(12) "Family" means an individual or individuals who are important to and designated by the patient, and who may or may not be relatives.

(13) "Governing body" means the person, who may be the owner or a group, with responsibility and authority to establish policies related to operation of the agency.

(14) "HIV" means human immunodeficiency virus defined under RCW 70.24.017(7).

(15) "Home health agency" means a private or public agency or organization administering or providing home health aide services or two or more home health services directly or through a contract arrangement to ill, disabled, or infirm persons in places of temporary or permanent residence.

(16) "Home health aid" means an individual registered or certified under chapter 18.88A RCW.

(17) "Home health aid services" means services provided by a home health agency under supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist and as further defined under RCW 70.127.010(7).

(18) "Home health plan of care" or "plan of care" means a written plan of care established by a home health agency by appropriate health care professionals, including comprehensive case assessment and management, and describing maintenance care to be provided. A patient or the patient's representative shall be allowed to participate in the development of the plan of care to the extent practicable.

(19) "Home health plan of treatment" or "plan of treatment" means a written plan of care established by a physician, a podiatrist, or an advanced registered nurse practitioner, in consultation with appropriate health care professionals within the agency, including comprehensive case assessment and management, and describing medically necessary acute care to be provided for treatment of illness or injury.

(20) "Home health services" means health or medical services provided to ill, disabled, or infirm persons. Home health services of an acute or maintenance care nature include, but are not limited to:

(a) Nursing services;
(b) Home health aide services;
(c) Physical therapy services;
(d) Occupational therapy services;
(e) Speech therapy services;
(f) Respiratory therapy services;
(g) Nutritional services;
(h) Homemaker services;
(i) Personal care services;
(j) Medical social services;
(k) Medical supplies or equipment services; and
(l) Pharmacy services.

(21) "Homemaker services" means services assisting ill, disabled, or infirm persons with household tasks essential to achieving adequate household and family management, including transportation, shopping, and maintenance of premises.

(22) "Ill, disabled, or infirm persons" means persons needing home health, hospice, or home care services in order to maintain themselves in their places of temporary or permanent residence.

(23) "Licensed practical nurse" means an individual licensed as a practical nurse under chapter 18.78 RCW, Practical nurses.

(24) "Maintenance care" means care provided by home health agencies that is necessary to support an existing level of health and to preserve a patient from further failure or decline.

(25) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(26) "May" means permissive or discretionary on the part of the department.

(27) "Medical social worker" means an individual with a bachelor's degree in social work, psychology, or a related field and having completed one year of social work experience and registered as a counselor under RCW 18.19.090.

(28) "Nutritional services" means nutritional assessment and counseling, dietary teaching, and the monitoring and management of special diets and hyperalimentation provided by a dietitian or certified nutritionist under chapter 18.138 RCW.

(29) "Occupational therapist" means an individual licensed as an occupational therapist under chapter 18.59 RCW.

(30) "Owner" means the individual, partnership, or corporate entity legally responsible for the business requiring licensure as a home health agency under chapter 70.127 RCW.

(31) "Personal care services" means services assisting ill, disabled, or infirm persons with dressing, feeding, and personal hygiene to facilitate self–care.

(32) "Personnel" means individuals providing patient care on behalf of an agency including employees and individuals under contract.

(33) "Pharmacist" means an individual licensed as a pharmacist under RCW 18.64.080.

(34) "Physical therapist" means an individual licensed as a physical therapist under chapter 18.74 RCW.

(35) "Physician" means an individual licensed as a medical doctor under chapter 18.71 RCW or an osteopathic physician and surgeon licensed under chapter 18-.57 RCW, or a podiatrist licensed under chapter 18.22 RCW.

(36) "Prehire screening" means checking of work references, appropriate registration, certification, licensure, and qualifications.

(37) "Registered nurse" means an individual licensed under chapter 18.88 RCW, Registered nurses.

(38) "Respiratory therapist" means an individual certified under chapter 18.89 RCW, Respiratory care practitioners.

(39) "Shall" means compliance is mandatory.

(40) "Speech therapist" means a person meeting:

(a) 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 ASLHA Directory*, American Speech, Language, and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, 1983; or

(b) The education requirements for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in *The ASLHA Directory*, 1983.

(41) "Supervision" means authoritative procedural guidance by a qualified person who assumes the responsibility for the accomplishment of a function or activity and who provides direction and ongoing monitoring and evaluation of the actual act of accomplishing the function or activity.

(42) "Therapist" means a physical therapist, occupational therapist, speech therapist, or respiratory therapist defined under this section or other therapist licensed or certified under Title 18 RCW and providing health or medical care or treatment within their defined scope of practice.

(43) "Therapy assistant" means a licensed occupational therapy assistant defined under chapter 18.59 RCW or physical therapist assistant defined under chapter 308–42 WAC.

(44) "Therapy services" means those services delivered by a therapist defined under this section.

(45) "Volunteer" means an individual providing assistance to the home health agency and:

(a) Oriented, trained, and supervised to perform specific assigned tasks; and

(b) Working without compensation.

(46) "Without compensation" means:

(a) A recipient of care is not charged a fee for any service delivered by the volunteer; and

(b) An individual delivering care receives no pay, except reimbursement for personal mileage incurred to deliver home health services.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–327–010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–27–015, filed 6/7/89.]

WAC 246–327–025 Licensure of the home health agency. (1) Persons operating home health agencies defined under chapter 70.127 RCW shall submit applications and fees to the department by July 1, 1989.

(2) After July 1, 1990, no person shall:

(a) Advertise, operate, manage, conduct, open, or maintain a home health agency without first obtaining an appropriate license from the department; or

(b) Use the words "home health agency," "home health care services," or "visiting nurse services" in its corporate or business name, or advertise using such words unless licensed as a home health agency under chapter 70.127 RCW.

(3) Applicants for a home health agency license shall:

(a) Submit a completed application and fee for initial license or renewal to the department on forms furnished by the department, including signature of the owner or legal representative of the owner;

(b) Furnish to the department full and complete information as required by the department for the proper administration of department requirements including:

(i) Evidence of current insurance including:

(A) Professional liability insurance coverage specified under RCW 70.127.080; and

(B) Public liability and property damage insurance coverage specified under RCW 70.127.080.

(ii) Information on organizational and governing structure and the identity of the applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets;

(iii) A list of counties where the applicant will operate;

(iv) A list of branch offices; and

(v) A list of services provided or offered.

(4) Agencies requesting license renewal shall submit a renewal application and fee to the department.

(5) If the applicant or owner meets the requirements of this chapter and chapter 70.127 RCW, the department shall issue or renew a license for the agency.

(6) The department shall:

(a) Deny a license if in the last five years the owner, applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets are found in a civil or criminal proceeding to have committed any act reasonably relating to the fitness of any of the above persons to:

(i) Establish, maintain, or administer an agency; or

(ii) Provide care in the home of another.

(b) Provide a combination of applications and licenses and the reduction of individual license fees if an applicant applies for more than one category of license under chapter 70.127 RCW;

(c) Establish fees to be paid under RCW 43.20B.110 and chapter 440-44 WAC, including providing for the reduction of individual license fees if an applicant applies for more than one category of license under RCW 70.127.110;

(d) Prohibit transfer or reassignment of a license without thirty-day-prior-notice to the department and department approval;

(e) Issue a license following approval of a new or current owner's application;

(f) Conduct on-site reviews of the agency, which may include in-home visits with consent of the patient, to determine compliance;

(g) Examine and audit records of the agency if the department has reason to believe persons are providing care without an appropriate license;

(h) Provide for combined licensure inspections and audits for owners holding more than one license under RCW 70.127.110;

(i) Give written notice of any violations, including a statement of deficiencies observed;

(j) Inform the owner or applicant of the requirement to:

(i) Present a plan of correction to the department within ten working days; and

(ii) Comply within a specified time not to exceed sixty days.

(k) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency prior to assessing a civil penalty unless:

(i) The deficiency is an immediate threat to life, health, or safety; or

(ii) The owner fails to comply with any of the provisions under WAC 248-27-045 (3)(a), (b), (c), (d), (e), (f), (g), (h), (i), and (j).

(l) Initiate disciplinary action, under RCW 70.127-.170 and this chapter, if the owner or applicant fails to comply.

(7) The department may:

(a) Issue a license effective for one year or less unless the license is suspended or revoked;

(b) Inspect an agency and examine records at any time to determine compliance with chapter 70.127 RCW and this chapter;

(c) Deny, suspend, modify, or revoke an agency license for failure to comply with chapter 70.127 RCW or this chapter.

(8) When a change of ownership is planned, the owner shall notify the department, in writing, at least thirty days prior to the date of transfer, including:

(a) Full name and address of the current owner and prospective new owner;

(b) Name and address of the agency and new name under which the agency will be operating, if known; and

(c) The date of the proposed change of ownership.

(9) The prospective new owner shall submit a new application for an agency license with the fee at least thirty days prior to the change of ownership.

(10) The agency shall inform the department, in writing, at the time of opening or closing the agency or branch offices included in the agency license.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-27-025, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-025, filed 6/7/89.]

WAC 246-327-035 License denials--Suspensions--Modifications--Revocations. (1) The department may deny, suspend, modify, or revoke a license or assess civil penalties, or both, against the agency if an applicant, owner, officer, director, or managing employee:

(a) Fails or refuses to comply with the provisions under chapter 70.127 RCW or this chapter;

(b) Continues to operate after the license is revoked or suspended for cause without subsequent reinstatement by the department;

(c) Makes a false statement of a material fact in the application for the license or data attached or in any record required by this chapter or matter under investigation by the department;

(d) Refuses to allow representatives of the department to inspect any part of the agency or books, records, or files required by this chapter;

(e) Willfully prevents or interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of chapter 70-.127 RCW and this chapter;

(f) Willfully prevents or interferes with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Fails to pay or make arrangements to pay a civil monetary penalty assessed by the department within ten days after the assessment becomes final, as provided under WAC 248-27-045, Civil fines;

(h) Uses false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresents, or is fraudulent in an aspect of, the conduct of the applicant's or owner's business.

(2) If the department finds the public health, safety, or welfare imperatively require emergency action, a license may be summarily suspended pending proceedings for revocation or other action.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-27-035, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-035, filed 6/7/89.]

WAC 246-327-045 Civil fines. (1) Following an on-site review, in-home visit, or audit, the department shall give written notice either in person or by personal service or certified mail, return receipt requested, of any violation under chapter 70.127 RCW or this chapter. The notice shall inform the owner or applicant as appropriate including:

(a) Describing the conditions of noncompliance;

(b) Specifying a reasonable time of compliance not to exceed sixty days;

(c) Explaining the possibility of a violation subjecting the owner or applicant to denial, revocation, modification, or suspension of the license, and/or civil fines; and

(d) Explaining the right of the owner or applicant to appeal.

(2) The department may assess civil monetary penalties in addition to or in lieu of denial, suspension, modification, or revocation of a license if the owner fails to comply with a notice of violation.

(3) The department may assess civil monetary penalties not to exceed one thousand dollars per violation in any case where the department finds the owner, applicant, officer, director, partner, managing employee, or owner of ten percent or more of the applicant's or owner's assets:

(a) Failed or refused to comply with requirements under chapter 70.127 RCW or this chapter;

(b) Continued to operate after the license was revoked or suspended for cause and not subsequently reinstated by the department;

(c) Has knowingly, or with reason to know, made a false statement of a material fact in the:

(i) Application for the license; or

(ii) Data attached; or

(iii) Record required under chapter 70.127 RCW; or

(iv) Matter under investigation by the department.

(d) Refused to allow representatives of the department to inspect any book, record, file, or part of the agency under this chapter;

(e) Willfully prevented, interfered with, or attempted to impede the work of any representative of the department and the lawful enforcement of a provision under chapter 70.127 RCW and this chapter;

(f) Willfully prevented or interfered with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Failed to pay or make arrangements to pay any civil monetary penalty assessed by the department under chapter 70.127 RCW within ten days after the assessment became final;

(h) Used false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresented or was fraudulent in any aspect of the conduct of the home health business.

(4) Failure to pay or make arrangements to pay civil monetary penalties within ten days from the time the assessment becomes final may result in denial, suspension, modification, or revocation of the license, in addition to either the assessment of the penalties or to the assessment of additional penalties.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-27-045, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-045, filed 6/7/89.]

WAC 246-327-055 License action and/or civil fine--Notice--Adjudicative proceeding. (1) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or licensee holder has the right to an adjudicative proceeding to contest the decision.

(2) The department's notice of imposition of a civil fine shall be consistent with RCW 43.20A.XXX and section 96, chapter 175, Laws of 1989. A person the department imposes a civil fine on has the right to an adjudicative proceeding to contest the decision.

(3) A license applicant or holder or a person the department imposes a civil fine on contesting a department decision shall within twenty-eight days of receipt of the decision:

(a) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(b) Include in or with the application:

(i) A specific statement of the issue or issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(4) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-055, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-27-055, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-055, filed 6/7/89.]

WAC 246-327-065 General requirements. (1) The agency shall have a written plan of operation including:

(a) An organizational chart showing ownership and lines for delegation of responsibility to the patient care level;

(b) The services offered including hours of operation and service availability;

(c) Admission discharge, referral, and transfer criteria;

(d) Evidence of administrative and supervisory control and responsibility for all services including services provided by branch offices;

(e) An annual budget approved by the governing body; and

(f) Provisions for ongoing care in the event the agency ceases operation.

(2) The agency shall provide services consistent with an authorized plan of treatment or plan of care and:

(a) Admit patients consistent with agency admission criteria, services provided, and capability of agency to provide the appropriate level of care; and

(b) Inform the patient of alternate services, if available, if the agency is unable to meet identified needs of the patient.

(3) Agency personnel shall communicate in a language or form of communication the patient can reasonably be expected to understand. Whenever possible, the agency shall assist in obtaining:

(a) Special devices;

(b) Interpreters; or

(c) Other aids to facilitate communication.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-065, filed 6/7/89.]

WAC 246-327-077 Patient bill of rights. Home health agencies shall provide each patient and family with a written bill of rights affirming each patient's rights to:

(1) Be informed of aspects of his or her condition necessary to make decisions regarding his or her home health care;

(2) Refuse treatment or services to the extent permitted by law and be informed of the potential consequences of such action;

(3) Be informed of the services offered by the agency, including those services provided in his or her home;

(4) Participate in development of plan of care and/or plan of treatment to the extent practical;

(5) Be informed of any responsibilities he or she may have in the care process, including the requirement for medical supervision when required for the home health plan of treatment;

(6) Be informed of the name of the person supervising the care and how to contact that person;

(7) Be informed of the process for submitting and addressing complaints to both the agency and department;

(8) Receive an explanation of the agency's charges and policy concerning billing and payment for services including, to the extent possible, insurance coverage and other methods for payment, unless services are reimbursed through a managed care plan;

(9) Upon request, receive a fully itemized billing statement at least monthly including the date of each service and the charge, unless service is reimbursed through a managed care plan;

(10) Access the department's directory of licensed agencies;

(11) Upon request, be informed of who owns and controls the agency;

(12) Personnel properly trained to perform assigned tasks;

(13) Coordinated services;

(14) Courteous and respectful treatment, privacy, and freedom from abuse and discrimination;

(15) Confidential management of patient records and information;

(16) Access information in the patient's own record upon request;

(17) Be informed of the nature and purpose of care, as well as name and discipline of the person performing the care;

(18) Be informed of any care provided by the agency which has experimental or research aspects with documentation of voluntary informed consent; and

(19) Be informed of the reason for impending discharge, transfer to another agency and/or level of care, ongoing care requirements, and other available services and options if needed.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-077, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-077, filed 6/7/89.]

WAC 246-327-085 Governing body--Administration. (1) The governing body of the agency shall establish a mechanism to:

(a) Approve a quality assurance plan whereby problems are identified, monitored, and corrected;

(b) Approve written policies and procedures related to safe, adequate patient care, and operation of the agency;

(c) Assure an annual review of the agency by health professionals to evaluate the scope and quality of the services provided;

(d) Appoint an administrator and provide for an alternate in the administrator's absence;

(e) Adopt and periodically review written bylaws;

(f) Oversee the management and fiscal affairs of the agency; and

(g) Obtain regular reports on patient satisfaction.

(2) Each agency shall have an administrator to:

(a) Organize and direct the agency's ongoing functions;

(b) Arrange for professional services;

(c) Maintain ongoing liaison between the governing body and personnel;

(d) Employ qualified personnel and ensure adequate education and supervision of personnel and volunteers;

(e) Ensure the accuracy of public information materials and activities;

(f) Implement a budget and accounting system;

(g) Ensure the presence of an alternate to act in the administrator's absence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-085, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-085, filed 6/7/89.]

WAC 246-327-095 Personnel and volunteers. (1) The agency shall establish written personnel and volunteer policies including, but not limited to:

(a) Personnel and volunteer qualifications commensurate with anticipated job responsibilities;

(b) Employment criteria without regard to sex, race, age, creed, handicap, national origin, or sexual orientation;

(c) Orientation and in-service training related to safe care, appropriate to each classification of personnel and volunteer and the tasks he or she is expected to perform;

(d) Evidence of prehire screening; and

(e) Annual or more frequent performance evaluations including:

(i) Assessment of safe performance of job responsibilities; and

(ii) Conformance with agency policies and procedures.

(2) The agency shall maintain records including:

(a) Qualifications of personnel and direct patient care volunteers;

(b) Evidence of current licensure, certification, or registration when applicable to job requirements;

(c) Evidence of current cardiopulmonary resuscitation training at least every two years for all personnel providing services in the home, except volunteers and delivery personnel;

(d) Evidence of review of agency policy and procedures related to abuse and neglect of children and adults for all personnel and volunteers providing services in the home consistent with chapters 26.44 and 74.34 RCW;

(e) Performance evaluations and evidence of prehire screening; and

(f) Health records including evidence of at least one tuberculin skin test by the Mantoux method at the time of employment unless medically contraindicated, and meeting specifications under subsection (3) of this section.

(3) The agency shall ensure personnel and volunteers expected to provide direct patient care have a tuberculin skin test by the Mantoux method prior to patient contact and meeting the following requirements:

(a) When a skin test is negative, less than ten millimeters of induration read at forty-eight to seventy-two hours:

(i) Personnel and volunteers under thirty-five years of age require no further testing; and

(ii) Personnel and volunteers thirty-five years of age or over require a second test in one to three weeks.

(b) Positive reactors, reaction of ten millimeters or more of induration, shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specific requirements are as follows:

(i) The home health agency shall maintain results of skin tests, report of x-ray findings, or exemptions to such in the agency; and

(ii) New personnel and volunteers providing documentation of a significant Mantoux skin test reaction in the past are excluded from screening.

(c) New personnel and volunteers currently and consistently employed by or volunteering in another agency or facility with similar required screening, meeting the requirements under this subsection, may use the previous screening as documentation; and

(d) In the event of personnel or volunteer exposure to an infectious case of tuberculosis, the agency shall supply the names and identifying information to the local health department sufficient for screening to occur.

(4) The agency shall assure observance of appropriate precautions when personnel and volunteers show signs or report symptoms of communicable disease in an infectious stage.

(5) The agency shall assume responsibility for personnel providing agency services included in the plan of care or treatment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-095, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-095, filed 6/7/89.]

WAC 246-327-105 AIDS education and training. Home health agencies shall:

(1) Verify or arrange for appropriate education and training of personnel and volunteers on the prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *KNOW - AIDS EDUCATION FOR HEALTH CARE FACILITY EMPLOYEES*, March 1, 1989, published by the department office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-105, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-105, filed 6/7/89.]

WAC 246-327-115 Patient care policies and procedures. (1) The agency shall:

(a) Establish and implement written policies and procedures appropriate to the services offered by the agency; and

(b) Make policies and procedures available to all personnel and volunteers including:

(i) Treatments and procedures used in providing patient services;

(ii) Any special qualifications of persons performing the services;

(iii) Infection control principles and practices;

(iv) Emergency care, patient safety, and death;

(v) Maintenance of supplies and equipment;

(vi) Admission, transfer, and discharge of patients;

(vii) Abuse and neglect consistent with chapters 26.44 and 74.34 RCW;

(viii) Coordination of services;

(ix) Clinical records; and

(x) Management and handling of patient-owned drugs consistent with applicable state laws.

(2) The agency shall provide patient family teaching:

(a) Consistent with agency policies and procedures; and

(b) Including demonstration, supervision, and evaluation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-115, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-115, filed 6/7/89.]

WAC 246-327-125 Supervision and coordination of clinical services. (1) The agency shall employ a supervisor of clinical services who:

(a) Is a registered nurse if nursing services are provided;

(b) May be a therapist if no nursing services are provided;

(c) Is available, or can be replaced, by a similarly qualified person, during service hours;

(d) Participates in the development and revision of written patient care policies related to each service provided; and

(e) Is responsible for assignment and supervision of all patient care personnel and volunteers.

(2) The agency shall designate a coordinator of clinical services who:

(a) Coordinates interdisciplinary services and interagency services; and

(b) Provides for continuity of care within disciplines.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-125, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-125, filed 6/7/89.]

WAC 246-327-135 Home health plan of treatment. (1) The agency shall develop an individualized plan of treatment for patients receiving acute care services.

(2) The agency shall ensure:

(a) Patient care personnel and volunteers follow a written plan of treatment approved and reviewed by an authorizing practitioner;

(b) Services other than assessment are provided only with the approval of an authorizing practitioner;

(c) The plan of treatment covers all pertinent diagnoses and current problems pertaining to the health of the patient with specific objectives and plans for implementation;

(d) Personnel consult with the authorizing practitioner to approve additions and modifications to the original plan of treatment in the event the patient was referred under an incomplete plan of treatment;

(e) Inclusion of specific services and modalities, with frequency and duration in the plan of treatment;

(f) Personnel and the authorizing practitioner review the total plan of treatment:

(i) Whenever changes in the patient's condition require a change in the plan; and

(ii) At least once every sixty days.

(g) The authorizing practitioner receives timely reports including:

(i) Any changes suggesting a need to alter the plan of treatment;

(ii) Suspected drug allergies; and

(iii) Adverse reactions to drugs.

(h) An authorizing practitioner orders drugs and treatments and:

(i) Orders are verified by a registered nurse, licensed practical nurse, therapist, or pharmacist;

(ii) The drugs and treatments are administered by legally authorized agency personnel or volunteers;

(iii) Orders are recorded in a patient record as soon as possible; and

(iv) The authorizing practitioner countersigns the orders within a reasonable length of time.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-135, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-135, filed 6/7/89.]

WAC 246-327-145 Home health plan of care. The agency shall develop individualized plans of care:

(1) Current and reflective of a patient's present health status;

(2) Reviewed and revised at least every three months;

(3) Supervised by a registered nurse or appropriate therapist; and

(4) Containing specific objectives and plans for implementation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-145, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-145, filed 6/7/89.]

WAC 246-327-155 Functions, duties, and responsibilities of direct care personnel. (1) Agencies shall describe functions, duties, and responsibilities of direct patient care personnel and volunteers including:

(a) Initial and ongoing patient assessment, reassessment, and evaluation;

(b) Participation in development and revision of plan of treatment or care;

(c) Provision of appropriate services in accordance with agency policy and procedures;

(d) Participation in case conferences or other processes used to coordinate patient care;

(e) Teaching and counseling patients and family to meet patient needs identified in the plan of treatment or care;

(f) Preparation of clinical notes;

(g) Participation in discharge planning from home health care;

(h) Development of written directions for use by home health aide or appropriate therapy assistant; and

(i) Supervision and orientation of home health aide or appropriate therapy assistant to assure safe, therapeutic patient care.

(2) Agencies utilizing the services of licensed practical nurses shall follow agency policies, provide supervision by a registered nurse, and comply with chapter 18.78 RCW.

(3) The agency shall utilize the services of therapy assistants:

(a) Only as defined under WAC 248-27-015;

(b) Under supervision of an appropriately qualified therapist; and

(c) Following a plan of care compatible with the plan of treatment which is approved and supervised by the qualified therapist.

(4) Home health aide services, when utilized, shall:

(a) Be included in the plan of care or plan of treatment;

(b) Follow a specific written plan of care or treatment; and

(c) Be under the supervision of a registered nurse, therapist, or licensed practical nurse, as appropriate, with:

(i) Orientation of the home health aide to the specific home health care of each patient prior to care given;

(ii) Evidence of an in-home supervisory visit at least once a month if the patient needs acute care and at least once every three months if the patient needs maintenance care; and

(iii) Direct observation of in-home performance of each home health aide at least every six months.

(5) The agency shall define the functions and duties of home health aides including the ability to:

(a) Observe and recognize changes in patient's condition and report changes to the supervisor;

(b) Initiate emergency procedures under the agency policy;

(c) Assist with medications ordinarily self-administered by the patient, with assistance limited to:

(i) Communication of appropriate information to the patient regarding self-administration including:

(A) Reminding a patient of when it is time to take a prescribed medication; and

(B) Reading the label of the medication container.

(ii) Handing a patient-owned medication container to the patient;

(iii) Opening the medication container; or

(iv) Application or installation of skin, nose, eye, and ear preparations only under specific direction of the supervisor.

(d) Record pertinent information in the patient's clinical record.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-155, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-155, filed 6/7/89.]

WAC 246-327-165 Clinical records. (1) The agency shall maintain clinical records under agency policies and procedures. Records shall be:

(a) Legibly written in ink suitable for photocopying;

(b) On standardized agency forms;

(c) Written in a legally acceptable manner;

(d) In chronological order in entirety or by service;

(e) Fastened together to avoid loss of pages;

(f) Considered as property of the agency;

(g) Available in one integrated document in one place, except:

(i) A copy may be kept in the home or in the agency office; and

(ii) More than one volume may be necessary.

(h) Available and retrievable during operating hours either in the agency or by electronic means; and

(i) Stored following discharge from service:

(i) Preventing loss of information;

(ii) Protecting the record from damage due to water, mildew, or fire; and

(iii) Preventing access by unauthorized persons.

(2) The agency shall include as contents of the clinical record:

(a) Patient-identifying information;

(b) Patient service/treatment consent and agreement;

(c) Pertinent past and current clinical findings including:

(i) Assessment of patient's physical and mental status as well as social and environmental problems affecting care; and

(ii) Clinical notes describing specific observations including, but not limited to, observations of patient condition.

(d) The home health plan of care and plan of treatment.

(3) Agencies shall maintain, retain, and preserve records:

(a) For adults, a period of no less than five years following the date of termination of services; and

(b) For minors, a period of no less than three years following attainment of eighteen years of age, or five years following discharge, whichever is longer.

(4) Agencies shall establish policies and procedures specific to retention and disposition of clinical records including:

(a) A method of disposal of clinical records or patient care data assuring prevention of retrieval and subsequent use of information; and

(b) A means to transmit a copy of the clinical record or an abstract and copy of most recent summary report with the patient in the event of patient transfer to another agency or health care facility. When patients are transferred without notification of the receiving agency, a copy of the abstract shall be forwarded upon notification and as soon as possible.

(5) Agencies shall safeguard clinical record information and patient care data against loss or unauthorized use including:

(a) Adherence to written procedures governing use and removal of records and conditions for release of information; and

(b) Requirement for prior written consent of the patient for release of information unless authorized by law.

(6) Agencies discontinuing operation shall:

(a) Notify the department prior to cessation of operation; and

(b) Obtain department approval of a plan to preserve or destroy clinical records prior to disposition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-165, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-165, filed 6/7/89.]

WAC 246-327-175 Parenteral product services. (1) If the agency provides parenteral and/or hyperalimentation services, the agency shall define the scope of the services, in writing, with contracts specifying the responsibilities of the contractor and the contractee for:

(a) Services;

(b) Equipment; and

(c) How reimbursement occurs.

(2) If the agency provides parenteral services, the agency shall have written policies and procedures including:

(a) Preparation of parenteral solutions, medications, and mixing of previously dispensed parenteral drugs including:

(i) Use of aseptic technique when mixing previously dispensed parenteral drugs; and

(ii) If the circumstances require a registered nurse to mix two or more parenteral drugs or reconstitute drugs prior to administration, requirements for the registered nurse to place:

(A) An auxiliary label modifying existing label on the mixture with initials of the registered nurse; or

(B) A label prepared under the supervision of a pharmacist with the initials of the registered nurse on the container.

(b) Consultation available by a dietitian if hyperalimentation services are provided.

(3) Agencies shall establish written policies and procedures for parenteral administration including:

(a) Administration of parenteral solutions, medications, admixtures, blood, and blood products;

(b) Infection control, including:

(i) Site preparation;

(ii) Tubing and dressing management;

(iii) Site assessment and rotation;

(iv) Use of aseptic technique; and

(v) Use of sterile equipment as indicated by the label.

(c) Use and control of parenterally administered investigational drugs;

(d) Administration of parenterally administered drugs causing tissue necrosis upon extravasation;

(e) Safe handling and disposal of biohazardous materials including antineoplastic agents and infectious materials;

(f) Documentation requirements;

(g) Patient and family teaching;

(h) Appropriate labeling of precision volume chambers, if used, so labeling accurately reflects each medication or solution administered via the precision volume chamber; and

(i) Use of electronic infusion control devices.

(4) The agency shall ensure:

(a) Personnel inserting parenteral devices are:

(i) Legally authorized to penetrate skin and insert intravenous devices; and

(ii) Appropriately trained with demonstrated and documented skills in intravenous insertion techniques.

(b) Personnel administering parenteral medications are:

(i) Legally authorized to administer medications;

(ii) Appropriately trained;

(iii) Able to demonstrate and provide evidence of documented skill in parenteral administration;

(iv) Knowledgeable of procedures and equipment; and

(v) Approved by the agency.

(c) Availability of drug compatibility reference material to individuals who administer parenteral medications;

(d) Parenteral solutions are administered only upon the order of a physician;

(e) All orders and prescriptions for parenteral solutions, medications, and mixtures of previously dispensed drugs include:

(i) Identification and quantity of solution or medication;

(ii) Route;

(iii) Rate of flow or frequency;

(iv) Duration of administration;

(v) Amount of additive;

(vi) Identification of patient; and

(vii) Identification of prescribing physician.

(5) The agency shall ensure documentation in the clinical record including:

(a) Solution, medication or medications, route, modifications, and/or additions made to parenteral products, time, date, amount administered, and rate;

(b) Site and site assessment;

(c) Date and time of insertion and removal of cannula, catheter, or needle;

(d) Device used, including gauge, length and type of needle, cannula, or catheter;

(e) Condition of cannula or catheter 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 and discipline of the administering individual.

(6) If parenteral preparations are administered to pediatric patients, the agency shall establish written policies for:

(a) Amounts of parenteral fluid infants, children, and adolescents should receive determined by age, body surface area, and weight;

(b) Required use of rate control devices;

(c) Documentation requirements specified for parenteral therapy to include intake, output, weight, and height;

(d) The type of parenteral preparations which may be administered at home;

(e) Conditions requiring a registered nurse to be in attendance; and

(f) A plan for emergency services.

(7) The agency shall ensure, if blood or blood products are administered in the patient's residence, there is:

(a) A registered nurse or physician continuously in attendance;

(b) A plan for emergency services; and

(c) A method of delivery ensuring temperature stability, prevention of contamination, and viability.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-175, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-175, filed 6/7/89.]

WAC 246-327-185 Medical supplies or equipment services. (1) An agency providing medical supplies or equipment services shall provide:

(a) A written description of the scope of the services including:

(i) The types of supplies and/or equipment provided; and

(ii) Policies and procedures for cleaning, maintenance, calibration, or replacement of equipment.

(b) Records of the services provided, date, time, and by whom; and

(c) Documentation of approval of patient for service, cost, and method of payment unless under a managed care plan.

(2) If provided, the agency shall maintain immediate availability of replacement supplies or equipment essential for the life or safety of the patient.

(3) The agency shall provide knowledgeable, trained personnel to:

(a) Initiate service;

(b) Maintain supplies and equipment; and

(c) Instruct patients or caregivers in the use and maintenance of supplies and equipment. Instructions shall be given:

(i) In writing;

(ii) Verbally; and

(iii) By demonstration and redemonstration as necessary.

(4) The agency shall document the training and qualifications of personnel.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-185, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-185, filed 6/7/89.]

WAC 246-327-990 Fees. (1) Agencies licensed only as home health agencies under chapter 71.127 RCW shall submit an annual license fee of six hundred dollars to the department.

(2) The department shall assess annual fees for agencies with combinations of licenses under RCW 70.127-.110, the following fee schedule applies:

Categories of Agencies	Fee When All Agencies at One Address	Fee When Agencies At Separate Addresses Within One County
Home Health and Hospice	$ 800	$ 900
Home Health and Home Care	1,000	1,100
Hospice and Home Care	700	800
Home Health and Home Health	1,000	1,100
Hospice and Hospice	800	900
Home Care and Home Care	1,000	1,100
Any combination of three of the same or different categories	1,200	1,300
Any combination of four of the same or different categories	1,600	1,700
Any combination of five of the same or different categories	2,000	2,100

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-327-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-329 WAC
CHILDBIRTH CENTERS

WAC

WAC 246-329-001 Purpose. Regulations relating to childbirth centers are hereby adopted pursuant to chapter 18.46 RCW. The purpose of these regulations is to provide health and safety standards for the organization, maintenance, and operation of childbirth centers and to set forth procedures for the issuance, denial, suspension, and/or revocation of licenses for facilities maintained and operated to provide birth services: *Provided*, That birth takes place within the birth center.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-001, filed 12/27/90, effective 1/31/91. 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 246-329-010 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 amnionic 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-010, filed 12/27/90, effective 1/31/91. 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 246-329-020 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) Denial, suspension, modification, revocation of a license; notice; adjudicative proceeding.

(a) 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 of chapter 18.46 RCW and/or these rules. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(b) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

(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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 18.46.060. 90-06-019 (Order 039), § 248-29-020, filed 2/28/90, effective 3/1/90. 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 246-329-030 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-030, filed 12/27/90, effective 1/31/91. 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 246-329-040 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-040, filed 12/27/90, effective 1/31/91. 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 246-329-050 HIV/AIDS education and training. Childbirth centers shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know – HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-29-045, filed 10/12/89, effective 11/12/89.]

WAC 246-329-060 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-060, filed 12/27/90, effective 1/31/91. 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 246-329-070 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-070, filed 12/27/90, effective 1/31/91. 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 246-329-080 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-080, filed 12/27/90, effective 1/31/91. 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 246-329-090 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-090, filed 12/27/90, effective 1/31/91. 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 246-329-100 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-100, filed 12/27/90, effective 1/31/91. 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.]

WAC 246-329-990 Fees. Childbirth centers licensed under chapter 18.46 RCW shall submit an annual fee of five hundred dollars to the department unless a center is a charitable, nonprofit, or government-operated institution under RCW 18.46.030.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-329-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-331 WAC
HOSPICE AGENCIES

WAC

WAC 246-331-001 Purpose. The purpose of these rules is to administratively implement chapter 70.127 RCW by establishing minimum licensing standards for hospice care agencies related to safe and competent care of patients and the well being of the patient unit.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-005, filed 6/7/89.]

WAC 246-331-010 Definitions. For the purpose of chapter 70.127 RCW and chapter 248-31 WAC, 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 licensed agency.

(2) "Agency" means a hospice agency defined under this section and chapter 70.127 RCW.

(3) "AIDS" means acquired immunodeficiency syndrome defined under WAC 248-100-011.

(4) "Branch office" means a location or site from which an agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency, included in the license of agency, and is located sufficiently close to share administration, supervision, and services.

(5) "Bereavement care" means care provided to the family of a patient with the goal of alleviating the emotional and spiritual discomfort associated with the death of the patient.

(6) "Bylaws" means a set of rules adopted by an agency for governing the agency operation.

(7) "Clinical note" means a written, signed, dated notation of each contact with a patient which may contain a description of signs and symptoms, treatments, medications given, the patient reaction, any changes in physical or emotional condition, and other pertinent information.

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

(9) "Dietitian" means an individual certified under chapter 18.138 RCW, Dietitians and nutritionists.

(10) "Family" means an individual or individuals who are important to and designated by the patient, and who may or may not be relatives.

(11) "Governing body" means the person, who may be the owner or a group, with responsibility and authority to establish policies related to operation of the agency.

(12) "HIV" means human immunodeficiency virus defined under RCW 70.24.017(7).

(13) "Home health aide" means an individual registered or certified under chapter 18.88A RCW.

(14) "Home health aide services" means services provided by a hospice under supervision of a registered nurse, physical therapist, occupational therapist, or

speech therapist and as further defined under RCW 70.127.010(7).

(15) "Homemaker services" means services assisting ill, disabled, or infirm persons with household tasks essential to achieving adequate household and family management, including transportation, shopping, and maintenance of premises.

(16) "Hospice agency" means a private or public agency or organization administering or providing hospice care directly or through a contract arrangement to terminally ill persons in place of temporary or permanent residence by using an interdisciplinary team composed of at least nursing, social work, physician, and pastoral or spiritual counseling.

(17) "Hospice care" means:

(a) Palliative care provided to a terminally ill person in a place of temporary or permanent residence with the goal of alleviating physical symptoms, including pain, the emotional and spiritual discomfort associated with dying; and

(b) Bereavement care; and

(c) May include health and medical services, personal care, respite care, or homemaker services.

(18) "Hospice plan of care" means a written plan of care established by the interdisciplinary team and periodically reviewed by a physician describing hospice care to be provided to a terminally ill patient for palliation or medically necessary treatment of an illness or injury.

(19) "Ill, disabled, or infirm persons" means persons who need home health, hospice, or home care service in order to maintain themselves in their places of temporary or permanent residence.

(20) "Interdisciplinary team" means all disciplines involved in patient care minimally including a physician, nurse, medical social worker, and spiritual counselor.

(21) "Licensed practical nurse" means an individual licensed as a practical nurse under chapter 18.78 RCW, Practical Nurses.

(22) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(23) "May" means permissive or discretionary on the part of the department.

(24) "Medical social worker" means an individual with a bachelor's degree in social work, psychology, or a related field having completed one year of social work experience and registered as a counselor under RCW 18.19.090.

(25) "Occupational therapist" means an individual licensed as an occupational therapist under chapter 18.59 RCW.

(26) "Owner" means the individual, partnership, or corporate entity legally responsible for the business requiring licensure as a hospice agency under chapter 70-.127 RCW.

(27) "Patient" means the terminally ill individual.

(28) "Patient unit" means the patient and family who together form the unit of care in hospice.

(29) "Personal care services" means services assisting ill, disabled, or infirm persons with dressing, feeding, and personal hygiene to facilitate self-care.

(30) "Personnel" means individuals providing patient care on behalf of an agency including employees and individuals under contract.

(31) "Pharmacist" means an individual licensed as a pharmacist under RCW 18.64.080.

(32) "Physical therapist" means an individual licensed as a physical therapist under chapter 18.74 RCW.

(33) "Physician" means an individual licensed as a medical doctor under chapter 18.71 RCW or an osteopathic physician and surgeon licensed under chapter 18-.57 RCW.

(34) "Prehire screening" means checking of work references, appropriate registration, licensure or certification, and qualifications.

(35) "Registered nurse" means an individual licensed under chapter 18.88 RCW, Registered nurses.

(36) "Respite care services" means services assisting or supporting the primary caregiver on a scheduled basis.

(37) "Respiratory therapist" means an individual certified under chapter 18.89 RCW, Respiratory care practitioners.

(38) "Shall" means compliance is mandatory.

(39) "Speech therapist" means a person meeting:

(a) 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 ASLHA Directory*, American Speech, Language and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, 1983; or

(b) The education requirements for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in *The ASLHA Directory*, 1983.

(40) "Spiritual counseling services" means services coordinated by an individual with knowledge of theology, pastoral counseling, or an allied field, or an individual authorized by a spiritual organization to provide counseling services.

(41) "Supervision" means authoritative procedural guidance by a qualified person who assumes the responsibility for the accomplishment of a function or activity and who provides direction and ongoing monitoring and evaluation of the actual act of accomplishing the function or activity.

(42) "Therapist" means a physical therapist, occupational therapist, speech therapist, or respiratory therapist as defined in this section or other therapist licensed or certified under Title 18 RCW and providing health or medical care or treatment within their defined scope of practice.

(43) "Therapy assistant" means a licensed occupational therapy assistant defined under chapter 18.59 RCW or physical therapist assistant defined under chapter 308-42 WAC.

(44) "Therapy services" means those services delivered by therapists as defined in this section.

(45) "Volunteer" means an individual providing assistance to the hospice agency and:

(a) Oriented, trained, and supervised to perform specific assigned tasks; and

(b) Working without compensation.

(46) "Without compensation" means:

(a) A recipient of care is not charged a fee for any service delivered by the volunteer; and

(b) An individual delivering care receives no pay, except reimbursement for personal mileage incurred to deliver hospice services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-015, filed 6/7/89.]

WAC 246-331-025 Licensure of the hospice agency. (1) Persons operating hospice agencies defined under chapter 70.127 RCW shall submit applications and fees to the department by July 1, 1989.

(2) After July 1, 1990, no person shall:

(a) Advertise, operate, manage, conduct, open, or maintain a hospice agency without first obtaining an appropriate license from the department; or

(b) Use the words "hospice agency" or "hospice care" in its corporate or business name, or advertise using such words unless licensed as a hospice agency under chapter 70.127 RCW.

(3) Applicants for a hospice agency license shall:

(a) Submit a completed application and fee for initial license or renewal to the department on forms furnished by the department, including signature of the owner or legal representative of the owner;

(b) Furnish to the department full and complete information as required by the department for the proper administration of department requirements including:

(i) Evidence of current insurance including:

(A) Professional liability insurance coverage specified under RCW 70.127.080; and

(B) Public liability and property damage insurance coverage specified under RCW 70.127.080.

(ii) Information on organizational and governing structure and the identity of the applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets;

(iii) A list of counties where the applicant will operate;

(iv) A list of branch offices; and

(v) A list of services provided or offered.

(4) Agencies requesting license renewal shall submit a renewal application and fee to the department.

(5) If the applicant or owner meets the requirements of this chapter and chapter 70.127 RCW, the department shall issue or renew a license for the agency.

(6) The department shall:

(a) Deny a license if in the last five years the owner, applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets are found in a civil or criminal proceeding to have committed any act reasonably relating to the fitness of any of the above persons to:

(i) Establish, maintain, or administer an agency; or

(ii) Provide care in the home of another.

(b) Provide for a combination of applications and licenses and the reduction of individual license fees if an applicant applies for more than one category of license under chapter 70.127 RCW;

(c) Establish fees to be paid under RCW 43.20B.110 and chapter 440-44 WAC, including providing for the reduction of individual license fees if an applicant applies for more than one category of license under RCW 70.127.110;

(d) Prohibit transfer or reassignment of a license without thirty days prior notice to the department and department approval;

(e) Issue a license following approval of a new or current owner's application;

(f) Conduct on-site reviews of the agency, which may include in-home visits with the consent of the patient, to determine compliance;

(g) Examine and audit records of the agency if the department believes a person is providing care without an appropriate license;

(h) Provide for combined licensure inspections and audits for owners holding more than one license under RCW 70.127.110;

(i) Give written notice of any violations, including a statement of deficiencies observed;

(j) Inform the owner or applicant of the requirement to:

(i) Present a plan of correction to the department within ten working days; and

(ii) Comply within a specified time not to exceed sixty days.

(k) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency prior to assessing a civil penalty unless:

(i) The deficiency is an immediate threat to life, health, or safety; or

(ii) The owner fails to comply with any of the provisions of WAC 248-31-045 (3)(a), (b), (c), (d), (e), (f), (g), (h), (i), and (j).

(l) Initiate disciplinary action, under RCW 70.127-.170 and this chapter, if the owner or applicant fails to comply.

(7) The department may:

(a) Issue a license effective for one year or less unless the license is suspended or revoked;

(b) Inspect an agency and examine records at any time to determine compliance with chapter 70.127 RCW and this chapter; and

(c) Deny, suspend, modify, or revoke an agency license for failure to comply with chapter 70.127 RCW and this chapter.

(8) When a change of ownership is planned, the owner shall notify the department, in writing, at least thirty days prior to the date of transfer, including:

(a) Full name and address of the current owner and prospective new owner;

(b) Name and address of the agency and new name under which the agency will be operating, if known; and

(c) The date of the proposed change of ownership.

(9) The prospective new owner shall submit a new application for an agency license with the fee at least thirty days prior to the change of ownership.

(10) The agency shall inform the department, in writing, at the time of opening or closing the agency or branch offices included in the agency license.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-31-025, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-025, filed 6/7/89.]

WAC 246-331-035 License denials--Suspensions--Modifications--Revocations. (1) The department may deny, suspend, modify, or revoke a license or assess civil penalties, or both, against the agency if an applicant, owner, officer, director, or managing employee:

(a) Fails or refuses to comply with the provisions under chapter 70.127 RCW or this chapter;

(b) Continues to operate after the license is revoked or suspended for cause without subsequent reinstatement by the department;

(c) Makes a false statement of a material fact in the application for the license or data attached or in any record required by this chapter or matter under investigation by the department;

(d) Refuses to allow representatives of the department to inspect any part of the agency or books, records, or files required by this chapter;

(e) Willfully prevents or interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of chapter 70-.127 RCW and this chapter;

(f) Willfully prevents or interferes with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Fails to pay or make arrangements to pay a civil monetary penalty assessed by the department within ten days after the assessment becomes final, as provided under WAC 248-27-045, Civil fines;

(h) Uses false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresents, or is fraudulent in an aspect of, the conduct of the applicant's or owner's business.

(2) If the department finds the public health, safety, or welfare imperatively require emergency action, a license may be summarily suspended pending proceedings for revocation or other action.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-31-035, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-035, filed 6/7/89.]

WAC 246-331-045 Civil fines. (1) Following an on-site review, in-home visit, or audit, the department shall give written notice either in person or by personal service or certified mail, return receipt requested, of any violation under chapter 70.127 RCW or this chapter. The notice shall inform the owner or applicant as appropriate including:

(a) Describing the conditions of noncompliance;

(b) Specifying a reasonable time of compliance not to exceed sixty days;

(c) Explaining the possibility of a violation subjecting the owner or applicant to denial, revocation, modification, or suspension of the license, and/or civil fines; and

(d) Explaining the right of the owner or applicant to appeal.

(2) The department may assess civil monetary penalties in addition to or in lieu of denial, suspension, modification, or revocation of a license if the owner fails to comply with a notice of violation.

(3) The department may assess civil monetary penalties not to exceed one thousand dollars per violation in any case where the department finds the owner, applicant, officer, director, partner, managing employee, or owner of ten percent or more of the applicant's or owner's assets:

(a) Failed or refused to comply with requirements under chapter 70.127 RCW or this chapter;

(b) Continued to operate after the license was revoked or suspended for cause and not subsequently reinstated by the department;

(c) Has knowingly, or with reason to know, made a false statement of a material fact in the:

(i) Application for the license; or

(ii) Data attached; or

(iii) Record required under chapter 70.127 RCW; or

(iv) Matter under investigation by the department.

(d) Refused to allow representatives of the department to inspect any book, record, file, or part of the agency under this chapter;

(e) Willfully prevented, interfered with, or attempted to impede the work of any representative of the department and the lawful enforcement of a provision under chapter 70.127 RCW and this chapter;

(f) Willfully prevented or interfered with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Failed to pay or make arrangements to pay any civil monetary penalty assessed by the department under chapter 70.127 RCW within ten days after the assessment became final;

(h) Used false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresented or was fraudulent in any aspect of the conduct of the agency business.

(4) Failure to pay or make arrangements to pay civil monetary penalties within ten days from the time the assessment becomes final may result in denial, suspension, modification, or revocation of the license, in addition to either the assessment of the penalties or to the assessment of additional penalties.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and

70.126.040. 90-06-019 (Order 039), § 248-31-045, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-045, filed 6/7/89.]

WAC 246-331-055 License action and/or civil fine--Notice--Adjudicative proceeding. (1) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(2) The department's notice of imposition of a civil fine shall be consistent with RCW 43.20A.XXX and section 96, chapter 175, Laws of 1989. A person the department imposes a civil fine on has the right to an adjudicative proceeding to contest the decision.

(3) A license applicant or holder or a person the department imposes a civil fine on contesting a department decision shall within twenty-eight days of receipt of the decision:

(a) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(b) Include in or with the application:

(i) A specific statement of the issue or issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(4) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-055, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-31-055, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-055, filed 6/7/89.]

WAC 246-331-065 General requirements. (1) The agency shall have a written plan of operation including:

(a) An organizational chart showing ownership and lines for delegation of responsibility to the patient care level;

(b) The services offered including hours of operation and service availability;

(c) Admission discharge, referral, and transfer criteria;

(d) Evidence of administrative and supervisory control and responsibility for all services including services provided by branch offices;

(e) An annual budget approved by the governing body; and

(f) Provisions for ongoing care in the event the agency ceases operation.

(2) Hospice agencies shall:

(a) Arrange for one or more physicians to:

(i) Provide medical direction;

(ii) Advise the agency on policies and procedures;

(iii) Serve as liaison with the patient's attending physicians;

(iv) Provide patient care and approve modifications of the hospice plan of care if the attending physician does not provide care or approve modifications in the plan; and

(v) Participate regularly in hospice care planning conferences with staff.

(b) Provide medical social services with at least one medical social worker available;

(c) Provide spiritual counseling services, either directly or in coordination with an individual of the patient's choice, if the patient or family desires;

(d) Provide nursing consultation and in-home visits as needed twenty-four hours per day, seven days per week, either directly or by arrangement with another agency;

(e) Provide or make available volunteer services to assist in provision of hospice care;

(f) Provide a bereavement care program, either directly or by arrangement for the family of patients, including:

(i) Referral of family members to other resources as needed;

(ii) Group and/or individual support opportunities as appropriate for bereavement care education and support;

(iii) Documented training and supervision of all personnel involved in bereavement care program; and

(iv) Follow-up available for at least one year, after death of the patient.

(g) Provide scheduled support for staff.

(3) The agency shall provide services consistent with an authorized plan of treatment or plan of care and:

(a) Accept the patient unit only if the agency is capable of providing or arranging for needed hospice care at the level of intensity required by the patient unit; and

(b) Inform the patient unit of alternate services, if available, if the agency is unable to meet identified needs of the patient.

(4) Agency personnel shall communicate in a language or form of communication the patient can reasonably be expected to understand. Whenever possible, the agency shall assist in obtaining:

(a) Special devices;

(b) Interpreters; or

(c) Other aids to facilitate communication.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-065, filed 6/7/89.]

WAC 246-331-077 Patient bill of rights. Hospice agencies shall provide each patient unit with a written bill of rights affirming each patient's rights to:

(1) Be informed of aspects of his or her condition necessary to make decisions regarding his or her care;

(2) Refuse treatment or services to the extent permitted by law and be informed of the potential consequences of such action;

(3) Be informed of the services offered by the agency, including those services provided in his or her home;

(4) Participate in development of the hospice plan of care;

(5) Be informed of any responsibilities the patient may have in the care process, including the requirement for medical supervision when required for the hospice plan of care;

(6) Be informed of the name of the person supervising the hospice care and how to contact that person;

(7) Be informed of the process for submitting and addressing complaints to both the agency and department;

(8) Receive an explanation of the agency's charges and policy concerning billing and payment for services including, to the extent possible, insurance coverage and other methods for payment, unless services are reimbursed through a managed care plan;

(9) Upon request, receive a fully itemized billing statement at least monthly including the date of each service and the charge, unless service is reimbursed through a managed care plan;

(10) Access the department's directory of licensed agencies;

(11) Upon request, be informed of who owns and controls the agency;

(12) Personnel properly trained to perform assigned tasks;

(13) Coordinated services;

(14) Courteous and respectful treatment, privacy, and freedom from abuse and discrimination;

(15) Confidential management of patient records and information;

(16) Access information in the patient's own record upon request;

(17) Be informed of the nature and purpose of care, as well as name and discipline of the person performing the care;

(18) Be informed of any care provided by the agency which has experimental or research aspects with documentation of voluntary informed consent; and

(19) Be informed of the reason for impending discharge, transfer to another agency and/or level of care, ongoing care requirements, and other available services and options if needed.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-077, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-077, filed 6/7/89.]

WAC 246-331-085 Governing body--Administration. (1) The governing body of the agency shall establish a mechanism to:

(a) Approve a quality assurance plan whereby problems are identified, monitored, and corrected;

(b) Approve written policies and procedures related to safe, adequate patient care, and operation of the agency;

(c) Assure an annual review of the agency by health professionals to evaluate the scope and quality of the services provided;

(d) Appoint an administrator and provide for an alternate in the administrator's absence;

(e) Adopt and periodically review written bylaws;

(f) Oversee the management and fiscal affairs of the agency; and

(g) Obtain regular reports on patient unit satisfaction.

(2) Each agency shall have an administrator to:

(a) Organize and direct the agency's ongoing functions;

(b) Arrange for professional services;

(c) Maintain ongoing liaison between the governing body and personnel;

(d) Employ qualified personnel and ensure adequate education and supervision of personnel and volunteers;

(e) Ensure the accuracy of public information materials and activities;

(f) Implement a budget and accounting system;

(g) Ensure the presence of an alternate to act in the administrator's absence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-085, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-085, filed 6/7/89.]

WAC 246-331-095 Personnel and volunteers. (1) The agency shall establish minimal written personnel and volunteer policies including, but not limited to:

(a) Personnel and volunteer qualifications commensurate with anticipated job responsibilities;

(b) Employment criteria without regard to sex, race, age, creed, handicap, national origin, or sexual orientation;

(c) Orientation and in-service training related to safe care, appropriate to each classification of personnel and volunteer and the tasks he or she is expected to perform;

(d) Evidence of prehire screening; and

(e) Annual or more frequent performance evaluations including:

(i) Assessment of safe performance of job responsibilities; and

(ii) Conformance with agency policies and procedures.

(2) The agency shall maintain records including:

(a) Qualifications of personnel and direct patient care volunteers;

(b) Evidence of current licensure, certification, or registration when applicable to job requirements;

(c) Evidence of review of agency policy and procedures related to abuse and neglect of children and adults for all personnel and volunteers providing services in the home consistent with chapters 26.44 and 74.34 RCW;

(d) Performance evaluations and evidence of pre-hire screening; and

(e) Health records including evidence of at least one tuberculin skin test by the Mantoux method at the time of employment unless medically contraindicated, and meeting specifications under subsection (3) of this section.

(3) The agency shall ensure personnel and volunteers expected to provide direct patient care have a tuberculin skin test by the Mantoux method prior to patient contact and meeting the following requirements:

(a) When a skin test is negative, less than ten millimeters of induration read at forty-eight to seventy-two hours:

(i) Personnel and volunteers under thirty–five years of age require no further testing; and

(ii) Personnel and volunteers thirty–five years of age or over require a second test in one to three weeks.

(b) Positive reactors, reaction of ten millimeters or more of induration, shall have a chest x–ray within ninety days of the first day of employment. Exceptions and specific requirements are as follows:

(i) The hospice agency shall maintain results of skin tests, report of x–ray findings, or exemptions to such in the agency; and

(ii) New personnel and volunteers providing documentation of a significant Mantoux skin test reaction in the past are excluded from screening.

(c) New personnel and volunteers currently and consistently employed by or volunteering in another agency or facility with similar required screening, meeting the requirements under this subsection, may use the previous screening as documentation; and

(d) In the event of personnel or volunteers exposure to an infectious case of tuberculosis, the agency shall supply the names and identifying information to the local health department sufficient for screening to occur.

(4) The agency shall assure observance of appropriate precautions when personnel and volunteers show signs or report symptoms of a communicable disease.

(5) The agency shall assume responsibility for personnel providing agency services included in the hospice plan of care.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–331–095, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–31–095, filed 6/7/89.]

WAC 246–331–105 AIDS education and training. Hospice agencies shall:

(1) Verify or arrange for appropriate education and training of personnel and volunteers on the prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *KNOW – AIDS EDUCATION FOR HEALTH CARE FACILITY EMPLOYEES*, March 1, 1989, published by the department office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–331–105, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–31–105, filed 6/7/89.]

WAC 246–331–115 Patient care policies and procedures. (1) The agency shall:

(a) Establish and implement written policies and procedures appropriate to the services offered by the agency; and

(b) Make policies and procedures available to all personnel and volunteers including:

(i) Treatments, procedures, and services carried out in providing patient unit care;

(ii) Any special qualifications of persons performing the services;

(iii) Infection control principles and practices;

(iv) Emergency care, patient safety, and death;

(v) Maintenance of supplies and equipment;

(vi) Admission, transfer, and discharge of patients;

(vii) Abuse and neglect consistent with chapters 26.44 and 74.34 RCW;

(viii) Coordination of services;

(ix) Clinical records; and

(x) Management and handling of patient–owned drugs consistent with applicable state laws;

(xi) Spiritual counseling services;

(xii) Bereavement care counseling;

(xiii) Volunteer services; and

(xiv) Respite care services.

(2) The agency shall provide patient unit teaching:

(a) Consistent with agency policies and procedures; and

(b) Including demonstration, supervision, and evaluation.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–331–115, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–31–115, filed 6/7/89.]

WAC 246–331–125 Supervision and coordination of patient care. The hospice agency shall employ a registered nurse to supervise and coordinate patient care services who:

(1) Is available, or replaced by a similarly qualified person, at all times;

(2) Participates in the development and revision of written patient care policies and procedures related to each service provided;

(3) Is responsible for assignment and supervision of all personnel and volunteers providing direct patient care services; and

(4) Participates in coordination of interdisciplinary services and interagency services.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–331–125, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–31–125, filed 6/7/89.]

WAC 246–331–135 Hospice plan of care. (1) The agency shall provide an individualized plan of care for every hospice patient unit which:

(a) Includes identification of current problems pertaining to the health of the patient with specific interventions and expected outcomes; and

(b) Is reviewed and revised in a case planning conference as necessary and every two weeks by three or more members of the interdisciplinary team including:

(i) Registered nurse, social worker, and one other discipline; and

(ii) Documented contact with all disciplines involved with hospice care of the patient unit.

(2) The agency shall ensure drugs and treatments are:

(a) Ordered by a physician;

(b) Verified by a registered nurse, licensed practical nurse, therapist, or pharmacist with:

(i) Recording of the order documented in the patient record as soon as possible; and

(ii) Countersignature by physician within a reasonable length of time.

(c) Administered by legally authorized agency personnel or volunteers.

(3) The agency shall ensure prompt reporting of suspected drug allergies, adverse reactions to drugs, or other problems related to patient use or drugs to the physician.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-135, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-135, filed 6/7/89.]

WAC 246-331-155 Functions, duties, and responsibilities of direct care personnel. (1) Agencies shall describe functions, duties, and responsibilities of personnel and volunteers in direct contact with the patient unit including:

(a) Initial and ongoing assessment and reassessment evaluation;

(b) Participation in development and revision of the hospice plan of care;

(c) Provision of appropriate services in accordance with agency policy and procedures;

(d) Participation in case conferences or other processes used to coordinate patient care;

(e) Teaching and counseling patient unit to meet needs identified in the hospice plan of care;

(f) Preparation of clinical notes;

(g) Development of written directions for use by home health aide or appropriate therapy assistant; and

(h) Supervision and orientation of home health aide, appropriate therapy assistant, and others to assure safe, therapeutic patient care.

(2) Agencies utilizing the services of licensed practical nurses shall follow agency policies, provide supervision by a registered nurse, and comply with chapter 18.78 RCW.

(3) The agency shall utilize the services of therapy assistants:

(a) Only as defined under WAC 248-31-015;

(b) Under supervision of an appropriately qualified therapist; and

(c) Following a plan of care which is approved by the qualified therapist.

(4) Home health aide services, when utilized, shall:

(a) Be included in the hospice plan of care;

(b) Follow a specific written plan of care; and

(c) Be under the supervision of the agency and a registered nurse, or therapist with:

(i) Orientation of the home health aide to the specific hospice care of each patient prior to care given;

(ii) Evidence of an in-home supervisory visit at least every two weeks; and

(iii) Direct supervisory observation of each home health aide during care at least one time every two months.

(5) The agency shall define the functions and duties of home health aides including the ability to:

(a) Observe and recognize changes in patient's condition and report changes to the supervisor;

(b) Initiate emergency procedures under the agency policy;

(c) Assist with medications ordinarily self-administered by the patient, with assistance limited to:

(i) Communication of appropriate information to the patient regarding self-administration including:

(A) Reminding a patient of when it is time to take a prescribed medication; and

(B) Reading the label of the medication container.

(ii) Handing a patient-owned medication container to the patient;

(iii) Opening the medication container; or

(iv) Application or installation of skin, nose, eye, and ear preparations only under specific direction of the supervisor.

(d) Record pertinent information in the patient's clinical record.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-155, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-155, filed 6/7/89.]

WAC 246-331-165 Clinical records. (1) The agency shall maintain clinical records under agency policies and procedures. Records shall be:

(a) Legibly written in ink suitable for photocopying;

(b) On standardized agency forms;

(c) Written in a legally acceptable manner;

(d) In chronological order in entirety or by service;

(e) Fastened together to avoid loss of pages;

(f) Considered as property of the agency;

(g) Available in one integrated document in one place, except:

(i) A copy may be kept in the home or in the agency office; and

(ii) More than one volume may be necessary.

(h) Available and retrievable during operating hours either in the agency or by electronic means; and

(i) Stored following discharge from service:

(i) Preventing loss of information;

(ii) Protecting the record from damage due to water, mildew, or fire; and

(iii) Preventing access by unauthorized persons.

(2) The agency shall include as contents of the clinical record:

(a) Patient-identifying information;

(b) Patient service/treatment consent and agreement;

(c) Pertinent past and current clinical findings including:

(i) Assessment of patient's physical and mental status as well as social and environmental problems affecting care; and

(ii) Clinical notes describing specific observations including, but not limited to, observations of patient condition.

(d) The hospice plan of care; and

(e) Physician orders.

(3) Agencies shall maintain, retain, and preserve records:

(a) For adults, a period of no less than five years following the date of termination of services; and

(b) For minors, a period of no less than three years following attainment of eighteen years of age, or five years following discharge, whichever is longer.

(4) Agencies shall establish policies and procedures specific to retention and disposition of clinical records including:

(a) A method of disposal of clinical records or patient care data assuring prevention of retrieval and subsequent use of information; and

(b) A means to transmit a copy of the clinical record or an abstract and copy of most recent summary report with the patient in the event of patient transfer to another agency or health care facility. When patients are transferred without notification of the receiving agency, a copy of the abstract shall be forwarded upon notification and as soon as possible.

(5) Agencies shall safeguard clinical record information and patient care data against loss or unauthorized use including:

(a) Adherence to written procedures governing use and removal of records and conditions for release of information; and

(b) Requirement for prior written consent of the patient for release of information unless authorized by law.

(6) Agencies discontinuing operation shall:

(a) Notify the department prior to cessation of operation; and

(b) Obtain department approval of a plan to preserve or destroy clinical records prior to disposition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-165, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-165, filed 6/7/89.]

WAC 246-331-175 Parenteral product services. (1) If the agency provides parenteral and/or hyperalimentation services, the agency shall define the scope of the services, in writing, with contracts specifying the responsibilities of the contractor and the contractee for:

(a) Services;

(b) Equipment; and

(c) How reimbursement occurs.

(2) If the agency provides parenteral services, the agency shall have written policies and procedures including:

(a) Preparation of parenteral solutions, medications, and mixing of previously dispensed parenteral drugs including:

(i) Use of aseptic technique when mixing previously dispensed parenteral drugs; and

(ii) If the circumstances require a registered nurse to mix two or more parenteral drugs or reconstitute drugs prior to administration, requirements for the registered nurse to place:

(A) An auxiliary label modifying existing label on the mixture with initials of the registered nurse; or

(B) A label prepared under the supervision of a pharmacist with the initials of the registered nurse on the container.

(b) Consultation available by a dietitian if hyperalimentation services are provided.

(3) Agencies shall establish written policies and procedures for parenteral administration including:

(a) Administration of parenteral solutions, medications, admixtures, blood, and blood products;

(b) Infection control, including:

(i) Site preparation;

(ii) Tubing and dressing management;

(iii) Site assessment and rotation;

(iv) Use of aseptic technique; and

(v) Use of sterile equipment as indicated by the label.

(c) Use and control of parenterally administered investigational drugs;

(d) Administration of parenterally administered drugs causing tissue necrosis upon extravasation;

(e) Safe handling and disposal of biohazardous materials including antineoplastic agents and infectious materials;

(f) Documentation requirements;

(g) Patient and family teaching;

(h) Appropriate labeling of precision volume chambers, if used, so labeling accurately reflects each medication or solution administered via the precision volume chamber; and

(i) Use of electronic infusion control devices.

(4) The agency shall ensure:

(a) Personnel inserting parenteral devices are:

(i) Legally authorized to penetrate skin and insert intravenous devices; and

(ii) Appropriately trained with demonstrated and documented skills in intravenous insertion techniques.

(b) Personnel administering parenteral medications are:

(i) Legally authorized to administer medications;

(ii) Appropriately trained;

(iii) Able to demonstrate and provide evidence of documented skill in parenteral administration;

(iv) Knowledgeable of procedures and equipment; and

(v) Approved by the agency.

(c) Availability of drug compatibility reference material to individuals who administer parenteral medications;

(d) Parenteral solutions are administered only upon the order of a physician; and

(e) All orders and prescriptions for parenteral solutions, medications, and mixtures of previously dispensed drugs include:

(i) Identification and quantity of solution or medication;

(ii) Route;

(iii) Rate of flow or frequency;

(iv) Duration of administration;

(v) Amount of additive;

(vi) Identification of patient; and

(vii) Identification of prescribing physician.

(5) The agency shall ensure documentation in the clinical record including:

(a) Solution, medication or medications, route, modifications, and/or additions made to parenteral products, time, date, amount administered, and rate;

(b) Site and site assessment;
(c) Date and time of insertion and removal of cannula, catheter, or needle;
(d) Device used, including gauge, length and type of needle, cannula, or catheter;
(e) Condition of cannula or catheter 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 and discipline of the administering individual.
(6) If parenteral preparations are administered to pediatric patients, the agency shall establish written policies for:
(a) Amounts of parenteral fluid infants, children, and adolescents should receive determined by age, body surface area, and weight;
(b) Required use of rate control devices;
(c) Documentation requirements specified for parenteral therapy to include intake, output, weight, and height;
(d) The type of parenteral preparations which may be administered at home;
(e) Conditions requiring a registered nurse to be in attendance; and
(f) A plan for emergency services.
(7) The agency shall ensure, if blood or blood products are administered in the patient's residence, there is:
(a) A registered nurse or physician continuously in attendance;
(b) A plan for emergency services; and
(c) A method of delivery ensuring temperature stability, prevention of contamination, and viability.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-175, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-175, filed 6/7/89.]

WAC 246-331-185 Medical supplies or equipment services. (1) An agency providing medical supplies or equipment services shall provide:
(a) A written description of the scope of the services including:
(i) The types of supplies and/or equipment provided; and
(ii) Policies and procedures for cleaning, maintenance, calibration, or replacement of equipment.
(b) Records of the services provided, date, time, and by whom; and
(c) Documentation of approval of patient unit for service, cost, and method of payment unless under a managed care plan.
(2) If provided, the agency shall maintain immediate availability of replacement supplies or equipment essential for the comfort and safety of the patient.
(3) The agency shall provide knowledgeable, trained personnel to:
(a) Initiate service;
(b) Maintain supplies and equipment; and
(c) Instruct patients or caregivers in the use and maintenance of supplies and equipment. Instructions shall be given:
(i) In writing;
(ii) Verbally; and
(iii) By demonstration and redemonstration as necessary.
(4) The agency shall document the training and qualifications of personnel.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-185, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-185, filed 6/7/89.]

WAC 246-331-990 Fees. (1) Hospice agencies shall submit an annual license fee of five hundred dollars to the department.
(2) The department shall assess annual fees for combinations of initial licenses or renewal of combination of licenses under RCW 70.127.110 as follows:

Categories of Agencies	Fee When All Agencies at One Address	Fee When Agencies At Separate Addresses Within One County
Home Health and Hospice	$ 800	$ 900
Home Health and Home Care	1,000	1,100
Hospice and Home Care	700	800
Home Health and Home Health	1,000	1,100
Hospice and Hospice	800	900
Home Care and Home Care	1,000	1,100
Any combination of three of the same or different categories	1,200	1,300
Any combination of four of the same or different categories	1,600	1,700
Any combination of five of the same or different categories	2,000	2,100

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-331-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-333 WAC
APPROVAL OF EYE BANKS

WAC
246-333-010 Definitions.
246-333-020 Approval process.
246-333-030 HIV/AIDS education and training.
246-333-040 Records.

WAC 246-333-010 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.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–333–010, filed 12/27/90, effective 1/31/91; Order 134, § 248–33–020, filed 10/21/76.]

WAC 246-333-020 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.

(3) The department shall deny, suspend, modify, or revoke approval of an eye bank when a facility fails or refuses to comply with legal requirements, including the criteria set forth in chapter 248–08 WAC.

(4) The secretary may, in the secretary's discretion, reinstate the approval of an eye bank when the facility has corrected the conditions which led to the suspension, modification, or revocation of approval.

(5)(a) The department's notice of a denial, suspension, modification, or revocation of approval shall be consistent with RCW 43.20A.205. An applicant or approval holder has the right to an adjudicative proceeding to contest the decision.

(b) An approval applicant or holder contesting a department approval decision shall within twenty–eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248–08 WAC. If a provision in this chapter conflicts with chapter 248–08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–333–020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and chapter 34.05 RCW. 90–05–038 (Order 034), § 248–33–040, filed 2/14/90, effective 3/17/90; Order 134, § 248–33–040, filed 10/21/76.]

WAC 246-333-030 HIV/AIDS education and training. Eye banks shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know – HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–333–030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89–21–038 (Order 3), § 248–33–090, filed 10/12/89, effective 11/12/89.]

WAC 246-333-040 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-333-040, filed 12/27/90, effective 1/31/91. 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 246-334 WAC
DISPOSITION OF HUMAN REMAINS

WAC

WAC 246-334-010 Definitions. (1) As used in these regulations "person" includes any public or nonprofit therapeutic agency such as a nonprofit blood bank, artery bank, eye bank, or other therapeutic service approved by the state director of health.

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

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-334-010, filed 12/27/90, effective 1/31/91; Regulation .112.010, filed 2/18/66.]

WAC 246-334-020 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-334-020, filed 12/27/90, effective 1/31/91; Regulation .112.020, filed 2/18/66.]

WAC 246-334-030 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-334-030, filed 12/27/90, effective 1/31/91; Regulation .112.030, filed 2/18/66.]

WAC 246-334-040 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-334-040, filed 12/27/90, effective 1/31/91; Regulation .112.040, filed 2/18/66.]

WAC 246-334-050 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-334-050, filed 12/27/90, effective 1/31/91; Regulation .112.050, filed 2/18/66.]

WAC 246-334-060 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-334-060, filed 12/27/90, effective 1/31/91; Regulation .112.060, filed 2/18/66.]

Chapter 246-336 WAC
HOME CARE AGENCY RULES

WAC

WAC 246-336-001 Purpose. The purpose of these rules is to administratively implement chapter 70.127 RCW by establishing minimum licensing standards related to safety and well-being of participants in home care agencies.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-005, filed 6/7/89.]

WAC 246-336-010 Definitions. For the purpose of chapter 70.127 RCW and chapter 248-36 WAC, 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 licensed agency.

(2) "Agency" means a home care agency as defined under this section and chapter 70.127 RCW.

(3) "AIDS" means acquired immunodeficiency syndrome defined under WAC 248-100-011.

(4) "Branch office" means a location or site from which an agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency, included in the license of the agency, and located sufficiently close to share administration, supervision, and services.

(5) "Bylaws" means a set of rules adopted by an agency for governing the agency operation.

(6) "Department" means the department of social and health services or successor health department.

(7) "Family" means an individual or individuals who are important to and designated by the participant, and who may or may not be relatives.

(8) "Governing body" means the person, who may be the owner or a group, with responsibility and authority to establish policies related to operation of the agency.

(9) "HIV" means human immunodeficiency virus as defined under RCW 70.24.017(7).

(10) "Home care agency" means a private or public agency or organization administering or providing home care services directly or through a contract arrangement to ill, disabled, or infirm persons in places of temporary or permanent residence unless:

(a) Included as an exclusion under RCW 70.127.040; or

(b) A licensed home health agency or hospice agency delivers home care as an integral part of delivery of home health or hospice care; or

(c) The organization provides home care through volunteers without compensation as defined in this section; or

(d) An individual provides home care through direct agreement with the recipient of care; or

(e) An individual provides home care through a direct agreement with a third–party payor where comparable services are not readily available through a home care agency.

(11) "Home care plan of care" or "care plan" means a written personalized plan established and periodically reviewed by a home care agency describing the home care to be provided and requiring consent of the participant or the participant's designated representative.

(12) "Home care services" means personal care services, homemaker services, respite care services, or any other nonmedical services provided to ill, disabled, or infirm persons enabling these persons to remain in their own residences consistent with their desires, abilities, and safety.

(13) "Homemaker services" means services assisting ill, disabled, or infirm persons with household tasks essential to achieving adequate household and family management, including transportation, shopping, and maintenance of premises.

(14) "Ill, disabled, or infirm persons" means persons needing home health, hospice, or home care services in order to maintain themselves in their places of temporary or permanent residence.

(15) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(16) "May" means permissive or discretionary on the part of the department.

(17) "Other nonmedical services" means noninvasive procedures, such as assistance with toileting, applying nonsterile dry dressing, ambulation, transfer, positioning, bathing, reminding about medication, or other services unless such service must be delivered by a licensed or certified individual under Washington state law.

(18) "Owner" means the individual, partnership, or corporate entity legally responsible for the business requiring licensure as a home care agency under chapter 70.127 RCW.

(19) "Participant" means an individual receiving home care services.

(20) "Personal care services" means services assisting ill, disabled, or infirm persons with dressing, feeding, and personal hygiene to facilitate self–care.

(21) "Personnel" means individuals employed or under contract in a home care agency.

(22) "Respite care services" means services assisting or supporting the primary caregiver on a scheduled basis.

(23) "Shall" means compliance is mandatory.

(24) "Supervisor" means an individual qualified by training, education, and demonstrated skills and/or experience in home care service delivery who assumes the responsibility for the accomplishment of a function or activity and who provides initial direction and ongoing monitoring of performance.

(25) "Volunteer" means an individual providing assistance to the home care agency and:

(a) Oriented, trained, and supervised to perform specific assigned tasks; and

(b) Working without compensation.

(26) "Without compensation" means:

(a) A recipient of care is not charged a fee for any service delivered by the volunteer; and

(b) An individual delivering care receives no pay, except reimbursement for personal mileage incurred to deliver home care services.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–336–010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–36–015, filed 6/7/89.]

WAC 246–336–025 Licensure of the home care agency. (1) Persons operating home care agencies as defined under chapter 70.127 RCW, shall submit application and fees to the department by July 1, 1989.

(2) After July 1, 1990, no person shall:

(a) Advertise, operate, manage, conduct, open, or maintain a home care agency without first obtaining an appropriate license from the department; or

(b) Use the words "home care agency" or "home care services" in its corporate or business name, or advertise using such words unless licensed as a home care agency under chapter 70.127 RCW.

(3) Applicants for a home care agency license shall:

(a) Submit a completed application and fee for initial license or renewal to the department on forms furnished by the department, including signature of the owner or legal representative of the owner; and

(b) Furnish to the department full and complete information as required by the department for the proper administration of department requirements including:

(i) Evidence of current insurance including:

(A) Professional liability insurance coverage specified under RCW 70.127.080; and

(B) Public liability and property damage insurance coverage as specified under RCW 70.127.080.

(ii) Information on organizational and governing structure and the identity of the applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets;

(iii) A list of counties where the applicant will operate;

(iv) A list of branch offices; and

(v) A list of services provided or offered.

(4) Agencies requesting license renewal shall submit a renewal application and fee to the department.

(5) If the applicant or owner meets the requirements of this chapter and chapter 70.127 RCW, the department shall issue or renew a license for the agency, including branch offices.

(6) The department shall:

(a) Deny a license if in the last five years the owner, applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets are found in a civil or criminal proceeding to have committed any act reasonably relating to the fitness of any of the above persons to:

(i) Establish, maintain, or administer an agency; or

(ii) Provide care in the home of another.

(b) Provide a combination of applications and licenses and the reduction of individual license fees if an applicant applies for more than one category of license under chapter 70.127 RCW;

(c) Establish fees to be paid as required under RCW 43.20B.110 and chapter 440-44 WAC, including providing for the reduction of individual license fees if an applicant applies for more than one category of license under RCW 70.127.110;

(d) Prohibit transfer or reassignment of a license without a thirty-day prior notice to the department and department approval;

(e) Issue a license following approval of a new or current owner's application;

(f) Conduct on-site reviews of the agency, which may include in-home visits with the consent of the participant, in order to determine compliance;

(g) Examine and audit records of the agency if the department has reason to believe persons are providing care without an appropriate license;

(h) Provide for combined licensure inspections and audits for owners holding more than one license under RCW 70.127.110;

(i) Give written notice of any violations, including a statement of deficiencies observed;

(j) Inform the owner or applicant of the requirement to:

(i) Present a plan of correction to the department within ten working days; and

(ii) Comply within a specified time not to exceed sixty days.

(k) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency prior to assessing a civil penalty unless:

(i) The deficiency is an immediate threat to life, health, or safety; or

(ii) The owner fails to comply with any of the provisions of WAC 248-36-045 (3)(a), (b), (c), (d), (e), (f), (g), (h), (i), and (j).

(l) Initiate disciplinary action, under RCW 70.127-.170 and this chapter, if the owner or applicant fails to comply.

(7) The department may:

(a) Issue a license effective for one year unless the license is suspended or revoked;

(b) Inspect an agency and examine records at any time to determine compliance with chapter 70.127 RCW and this chapter; and

(c) Deny, suspend, modify, or revoke an agency license for failure to comply with chapter 70.127 RCW or this chapter.

(8) When a change of ownership is planned, the owner shall notify the department, in writing, at least thirty days prior to the date of transfer, including:

(a) Full name and address of the current owner and prospective new owner;

(b) Name and address of the agency and new name under which the agency will be operating, if known; and

(c) The date of the proposed change of ownership.

(9) The prospective new owner shall submit a new application for an agency license with the fee at least thirty days prior to the change of ownership.

(10) The agency shall inform the department in writing at the time of opening or closing of the agency or branch offices.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-36-025, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-025, filed 6/7/89.]

WAC 246-336-035 License denials--Suspensions--Modifications--Revocations. (1) The department may deny, suspend, modify, or revoke a license or assess civil penalties, or both, against the agency if an applicant, owner, officer, director, or managing employee:

(a) Fails or refuses to comply with the provisions of chapter 70.127 RCW or this chapter;

(b) Continues to operate after the license is revoked or suspended for cause and not subsequently reinstated by the department;

(c) Makes false statement of a material fact in the application for the license or data attached or in any record required by this chapter or matter under investigation by the department;

(d) Refuses to allow representatives of the department to inspect any part of the agency or books, records, or files required by this chapter;

(e) Willfully prevents or interferes with or attempts to impede in any way the work of any representative of the department in the lawful enforcement of chapter 70.127 RCW and this chapter;

(f) Willfully prevents or interferes with any representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Fails to pay or make arrangements to pay a civil monetary penalty assessed by the department within ten days after the assessment becomes final, as provided under WAC 248-36-045, Civil fines;

(h) Uses false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond those authorized by the agency or law; or

(j) Misrepresents, or is fraudulent in an aspect of, the conduct of the applicant's or owner's business.

(2) If the department finds the public health, safety, or welfare imperatively require emergency action, a license may be summarily suspended pending proceedings for revocation or other action.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-36-035, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-035, filed 6/7/89.]

WAC 246-336-045 Civil fines. (1) Following an on-site review, in-home visit, or audit, the department shall give written notice either in person or by personal service or certified mail, return receipt requested, of any violation under chapter 70.127 RCW or this chapter. The notice shall inform the owner or applicant as appropriate including:

(a) Describing the conditions of noncompliance;

(b) Specifying a reasonable time of compliance not to exceed sixty days;

(c) Explaining the possibility of a violation subjecting the owner or applicant to denial, revocation, modification, or suspension of the license and/or civil fines; and

(d) Explaining the right of the owner or applicant to appeal.

(2) The department may assess civil monetary penalties in addition to or in lieu of denial, suspension, modification, or revocation of a license if the owner fails to comply with a notice of violation.

(3) The department may assess civil monetary penalties not to exceed one thousand dollars per violation in any case when the department finds the owner, applicant, officer, director, partner, managing employee, or owner of ten percent or more of the applicant's or owner's assets:

(a) Failed or refused to comply with requirements of chapter 70.127 RCW or this chapter;

(b) Continued to operate after the license was revoked or suspended for cause and not subsequently reinstated by the department;

(c) Has knowingly or with reason to know made a false statement of a material fact in the:

(i) Application for the license; or

(ii) Data attached; or

(iii) Record required under chapter 70.127 RCW; or

(iv) Matter under investigation by the department.

(d) Refused to allow representatives of the department to inspect any book, record, file or part of the agency required under this chapter;

(e) Willfully prevented, interfered with, or attempted to impede the work of any representative of the department in the lawful enforcement of a provision under chapter 70.127 RCW and this chapter;

(f) Willfully prevented or interfered with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Failed to pay or make arrangements to pay any civil monetary penalty assessed by the department under chapter 70.127 RCW within ten days after the assessment became final;

(h) Used false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresented or was fraudulent in any aspect of the conduct of the home care business.

(4) Failure to pay or make arrangements to pay civil monetary penalties within ten days from the time the assessment becomes final may result in denial, suspension, modification, or revocation of the license, in addition to the assessment of the penalties or to the assessment of additional penalties.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-36-045, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-045, filed 6/7/89.]

WAC 246-336-055 License action and/or civil fine--Notice--Adjudicative proceeding. (1) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(2) The department's notice of imposition of a civil fine shall be consistent with RCW 43.20A.XXX and section 96, chapter 175, Laws of 1989. A person the department imposes a civil fine on has the right to an adjudicative proceeding to contest the decision.

(3) A license applicant or holder or a person the department imposes a civil fine on contesting a department decision shall within twenty-eight days of receipt of the decision:

(a) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(b) Include in or with the application:

(i) A specific statement of the issue or issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(4) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-055, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-36-055, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-055, filed 6/7/89.]

WAC 246-336-065 General requirements. (1) The agency shall have a written plan of operation including:

(a) An organizational chart showing ownership and lines of delegation of responsibility to the participant care level;

(b) The services offered, including hours of operation and service availability;

(c) Criteria for participant acceptance, referral, transfer, and termination;

(d) Evidence of direct administrative and supervisory control and responsibility for all services including services provided by branch offices;

(e) An annual budget approved by the governing body; and

(f) Provisions for informing each participant of other community resources if the agency ceases operation.

(2) The agency shall provide services for the participant consistent with the care plan and:

(a) Accept participants only when the agency is capable of providing the specific services or level of care requested by the participant or the participant's authorized representative and appropriate to the participant needs; and

(b) Inform the participant of other services when the home care agency is unable to meet identified needs.

(3) Agency personnel shall communicate in a language or form of communication the participant and family can reasonably be expected to understand. Whenever possible, the agency shall assist in obtaining:

(a) Special devices;

(b) Interpreters; or

(c) Other aids to facilitate communication.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-065, filed 6/7/89.]

WAC 246-336-077 Participant bill of rights. The agency shall provide each participant and family with a written bill of rights affirming each participant's right to:

(1) Be informed of the services offered by the agency and those being provided;

(2) Refuse services;

(3) Request a change of service;

(4) Participate in development of the care plan;

(5) Receive an explanation of any responsibilities the participant may have in the care process;

(6) Be informed of the name of the person supervising the care and how to contact that person;

(7) Be informed of the process for submitting and addressing complaints to the agency and department;

(8) Receive an explanation of the agency's charges and policy concerning billing and payment for services, including, to the extent possible, insurance coverage and other payment options unless services are reimbursed through a managed care plan;

(9) Receive, upon request, a fully itemized billing statement at least monthly, including the date of each service and the charge unless service is reimbursed through a managed care plan;

(10) Have access to the department's registry of licensed agencies and who to contact in the community for financial resource information;

(11) Upon request, be informed of who owns and controls the agency;

(12) Personnel properly trained to perform assigned tasks;

(13) Coordinated services;

(14) Courteous and respectful treatment, privacy, and freedom from abuse and discrimination;

(15) Confidential management of participant records and information;

(16) Access information in the participant's own record upon request; and

(17) Receive prior notice and an explanation for reasons of termination, referral, transfer, discontinuance of service, or change in the care plan.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-077, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-077, filed 6/7/89.]

WAC 246-336-085 Governing body--Administration. (1) The governing body of the agency shall establish a mechanism to:

(a) Approve a quality assurance plan whereby problems are identified, monitored, and corrected;

(b) Adopt and periodically review written bylaws or an acceptable equivalent;

(c) Approve written policies and procedures related to safe, adequate services and operation of the agency with annual or more frequent review by administrative and supervisory personnel;

(d) Appoint an administrator and approve a plan for an alternate in the administrator's absence;

(e) Oversee the management and fiscal affairs of the agency; and

(f) Approve a method of obtaining regular reports on participant satisfaction.

(2) Each agency shall have an administrator to:

(a) Organize and direct the agency's ongoing functions;

(b) Maintain ongoing liaison between the governing body and the personnel;

(c) Employ qualified personnel and ensure appropriate ongoing education and supervision of personnel and volunteers;

(d) Ensure the accuracy of public information materials and activities;

(e) Implement a budgeting and accounting system; and

(f) Ensure the presence of an alternate administrator to act in the administrator's absence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-085, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-085, filed 6/7/89.]

WAC 246-336-095 Personnel and volunteers. (1) The agency shall establish written personnel and volunteer policies including, but not limited to:

(a) Personnel and volunteer qualifications commensurate with anticipated job responsibilities;

(b) Employment criteria without regard to sex, race, age, creed, handicap, national origin, or sexual orientation;

(c) Orientation and in-service training appropriate to each classification of personnel and volunteer and the tasks he or she is expected to perform, including information about safety and emergency procedures;

(d) Evidence of pre–hire screening; and

(e) Annual or more frequent performance evaluations including:

(i) Knowledge of safety pertinent to job assignment;

(ii) Conformance with agency policies and procedures; and

(iii) Observation of performance of personnel in the environment appropriate to job expectations.

(2) The agency shall maintain records including:

(a) Qualifications of personnel and direct participant care volunteers;

(b) Evidence of current licensure, certification, or registration when applicable to job requirements;

(c) Documentation of orientation and training required to perform assigned tasks, consistent with this chapter;

(d) Evidence of review of agency policy and procedures related to reporting any suspected abuse and neglect of children and adults consistent with chapters 26.44 and 74.34 RCW;

(e) Performance evaluations;

(f) Evidence of pre–hire screening prior to working with the agency; and

(g) Evidence of notification of the local health department when personnel are exposed to an infectious case of tuberculosis, as required in subsection (3) of this section.

(3) In the event of personnel or volunteer exposure to an infectious case of tuberculosis, the agency shall supply the names and identifying information to the local health department sufficient for screening to occur.

(4) The agency shall:

(a) Assure observance of appropriate precautions when personnel and volunteers are known to have a communicable disease in an infectious stage; and

(b) Assume responsibility for personnel providing all services included in the care plan.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–336–095, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–36–095, filed 6/7/89.]

WAC 246–336–105 AIDS education and training. Home care agencies shall:

(1) Verify or arrange for appropriate education and training of personnel and volunteers on the prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know–AIDS Education for Health Care Facility Employees*, March 1, 1989, published by the department office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–336–105, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–36–105, filed 6/7/89.]

WAC 246–336–115 Participant care policies and procedures. (1) The home care agency shall establish and implement policies and procedures appropriate to the specific services provided and available in writing to all personnel and volunteers, including:

(a) All tasks carried out in providing services and implementing the care plan;

(b) Observations to be reported to the supervisor;

(c) Coping with difficult situations;

(d) Transporting of participants by licensed insured drivers;

(e) Any special qualifications of persons performing the services;

(f) Infection control principles and practices;

(g) Emergency procedures, participant safety, and death;

(h) Safe handling and use of supplies, equipment, and toxic or hazardous substances;

(i) Safe handling and preparation of food products;

(j) Abuse and neglect consistent with chapters 26.44 and 74.34 RCW;

(k) Coordination of inter– and intra–agency services;

(l) Participant records; and

(m) Restriction on personnel assisting with participant–owned medications only as provided in the care plan and restricted to:

(i) Reminding the participant of when it is time to take a prescribed medication;

(ii) Handing the medication container to the participant;

(iii) Opening the medication container; and

(iv) Assistance with application of skin, nose, eye, and ear preparations according to label when a participant is mentally oriented and able to supervise application.

(n) Limitations regarding handling of participant–owned money and property.

(2) Agencies shall review participant care policies and procedures annually and revise as necessary.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–336–115, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89–12–077 (Order 2790), § 248–36–115, filed 6/7/89.]

WAC 246–336–125 Supervision and coordination of services. The agency shall employ a supervisor responsible for:

(1) Assessment of participant/family needs except under managed care plans;

(2) Development of care plan, except under managed care plans;

(3) Implementing the care plan;

(4) Referral to other community resources;

(5) Explaining resources the participant may access;

(6) Performance evaluations as indicated under WAC 248–36–095, Personnel and Volunteers;

(7) Regular monitoring of effectiveness of the care plan, including:

(a) The participant's satisfaction with care received;

(b) Participant's health and safety;

(c) Periodic contact with participant to re–assess effectiveness and appropriateness of home care plan of care;

(d) Participating in development and review of agency policies for coordination; and

(e) Coordination or arrangement of home care services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-125, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-125, filed 6/7/89.]

WAC 246-336-135 Home care plan of care. Agencies shall:

(1) Ensure personnel follow an approved written care plan;

(2) Include all services to be provided in the care plan; and

(3) Ensure review and revision of care plan, as necessary:

(a) Whenever reports by the participant, family, or caregiver indicate substantial change in services needed;

(b) Based upon assessment by the supervisor, unless done through a managed care plan; and

(c) At least every six months for personal care services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-135, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-135, filed 6/7/89.]

WAC 246-336-165 Records and documentation of participant care. (1) The home care agency shall maintain records which are orderly, intact, and:

(a) Legibly written in ink suitable for photocopying;

(b) In an agency-approved format;

(c) Written in a legally acceptable manner;

(d) Considered as property of the home care agency;

(e) Include observations about the participant's physical condition;

(f) Available and retrievable either in the agency or by electronic means during business hours; and

(g) Stored following discontinuance from service in a manner which:

(i) Prevents loss or manipulation of information;

(ii) Protects the record from damage; and

(iii) Prevents access by unauthorized persons.

(2) Records shall include:

(a) Appropriate participant identifying information;

(b) Appropriate service consent and agreement, including payment source;

(c) Pertinent past and current information, including:

(i) Documentation of a participant assessment by a supervisor on acceptance and when conditions change extensively;

(ii) Notation of all services provided and recorded in the record or in another file maintained by the agency; and

(iii) Documentation of significant observations.

(d) Care plan; and

(e) Termination statement.

(3) Agencies shall ensure documentation, including:

(a) Recording of the service on the day it is provided;

(b) Immediate incorporation of reports of unusual events or incidents with date, time, and signature or valid initials of the recorder; and

(c) Entries incorporated within a month from the day service is rendered if the record is maintained in the agency.

(4) Agencies shall maintain, retain, and preserve records:

(a) For adults, a period of no less than five years following the date of discontinuation of service; and

(b) For minors, a period of no less than three years following attainment of eighteen years of age or five years following discontinuance of agency services, whichever is longer.

(5) Agencies shall establish policies and procedures specific to retention and disposition of records, including:

(a) Arrangements for preservation of participant records if the agency discontinues operation with a plan approved by the department; and

(b) A method of disposal of records assuring prevention of retrieval and subsequent use of information.

(6) Agencies shall safeguard recorded participant information against loss or unauthorized use, including:

(a) Adherence to written procedures governing use and removal of records and conditions for release of information; and

(b) Requirement for prior written consent of the participant for release of information unless authorized by law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-165, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-165, filed 6/7/89.]

WAC 246-336-990 Fees. (1) Home care agencies licensed under chapter 70.127 RCW shall submit an annual license fee of six hundred twenty-five dollars to the department.

(2) The department shall assess annual fees for combinations of initial licenses or renewal of combination of licenses under RCW 70.127.110 as follows:

Categories of Agencies	Fee When All Agencies at One Address	Fee When Agencies At Separate Addresses Within One County
Home Health and Hospice	$ 800	$ 900
Home Health and Home Care	1,000	1,100
Hospice and Home Care	700	800
Home Health and Home Health	1,000	1,100
Hospice and Hospice	800	900
Home Care and Home Care	1,000	1,100
Any combination of three of the same or different categories	1,200	1,300
Any combination of four of the same or different categories	1,600	1,700
Any combination of five of the same or different categories	2,000	2,100

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-336-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-338 WAC
MEDICAL TEST SITE RULES

WAC

WAC 246-338-001 Purpose. The purpose of this chapter is to implement chapter 70.42 RCW, by establishing minimum licensing standards for medical test sites, consistent with federal law and regulation, related to quality control, quality assurance, recordkeeping, personnel requirements, proficiency testing, and licensure waivers.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-001, filed 9/21/90, effective 10/22/90.]

WAC 246-338-010 Definitions. For the purpose of chapter 70.42 RCW and this chapter, the following words and phrases have these meanings unless the context clearly indicates otherwise.

(1) "Accreditation body" means a public or private organization or agency which accredits, certifies, or licenses medical test sites, by establishing and monitoring standards judged by the department to be consistent with federal law and regulation, and this chapter.

(2) "Authorized person" means any individual allowed by Washington state law or rule to order tests or receive test results.

(3) "Case" means any slide or group of slides, from one patient specimen source, submitted to a medical test site, at one time, for the purpose of cytological or histological examination.

(4) "Category I" means a medical test site performing one or more of the following tests, in addition to any or all tests listed under WAC 248-38-030(10), but none of the tests described under subsection (5) of this section for Category II:

(a) Culture for colony counts for urinary tract infections, not including identification and susceptibility testing;

(b) Blood glucose using reagent strip by instrumentation;

(c) Manual or instrumentation hematology or coagulation;

(d) Chemistry tests, limited to glucose, blood urea nitrogen, creatinine, uric acid, sodium, potassium;

(e) Throat culture screen for beta-hemolytic streptococcus using differentiation discs;

(f) Cholesterol screening, limited to qualitative and semi-quantitative determinations;

(g) Direct streptococcal antigen test.

(5) "Category II" means a medical test site performing any test, other than or in addition to any or all of the tests listed under subsection (4) of this section for Category I and under WAC 248-38-030(10).

(6) "Certificate of waiver" means a medical test site performing one or more of the tests listed under WAC 248-38-030(10), but none of the tests described under subsections (4) and (5) of this section for Category I or Category II.

(7) "Days" means calendar days.

(8) "Department" means the department of health.

(9) "Designated specialty test site supervisor" means an available individual, designated in writing by the owner of the medical test site, meeting the qualifications and performing the duties of a designated test site supervisor, as described in this chapter for an assigned specialty or subspecialty.

(10) "Designated test site supervisor" means the available individual responsible for the technical functions of the medical test site and meeting the department qualifications under this chapter.

(11) "Disciplinary action" means license or certificate of waiver denial, suspension, condition, revocation, civil fine, or any combination of the preceding actions, taken by the department against a medical test site.

(12) "Facility" means one or more locations where tests are performed, within one campus or complex, under one owner.

(13) "Federal law and regulation" means Public Law 100-578, Clinical Laboratory Improvement Amendments of 1988, Public Health Service Act, and regulations implementing the federal amendments.

(14) "Forensic" means investigative testing in which the results are never used for health care or treatment, or referral to health care or treatment, of the individual.

(15) "May" means permissive or discretionary on the part of the department.

(16) "Medical test site" or "test site" means any facility or site, public or private, which analyzes materials derived from the human body for the purposes of health care, treatment, or screening. A medical test site does not mean:

(a) A facility or site, including a residence, where a test approved for home use by the Federal Food and Drug Administration is used by an individual to test himself or herself without direct supervision or guidance by another and where this test is not part of a commercial transaction; or

(b) A facility or site performing tests solely for forensic purposes.

(17) "Owner" means the person, corporation, or entity legally responsible for the business requiring licensure or a certificate of waiver as a medical test site under chapter 70.42 RCW.

(18) "Person" means any individual, public organization, private organization, agent, agency, corporation, firm, association, partnership, or business.

(19) "Principle health care provider" means the attending physician or other health care provider recognized as primarily responsible for diagnosis and

treatment of a patient or, in the absence of such, the health care provider initiating diagnosis, testing or therapy for a patient.

(20) "Provisional license" or "provisional certificate of waiver" means an interim approval issued by the department to the owner of a medical test site.

(21) "Recordkeeping" means books, files, or records necessary to show compliance with the quality control and quality assurance requirements under this chapter.

(22) "Shall" means compliance is mandatory.

(23) "Site" means one or more locations where tests are performed, under one owner, changing or extending location to perform tests on a regular or intermittent basis.

(24) "Specialty" means a group of similar subspecialties or tests. The specialties for a medical test site are as follows:

(a) Chemistry;
(b) Cytogenetics;
(c) Diagnostic immunology;
(d) Immunohematology;
(e) Hematology;
(f) Histocompatibility;
(g) Microbiology;
(h) Pathology; and
(i) Radiobioassay.

(25) "Subspecialty" means a group of similar tests. The subspecialties of a specialty for a medical test site are as follows, for:

(a) Chemistry, the subspecialties are routine chemistry, endocrinology, toxicology, urinalysis, and other chemistry;

(b) Diagnostic immunology, the subspecialties are syphilis serology, general immunology, HIV, and alpha feto protein;

(c) Immunohematology, the subspecialties are blood group and Rh typing, antibody identification, crossmatching, transfusion services and blood banking, and other immunohematology;

(d) Hematology, the subspecialties are routine hematology, coagulation, and other hematology;

(e) Microbiology, the subspecialties are bacteriology, mycology, parasitology, virology, and mycobacteriology; and

(f) Pathology, the subspecialties are histopathology, diagnostic cytology, and oral pathology.

(26) "Supervision" means authoritative procedural guidance by a qualified individual, assuming the responsibility for the accomplishment of a function or activity by technical personnel.

(27) "Technical personnel" means individuals employed to perform any test or part of a test.

(28) "Test" means any examination or procedure conducted on a sample taken from the human body, including screening.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-010, filed 9/21/90, effective 10/22/90.]

WAC 246-338-020 Licensure of the medical test sites. (1) After July 1, 1990, no person shall advertise, operate, manage, own, conduct, open, or maintain a medical test site without first obtaining from the department, a license or a certificate of waiver as described under chapter 70.42 RCW and this chapter.

(2) Applicants requesting a medical test site license or renewal shall:

(a) Submit a completed application and fee to the department on forms furnished by the department, including signature of the owner; and

(b) Furnish full and complete information to the department in writing, as required for proper administration of rules implementing chapter 70.42 RCW including:

(i) Name, address, and phone number of the medical test site;

(ii) Name, address, and phone number of the owner of the medical test site;

(iii) Number and types of tests performed, planned, or projected;

(iv) Names and qualifications including educational background, training, and experience of the designated test site supervisor, and any designated specialty test site supervisor;

(v) Names and qualifications including educational background, training, and experience of technical personnel, if requested by the department, in order to determine consistency with federal law and regulation;

(vi) Name and type of proficiency testing program or programs used by the medical test site;

(vii) Other information as required to implement chapter 70.42 RCW; and

(viii) Methodologies for tests performed, when the department determines the information is necessary, consistent with federal law and regulation.

(3) The department shall also issue a license for a medical test site if the medical test site:

(a) Is accredited, certified, or licensed by an accreditation body under WAC 248-38-040; and

(b) Submits the following to the department for department approval:

(i) Information defined under subsection (2)(a) and (b) of this section;

(ii) Copies of the most recent graded proficiency testing results; and

(iii) Proof of accreditation, certification, or licensure by an accreditation body including a copy of the most recent:

(A) On-site inspection results;
(B) Statement of deficiencies;
(C) Plan of correction for the deficiencies cited; and
(D) Any disciplinary action and results of any disciplinary action taken by the accreditation body against the medical test site; or

(iv) Authorization for an accreditation body to submit to the department such records or other information about the medical test site required for the department to determine whether or not standards are consistent with chapter 70.42 RCW and this chapter.

(4) The owner or applicant shall submit an application and fee to the department thirty days prior to the expiration date of the current license.

(5) The department shall:

(a) Issue or renew a license for the medical test site, valid for two years, when the applicant or owner meets the requirements of chapter 70.42 RCW and this chapter, subject to subsection (6) of this section;

(b) Terminate a provisional license, at the time a two-year license for the medical test site is issued;

(c) Establish fees to be paid under WAC 248-38-120;

(d) Prohibit transfer or reassignment of a license without thirty days prior written notice to the department and the department's approval;

(e) Examine records of the medical test site, if the department believes a person is conducting tests without an appropriate license;

(f) Give written notice of any violations to the medical test site, including a statement of deficiencies observed and requirements to:

(i) Present a written plan of correction to the department within fourteen days following the date of postmark; and

(ii) Comply within a specified time, not to exceed sixty days, after department approval of a written plan of correction;

(g) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency unless the deficiency is an immediate threat to life, health, or safety.

(6) The department may:

(a) Issue a provisional license, valid for a period of time not to exceed two years from date of issue, to a medical test site applying for licensure for the first time;

(b) Conduct on-site review of a medical test site at any time to determine compliance with chapter 70.42 RCW and this chapter; and

(c) Initiate disciplinary action, as described under chapter 70.42 RCW and this chapter, if the owner or applicant fails to comply with chapter 70.42 RCW and this chapter, consistent with chapter 34.05 RCW, Administrative Procedure Act.

(7) The owner shall notify the department, in writing, at least thirty days prior to the date of a proposed change of ownership and provide the following information:

(a) Full name, address, and location of the current owner and prospective new owner, if known;

(b) Name and address of the medical test site and the new name of the medical test site, if known;

(c) Changes in technical personnel and supervisors, if known; and

(d) The date of the proposed change of ownership.

(8) The prospective new owner shall submit the information required under subsection (2)(a) and (b) of this section, at least thirty days prior to the change of ownership.

(9) The owner shall inform the department, in writing, of:

(a) The date of opening or closing the medical test site; and

(b) Any change in the information related to license application, excluding tests which would not affect category change, within thirty days after the change, unless specifically stated otherwise under chapter 70.42 RCW or this chapter.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-020, filed 9/21/90, effective 10/22/90.]

WAC 246-338-030 Waiver from licensure of medical test sites. (1) The department shall grant a certificate of waiver to a medical test site performing only the tests listed under this section.

(2) Applicants requesting a certificate of waiver or renewal shall:

(a) Submit a completed application and fee for initial certificate of waiver or renewal to the department on forms furnished by the department, including signature of the owner; and

(b) Furnish full and complete information to the department in writing, as required for proper administration of rules to implement chapter 70.42 RCW including:

(i) Name, address, and phone number of the medical test site;

(ii) Name, address, and phone number of the owner of the medical test site;

(iii) Number and types of tests performed, planned or projected;

(iv) Names and qualifications including educational background, training and experience of the designated test site supervisor;

(v) Names and qualifications including educational background, training, and experience of technical personnel, if requested by the department, in order to determine consistency with federal law and regulation;

(vi) Other information as required to implement chapter 70.42 RCW; and

(vii) Methodologies for tests performed, when the department determines the information is necessary consistent with federal law and regulation.

(3) The owner or applicant shall submit an application and fee to the department thirty days prior to the expiration date of the current certificate of waiver.

(4) The department shall:

(a) Grant a certificate of waiver or renewal of a certificate of waiver for the medical test site valid for two years when the applicant or owner meets the requirements of chapter 70.42 RCW and this chapter, subject to subsection (5) of this section;

(b) Terminate a provisional certificate of waiver at the time a two-year certificate of waiver for the medical test site is issued;

(c) Establish fees to be paid under WAC 248-48-120; and

(d) Prohibit transfer or reassignment of a certificate of waiver without thirty days prior written notice to the department and the department's approval.

(5) If the department has reason to believe a waivered site is conducting tests requiring a license, the department shall:

(a) Conduct on-site reviews of the medical test site;

(b) Examine records of the medical test site;

(c) Give written notice of any violations to the medical test site, including a statement of deficiencies observed and requirements to:

(i) Present a written plan of correction to the department within fourteen days following the date of postmark; and

(ii) Comply within a specified time not to exceed sixty days after department approval of a written plan of correction;

(d) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency unless the deficiency is an immediate threat to life, health, or safety.

(6) The department may:

(a) Grant a provisional certificate of waiver to a medical test site, applying for a certificate of waiver for the first time, valid for a period of time not to exceed two years from date of issue;

(b) Conduct on-site review of a medical test site at any time to determine compliance with chapter 70.42 RCW and this chapter; and

(c) Initiate disciplinary action, as described under chapter 70.42 RCW and this chapter, if the owner or applicant fails to comply with chapter 70.42 RCW and this chapter, consistent with chapter 34.05 RCW, Administrative Procedure Act.

(7) The owner shall notify the department, in writing, at least thirty days prior to the date of a proposed change of ownership and provide the following information:

(a) Full name, address, and location of the current owner and prospective new owner, if known;

(b) Name and address of the medical test site and the new name of the medical test site, if known;

(c) Changes in technical personnel and supervisors, if known; and

(d) The date of the proposed change of ownership.

(8) The prospective new owner shall submit the information required under subsection (2)(a) and (b) of this section, at least thirty days prior to the change of ownership.

(9) The owner shall inform the department, in writing of:

(a) The date of opening or closing the medical test site; and

(b) Any change in the information related to certificate of waiver application, excluding tests which would not effect category change or licensure, within thirty days after the change, unless specifically stated otherwise under chapter 70.42 RCW and this chapter.

(10) The department shall grant a certificate of waiver if the medical test site performs only the tests listed in this section and no other tests unless specifically disallowed or allowed under federal law and regulation:

(a) Microscopic examination:

(i) For pinworms by adhesive method;

(ii) Of urine sediment;

(iii) Of wet mounts;

(iv) Of potassium hydroxide (KOH) preparations;

(v) For fern tests;

(vi) Of gram stains, limited to discharges and exudates;

(vii) Of nasal smears by Hansel or Wright-Giemsa stain;

(b) Any microscopic examination by an individual meeting the qualifications of a designated test site supervisor, only when the same individual diagnoses and treats his or her own patients;

(c) Examination of urine by reagent strip or tablet methods;

(d) Urine specific gravity;

(e) Examination of whole blood by visual reading of reagent strip or tablet methods, limited to whole blood glucose;

(f) Examination of whole blood, limited to blood glucose, using instrumentation approved for home use by the Federal Food and Drug Administration and performed in the patient's residence;

(g) Qualitative serum and urine pregnancy test kits, excluding instrumentation methods;

(h) Micro hematocrit, spun hematocrit;

(i) Erythrocyte sedimentation rate;

(j) Qualitative examination of stool specimens for occult blood;

(k) Primary inoculation of bacteriological or mycological media for visual reading of a color reaction only;

(l) Semen analysis;

(m) Screening tests for Sickle cell, other than electrophoresis methods;

(n) Ovulation test using visual color test for human luteinizing hormone;

(o) Whole blood clotting time;

(p) Antistreptolysin O (ASO) screen by slide agglutination test or equivalent;

(q) C reactive protein (CRP) screen by slide agglutination test or equivalent;

(r) Rheumatoid factor screen by slide agglutination test or equivalent; and

(s) Infectious mononucleosis screen by slide agglutination test or equivalent.

(11) The department shall use the following criteria when determining additional waivered tests not listed under subsection (10) of this section, which are determined to have insignificant risk of an erroneous result, including those which:

(a) Are approved by the Federal Food and Drug Administration for home use;

(b) Are so simple and accurate as to render the likelihood of erroneous result negligible, judged by the department to require three or less of the following functions:

(i) Calculation;

(ii) Specimen or reagent preparation;

(iii) Six or more steps in the test procedure;

(iv) Calibrated or volumetric measurement;

(v) Independent judgment other than a single observation and recording of results;

(vi) External calibration;

(vii) External quality control; and

(viii) Equipment maintenance;

(c) Pose no reasonable risk of harm to the patient if performed incorrectly.

(12) If the medical test site performs tests not included under subsection (10) of this section, the owner shall apply for licensure as defined under chapter 70.42 RCW and this chapter.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-030, filed 9/21/90, effective 10/22/90.]

WAC 246-338-040 Approval of accreditation bodies. (1) The department recognizes the following accreditation bodies under RCW 70.42.040:

(a) United States Department of Health and Human Services, Health Care Financing Administration (HCFA);

(b) National Institute on Drug Abuse;

(c) United States Food and Drug Administration, limited to the manufacture of blood and blood products.

(2) If the owner or applicant of a medical test site requests the department to consider accreditation bodies not currently approved by the department under this section, the owner or applicant shall:

(a) Apply for acceptance of a specified accreditation body for a medical test site with the department;

(b) Require the accreditation body to submit to the department a copy of the rules, regulations, and standards used by the accreditation body;

(c) Agree to and request on-site inspections of the medical test site by the accrediting body, at a frequency similar to department inspections of medical test sites; and

(d) Agree to submit to the department within thirty days of application for licensure or renewal of licensure, information required under WAC 248-38-020 (3)(b)(i) through (iv).

(3) The department shall:

(a) Require the accreditation body to demonstrate to the department the use of accreditation, certification, or licensure standards consistent with federal law and regulations, and this chapter;

(b) Require department-approved accreditation bodies to submit changes in standards to the department at least thirty days before changes are effective;

(c) Review accreditation standards of bodies approved under subsection (1) of this section when changes are made in standards;

(d) Require the accreditation body to demonstrate to the department the use of on-site inspectors with qualifications meeting or exceeding the requirements as follows:

(i) Qualifies as a designated test site supervisor or specialty test site supervisor as defined under chapter 70.42 RCW and this chapter; or

(ii) Qualifies with any of the requirements in 42 CFR 405.1313;

(e) Require the accreditation bodies to agree in writing to allow the department to have jurisdiction to investigate complaints, do random on-site inspections and take disciplinary action against a medical test site if indicated.

(4) The department may deny or terminate the license for a medical test site, if the owner or applicant fails to authorize the accreditation body to notify the department of the test site's compliance with the standards of the accreditation body.

(5) The department shall notify the medical test site if an accreditation body loses department acceptance of approval as an accreditation body for the medical test site.

(6) The owner or applicant of a medical test site shall reapply for licensure within thirty days, if the acceptance of approval of the accreditation body for the medical test site is denied or terminated.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-040, filed 9/21/90, effective 10/22/90.]

WAC 246-338-050 Proficiency testing. (1) Except where there is no available proficiency test, each licensed medical test site shall demonstrate satisfactory participation in a department-approved proficiency testing program appropriate for the test or tests performed on-site, excluding waivered tests as listed under WAC 248-38-030(10).

(2) The department, upon request, shall furnish a list of the approved proficiency testing programs under RCW 70.42.050.

(3) The department may approve the owner or applicant's use of a specific proficiency testing program when the program:

(a) Assures the quality of test samples;

(b) Appropriately evaluates the testing results;

(c) Identifies performance problems in a timely manner;

(d) Has the technical ability required to prepare and distribute samples;

(e) Uses methods assuring samples mimic actual patient specimens when possible and where applicable;

(f) Uses homogenous samples if applicable;

(g) Maintains stability of samples within the time frame specified in written instructions for analysis by proficiency testing participants;

(h) Provides necessary documentation to establish requirements under this section;

(i) Uses an appropriate process for determining the correct answer for each sample; and

(j) Uses at least two samples per test each quarter if applicable.

(4) The medical test site shall:

(a) Assure testing of proficiency testing samples in a similar manner as patient specimens are tested, unless otherwise specifically requested by the proficiency testing program;

(b) Assure testing of proficiency testing samples on-site by the technical personnel performing examinations on patient specimens;

(c) Maintain documentation of the:

(i) Test methodology;

(ii) Identification of technical personnel performing the tests; and

(iii) Reporting of results of the proficiency testing samples; and

(d) Provide a copy of the graded proficiency testing results to the department.

(5) The department shall evaluate by using the following grading criteria:

(a) An evaluation of scores for the last four shipments of proficiency testing samples including:

(i) Tests;

(ii) Subspecialties; and

(iii) Specialties;

(b) Maintenance of a minimum acceptable score for satisfactory participation as follows:

(i) Seventy-five percent for all tests, subspecialties, and specialties except for human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and immunohematology; and

(ii) One hundred percent for all tests, subspecialties, and specialties for HIV/AIDS and immunohematology;

(c) A grade of marginal performance occurs when:

(i) An unsatisfactory score is obtained on any single test in a shipment for immunohematology or HIV/AIDS; or

(ii) For all other tests, subspecialties, or specialties if:

(A) Unsatisfactory scores are obtained in any specialty or subspecialty on two of any three successive shipments;

(B) An unsatisfactory score is obtained on a single test on two of any three successive shipments; or

(C) An unsatisfactory score is obtained in two or more specialties or subspecialties in a single shipment;

(d) A grade of unsatisfactory performance occurs when:

(i) Unsatisfactory shipment scores are obtained on a single test or in a specialty or subspecialty on three of any four successive shipments; or

(ii) A medical test site takes unacceptable action to correct marginal performance.

(6) For marginal performance on proficiency testing samples the following department and medical test site actions shall occur:

(a) The department shall mail a cautionary letter and a statement of deficiencies to the owner and to the designated test site supervisor;

(b) The medical test site shall respond by submitting a plan of correction within fifteen days from receipt of notice, to the department; and

(c) Following department evaluation of the plan of correction, the department shall mail written notice to the medical test site of acceptance or nonacceptance.

(7) In addition the department may require the owner of the medical test site demonstrating marginal performance in any identified test, subspecialty or specialty, to provide or ensure:

(a) Additional training of personnel;

(b) Necessary technical assistance to meet the requirements of the proficiency testing program and the department;

(c) Participation in a program of additional proficiency testing, if available; or

(d) Any combination of training, technical assistance, or testing described under (a), (b), and (c) of this subsection.

(8) For unsatisfactory performance on proficiency testing samples the department shall send to the owner and designated test site supervisor by certified mail:

(a) A letter identifying the particular problem;

(b) A statement of deficiencies;

(c) Acknowledgement of previous contacts; and

(d) A notice to the medical test site to cease performing the identified test, subspecialty, or specialty.

(9) The owner shall notify the department within fifteen days of the receipt of the notice of the decision to voluntarily stop performing tests on patient specimens for the identified test, subspecialty, or specialty.

(10) The owner may petition the department for reinstatement of approval to perform tests on patient specimens after demonstrating satisfactory performance on two successive shipments of proficiency testing samples for the identified test, subspecialty, or specialty.

(11) The department shall notify the owner in writing, within fifteen days of receipt of petition, of the decision related to the request for reinstatement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-050, filed 9/21/90, effective 10/22/90.]

WAC 246-338-060 Personnel. (1) Owners shall ensure medical test sites have:

(a) A designated test site supervisor responsible for:

(i) The overall technical supervision and management of the test site personnel; and

(ii) Performing and reporting of testing procedures;

(b) Technical personnel, competent to perform tests and report test results.

(2) Owners of medical test sites shall:

(a) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(b) Use infection control standards and educational material consistent with the approved curriculum manual "Know - HIV/AIDS prevention education for health care facility employees," May 31, 1989, published by the department office on HIV/AIDS.

(3) Designated test site supervisors shall:

(a) Establish and approve policies for:

(i) Performing, recording, and reporting of tests;

(ii) Maintaining an ongoing quality assurance program;

(iii) Supervision of testing; and

(iv) Compliance with chapter 70.42 RCW and this chapter;

(b) Evaluate, verify, and document the following related to technical personnel:

(i) Education, experience, and training in test performance and reporting tests results;

(ii) Sufficient numbers to cover the scope and complexity of the services provided;

(iii) Access to training appropriate for the type and complexity of the test site services offered; and

(iv) Maintenance of competency to perform test procedures and report test results;

(c) Be present, on call, or delegate the duties of the designated test site supervisor to a designated specialty test site supervisor or an on-site technical person during testing.

(4) The designated test site supervisor shall meet one or more of the following qualifications:

(a) A licensed professional under chapter 18.71 RCW Physicians; chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery;

(b) A licensed professional under chapter 18.32 RCW, Dentistry; chapter 18.22 RCW, Podiatry; chapter 18.36A RCW, Naturopathy; and advanced registered nurse practitioner, recognized under chapter 18.88 RCW, Registered Nurses, when they are functioning as the principle health care provider, limited to the tests performed on patients within the legal scope of their practice; or

(c) Individuals meeting the requirements consistent with 42 CFR 405.1312 (b)(1-5).

(5) The designated test site supervisor or designated specialty test site supervisor shall meet the appropriate requirements under 42 CFR 405.1314(b) if the medical test site performs tests in any of the following specialties or subspecialties:

(a) Cytology;

(b) Histopathology, excluding dermatopathology;

(c) Oral pathology;

(d) Histocompatibility;

(e) Cytogenetics; or

(f) Transfusion services and blood banking.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-060, filed 9/21/90, effective 10/22/90.]

WAC 246-338-070 Recordkeeping. The medical test site shall:

(1) Unless specified otherwise in subsection (2)(a), (b), and (c) of this section, maintain documentation for two years of:

(a) Test requisitions or equivalent;

(b) Test reports;

(c) Quality control; and

(d) Quality assurance.

(2) Maintain documentation of:

(a) The items listed in subsection (1)(a), (b), (c), and (d) of this section for transfusion services and blood banking for five years;

(b) Abnormal cytology and all histology reports for ten years; and

(c) Normal cytology reports for three years.

(3) Request the following written information to accompany a test requisition:

(a) Patient's name or other method of specimen identification;

(b) Name or other suitable identifier of the authorized person ordering the test;

(c) Date of specimen collection, and time if appropriate;

(d) Source of specimen, if appropriate;

(e) Type of test ordered;

(f) Sex and age of the patient, if appropriate; and

(g) For cytology and histology specimens:

(i) Pertinent clinical information; and

(ii) For pap smears:

(A) The last menstrual period; and

(B) Indication whether the patient has history of cervical cancer or its precursors.

(4) Assure specimen records include:

(a) A medical test site identification;

(b) The patient's name or other method of specimen identification;

(c) The date the specimen was received at the medical test site, and time if appropriate; and

(d) The reason for specimen rejection or limitation.

(5) Assure that test reports:

(a) Are maintained in a manner permitting identification and reasonable accessibility;

(b) Are released only to authorized persons or designees;

(c) Include the name of the medical test site, or where applicable, the name of each medical test site performing each test;

(d) Include the date reported; and

(e) Include the time reported, if appropriate.

(6) Assure cytology reports:

(a) Distinguish between unsatisfactory specimen and negative results; and

(b) Contain narrative descriptions for any abnormal results, such as the Bethesda system of terminology as published in the Journal of the American Medical Association, 1989, Volume 262, pages 931-934, for any abnormal results.

(7) Establish and make available reference ranges for use by authorized persons ordering or utilizing the test results.

(8) Issue corrected reports when indicated.

(9) Maintain appropriate documentation of:

(a) Temperature-controlled spaces and equipment;

(b) Preventive maintenance activities;

(c) Equipment function checks;

(d) Procedure calibrations;

(e) Validation, precision, and accuracy checks;

(f) Expiration date, lot numbers, and other pertinent information for:

(i) Reagents;

(ii) Solutions;

(iii) Culture media;

(iv) Controls, as defined in WAC 248-38-090;

(v) Calibrators, as defined in WAC 248-38-090;

(vi) Standards, as defined in WAC 248-38-090;

(vii) Reference materials, as defined in WAC 248-38-090; and

(viii) Other testing materials;

(g) Testing of quality control samples; and

(h) Any remedial action taken in response to quality control, quality assurance, personnel, and proficiency testing.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-070, filed 9/21/90, effective 10/22/90.]

WAC 246-338-080 Quality assurance. (1) The medical test site shall establish and implement a written quality assurance plan, including policies and procedures, designed to:

(a) Monitor, evaluate, and review quality control, proficiency testing data, and test results;

(b) Identify and correct problems;

(c) Establish and maintain accurate, reliable, and prompt reporting of test results;

(d) Verify all tests performed and reported by the medical test site conform to specified performance criteria in quality control under WAC 248-38-090; and

(e) Establish and maintain the adequacy and competency of the technical personnel.

(2) The quality assurance plan shall include mechanisms or systems to:

(a) Establish and apply criteria for specimen acceptance and rejection;

(b) Notify the appropriate individuals as soon as possible when test results indicate potential life-threatening conditions;

(c) Assess problems identified during quality assurance reviews and discuss them with the appropriate staff;

(d) Evaluate all test reporting systems to verify accurate and reliable reporting, transmittal, storage, and retrieval of data;

(e) Document all corrective actions taken to:

(i) Identify problems or potential problems; and

(ii) Implement corrective actions;

(f) Make available appropriate instructions for specimen collection, handling, preservation, and transportation.

(3) The owner shall maintain adequate space, facilities, and essential utilities for the performance and reporting of tests.

(4) The medical test site shall establish policies and procedures for infectious and hazardous medical wastes consistent with local, state, and federal authorities.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-080, filed 9/21/90, effective 10/22/90.]

WAC 246-338-090 Quality control. (1) For the purpose of this section, the following words and phrases have the following meanings, unless the context clearly indicates another meaning:

(a) "ABO, A, A_1, B, O, anti-A, anti-B, anti-D, anti Rh_o, Rh_o (D), HLA, HLA-A, B, and DR" means taxonomy classifications for blood groups, types, cells, sera, or antisera;

(b) "Calibrator" means a material, solution, or lyophilized preparation designed to be used in calibration. The values or concentrations of the analytes of interest in the calibration material are known within limits ascertained during its preparation or before use;

(c) "Control" means a material, solution, lyophilized preparation, or pool of collected serum designed to be used in the process of quality control. The concentrations of the analytes of interest in the control material are known within limits ascertained during its preparation or before routine use;

(d) "Control slide" means a preparation fixed on a glass slide used in the process of quality control;

(e) "Reference material" means a material or substance, calibrator, control or standard where one or more properties are sufficiently well established for use in calibrating a process or for use in quality control;

(f) "Standard" means a reference material of fixed and known chemical composition capable of being prepared in essentially pure form, or any certified reference material generally accepted or officially recognized as the unique standard for the assay regardless of level or purity of the analyte content.

(2) The medical test site shall use quality control procedures providing and assuring accurate and reliable test results and reports, meeting the requirements of this chapter.

(3) The medical test site shall have written procedures and policies available in the work area including:

(a) Analytical methods used by the technical personnel;

(b) Specimen processing procedures;

(c) Preparation of solutions, reagents, and stains;

(d) Calibration procedures;

(e) Proper maintenance of equipment;

(f) Quality assurance policies;

(g) Quality control procedures;

(h) Corrective actions when quality control results deviate from expected values or patterns;

(i) Procedures for reporting test results;

(j) Limitations of methodologies; and

(k) Alternative or backup methods for performing tests including the use of a reference facility if applicable.

(4) The medical test site shall perform quality control complying with the requirements of this section for each specialty and subspecialty as follows:

(a) At least as frequently as specified in this section;

(b) More frequently if recommended by the manufacturer of the instrument or test procedure;

(c) More frequently if specified by the medical test site; or

(d) Less frequently only when the medical test site documents satisfactory performance and receives prior approval from the department.

(5) The medical test site shall:

(a) Perform procedural calibration or recalibration, if applicable, to instrument or method used, when:

(i) A new lot number of reagents for a procedure is introduced;

(ii) There is major preventive maintenance or replacement of critical parts of equipment or instrumentation;

(iii) Controls begin to reflect an unusual trend or are outside acceptable range limits;

(iv) Recommended by the manufacturer; or

(v) Specified by the medical test site's established schedule.

(b) If patient values are above the maximum or below the minimum calibration point or the linear range:

(i) Report the patient results as greater than the upper limit or less than the lower limit or an equivalent designation; or

(ii) Use an appropriate procedure to rerun the sample allowing results to fall within the established linear range;

(c) For quantitative tests:

(i) Include two reference materials of different concentrations each day of testing unknown samples, if these reference materials are available; or

(ii) Have an equivalent mechanism to assure the quality, accuracy, and precision of the test, if reference materials are not available;

(d) For qualitative tests, include positive and negative reference material each day of testing unknown samples;

(e) Determine the statistical limits for each lot number of unassayed reference materials through repeated testing;

(f) Use the manufacturer's reference material limits for assayed material, provided they are:

(i) Verified by the medical test site; and

(ii) Appropriate for the methods and instrument used by the medical test site;

(g) Report patient results only when reference materials are within acceptable limits;

(h) Establish and make readily available reference material limits;

(i) Use materials within their documented expiration date, unless the test site provides evidence the materials are stable and reliable beyond the expiration date;

(j) For microbiology:

(i) Check each batch or shipment of reagents, discs, stains, antisera, and identification system for reactivity with positive and negative reference organisms including:

(A) Each time of use for fluorescent stains and Deoxyribonucleic Acid (DNA) probes based on radioisotope methods;

(B) Each week of use for reagents and stains;

(C) Each month of use for antisera; and

(D) Each week of use for direct antigen detection systems, using positive and negative controls that evaluate both the extraction and reaction phase;

(ii) Check each new batch of media and each new lot of antimicrobial discs or other testing systems, before initial use and each week of testing using approved reference organisms, when testing antimicrobial susceptibility;

(iii) Document zone sizes or minimum inhibitory concentration for reference organisms are within established limits;

(iv) Have available and use appropriate stock organisms for quality control purposes;

(v) Have available a collection of slides, photographs, gross specimens, or text books for reference sources to aid in identification of microorganisms;

(vi) Document appropriate steps in the identification of microorganisms on patient specimens;

(vii) Check each batch or shipment of noncommercial media for sterility, ability to support growth, and if appropriate, selectivity, inhibition, or biochemical response;

(viii) If commercially manufactured media quality control results are used:

(A) Keep records of the manufacturer's quality control results;

(B) Document visual inspection of the media before use; and

(C) Follow the manufacturer's specifications for using the media;

(ix) When performing parasitology:

(A) Use a calibrated ocular micrometer for determining the size of ova and parasites, if size is a critical parameter; and

(B) Check permanent stains using reference materials, each month of use;

(k) For syphilis serology:

(i) Use equipment, glassware, reagents, reference materials, and techniques conforming to manufacturers' specifications;

(ii) Perform serologic tests on unknown specimens concurrently with a positive serum reference material with known titer or graded reactivity and a negative reference material; and

(iii) Employ reference materials for all test components to ensure reactivity;

(l) For general immunology:

(i) Perform serologic tests on unknown specimens with a positive and a negative reference material;

(ii) Employ reference materials for all test components to ensure reactivity; and

(iii) Report test results only when the predetermined reactivity pattern of the reference material is observed;

(m) For chemistry, when performing blood gas analysis, include:

(i) A two-point calibration and a reference material each eight hours of testing; and

(ii) A one-point calibration or reference material each time patient samples are tested; or

(iii) Another calibration and reference material schedule, approved by the department as equivalent to this subsection;

(n) For hematology and coagulation:

(i) Use one level of reference material each day of testing patient samples for manual blood counts; and

(ii) Use two levels of reference materials each day of testing for:

(A) Instrumentation methods; and

(B) Manual tilt tube method for coagulation.

(o) For immunohematology, for the services offered:

(i) Perform ABO grouping by testing unknown red cells with Federal Food and Drug Administration approved anti–A and anti–B grouping sera;

(ii) Confirm ABO grouping of unknown serum with known A_1 and B red cells;

(iii) Determine the Rh_o(D) group by testing unknown red cells with anti–D (anti Rh_o) blood grouping serum;

(iv) Employ a control system capable of detecting false positive Rh test results, when required by the manufacturer; and

(v) Perform quality control checks of cells and antisera each day of use;

(p) For transfusion services:

(i) Perform ABO grouping, Rh_o (D) typing, antibody detection, and identification and compatibility testing as described by the Food and Drug Administration under 21 CFR Part 606, with the exception of 21 CFR Part 606.20a, Personnel, and 21 CFR Part 640; and

(ii) Collect, store, process, distribute and date blood and blood products as described by the Food and Drug Administration under 21 CFR Parts 606, 610.53 and 640;

(q) For histopathology:

(i) Use positive control slides for each special stain to check for intended level of reactivity;

(ii) Retain stained slides at least ten years and specimen blocks at least two years from the date of examination; and

(iii) Retain remnants of tissue specimens in an appropriate preserved state until the portions submitted for microscopic examination have been examined and diagnosed;

(r) For cytology:

(i) Develop criteria for submission of material and the assessment of the adequacy of the sample submitted, including notifying the physician;

(ii) Retain all negative slides for three years from the date of examination of the slide;

(iii) Retain all abnormal slides for ten years from the date of examination;

(iv) Include in quality control the rescreening and documentation of benign gynecological slides as follows:

(A) One hundred percent of slides from patient with a known history of cervical cancer or its precursors;

(B) Selection of benign slides for a total rescreening of a minimum of ten percent of all benign slides including patients identified in (r)(iv)(A) of this subsection; or

(C) Another method demonstrating equivalent effectiveness in discovering errors;

(v) Review prior cytologic specimens or records of previous reviews, if available, for each abnormal cytology result;

(vi) Correlate abnormal cytology reports with prior cytology reports and with histopathology reports, if available, and determine the cause of any discrepancies;

(vii) Document reviews of negative slides from cases known to have a history of abnormal slides;

(viii) Evaluate and document technical personnel slide examination performance; and

(ix) Evaluate and document significant discrepancies in examination of cytology slides;

(s) For histocompatibility:

(i) Use applicable quality control standards for immunohematology, transfusion services, and diagnostic immunology as described in this chapter;

(ii) For renal allotransplantation:

(A) Have available and follow criteria for:

(I) Selecting appropriate patient serum samples for crossmatching;

(II) The technique used in crossmatching;

(III) Preparation of donor lymphocytes for crossmatching;

(IV) Reporting crossmatch results;

(V) The preparation of lymphocytes for Human Leukocyte Antigen HLA–A, B and DR typing;

(VI) Selecting typing reagents; and

(VII) The assignment of HLA antigens;

(B) Have available serum specimens for all potential transplant recipients at initial typing, for periodic screening, for pretransplantation crossmatch, and following sensitizing events;

(C) Have appropriate storage and maintenance of both recipient sera and reagents;

(D) Indicate, when applicable:

(I) Source;

(II) Bleeding date;

(III) Identification number; and

(IV) Volume remaining for reagent typing sera inventory;

(E) Properly label and store:

(I) Cells;

(II) Complement;

(III) Buffers;

(IV) Dyes; and

(V) Reagents;

(F) Type all potential transplant recipient cells and cells from organ donors referred to the medical test site;

(G) Have adequate reagent trays for typing recipient and donor cells to define all HLA–A, B, and DR specificities as required to determine splits and cross–reactivity;

(H) Have a written policy establishing when antigen redefinition and retyping are required;

(I) Screen recipient sera for preformed antibodies with a suitable lymphocyte panel;

(J) Use a suitable cell panel for screening patient sera containing all the major HLA specificities and common splits;

(K) Use the mixed lymphocyte culture, or equivalent, to determine cellularly defined antigens;

(L) Include positive and negative reference materials on each tray; and

(M) Participate in at least one national or regional cell exchange program, if available, or develop an exchange system with another medical test site;

(iii) When performing only transfusions, other nonrenal transplantation, excluding bone marrow transplants, or disease–associated studies, meet all the requirements specified in this section except for the requirements for the performance of mixed lymphocyte cultures; and

(iv) Test donor for HIV reactivity;

(t) For cytogenetics:

(i) Document the number of:

(A) Metaphase chromosome spreads and cells counted and karyotyped; and

(B) Chromosomes counted for each metaphase spread;

(ii) Assure an adequate number of karyotypes are prepared for each patient, according to the indication given for performing cytogenetics study;

(iii) Use an adequate patient identification system for:

(A) Patient specimens;

(B) Photographs, photographic negatives, or computer stored images of metaphase spreads and karyotypes;

(C) Slides; and

(D) Records;

(iv) Include in the final report:

(A) The number of cells counted and karyotyped; and

(B) An interpretation of the karyotypes findings;

(v) Use appropriate nomenclature on final reports;

(u) For radiobioassay and radioimmunoassay:

(i) Check the counting equipment for stability each day of use with radioactive standards or reference sources; and

(ii) Meet Washington state radiation standards described under chapter 70.98 RCW, and chapter 402–10 through 402–24, 402–32 through 402–34, 402–62, and 402–70 WAC.

(6) If a medical test site performs cytology examinations, the designated test site supervisor or designated specialty test site supervisor shall:

(a) Confirm all gynecological smears interpreted to be outside normal limits;

(b) Review all nongynecological cytological preparations; and

(c) Sign or initial all reports from (a) or (b) of this subsection.

(7) Technical personnel shall examine, unless federal law and regulation specify otherwise, no more than one hundred and twenty cytological slides in a twenty–four hour period and in no less than a six hour period, consisting of:

(a) No more than eighty unevaluated cytological slides per day; and

(b) No more than forty slides for quality control purposes.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–338–090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90–20–017 (Order 090), § 248–38–090, filed 9/21/90, effective 10/22/90.]

WAC 246-338-100 Disciplinary action. (1) The department may take disciplinary action against a medical test site if the medical test site fails to meet the requirements of chapter 70.42 RCW or this chapter; or if an applicant, owner, designated test site supervisor, designated specialty test site supervisor, or any technical personnel of the medical test site violates any provision of chapter 70.42 RCW or this chapter.

(2) The department may take the following disciplinary actions individually or in any combination:

(a) Denial of a license to a medical test site applicant when the applicant:

(i) Refused to comply with the requirements of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(ii) Had a license revoked for cause and never reissued under chapter 70.42 RCW;

(iii) Knowingly or with reason to know made a false statement of a material fact in the application for a license or in any data attached or in any record required by the department;

(iv) Refused to allow representatives of the department to examine any book, record, or file required under this chapter;

(v) Willfully prevented, interfered with, or attempted to impede in any way, the work of a representative of the department; or

(vi) Misrepresented or was fraudulent in any aspect of the owner's or applicant's business;

(b) Place conditions on a license limiting or cancelling a test site's authority to conduct any test or group of tests when the owner or applicant:

(i) Failed or refused to comply with the requirements of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(ii) Knowingly or with reason to know made a false statement of a material fact in the application for a license or in any data attached or in any record required by the department;

(iii) Refused to allow representatives of the department to examine any book, record, or file required under this chapter;

(iv) Willfully prevented, interfered with, or attempted to impede in any way, the work of a representative of the department;

(v) Willfully prevented or interfered with preservation of evidence of a known violation of this chapter or the rules adopted under chapter 70.42 RCW; or

(vi) Misrepresented or was fraudulent in any aspect of the owner's or applicant's business;

(c) Suspend a medical test site license when the owner or applicant:

(i) Failed or refused to comply with the requirements of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(ii) Knowingly, or with reason to know, made a false statement of a material fact in the application for a license or in any data attached or in any record required by the department;

(iii) Refused to allow representatives of the department to examine any book, record, or file required by this chapter;

(iv) Willfully prevented, interfered with, or attempted to impede in any way, the work of a representative of the department;

(v) Willfully prevented or interfered with preservation of evidence of a known violation of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(vi) Misrepresented or was fraudulent in any aspect of the owner or applicant's business;

(vii) Used false or fraudulent advertising; or

(viii) Failed to pay any civil monetary penalty assessed by the department under chapter 70.42 RCW

within twenty-eight days after the assessment becomes final;

(d) Revoke a medical test site license when the owner or applicant:

(i) Failed or refused to comply with the requirements of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(ii) Knowingly, or with reason to know, made a false statement of a material fact in the application for a license or in any data attached or in any record required by the department;

(iii) Refused to allow representatives of the department to examine any book, record, or file required by this chapter;

(iv) Willfully prevented, interfered with, or attempted to impede in any way, the work of a representative of the department;

(v) Willfully prevented or interfered with preservation of evidence of a known violation of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(vi) Misrepresented or was fraudulent in any aspect of the owner's or applicant's business;

(vii) Used false or fraudulent advertising; or

(viii) Failed to pay any civil monetary penalty assessed by the department under chapter 70.42 RCW within twenty-eight days after the assessment becomes final;

(e) Impose monetary penalties of up to ten thousand dollars per day that a owner or applicant:

(i) Failed or refused to comply with the requirements of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(ii) Knowingly, or with reason to know, made a false statement of a material fact in the application for a license or in any data attached or in any record required by the department;

(iii) Refused to allow representatives of the department to examine any book, record, or file required under this chapter;

(iv) Willfully prevented, interfered with, or attempted to impede in any way, the work of any representative of the department;

(v) Willfully prevented, or interfered with, preservation of evidence of any known violation of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(vi) Misrepresented or was fraudulent in any aspect of the owner's or applicant's business; or

(vii) Used false or fraudulent advertising.

(3) The department may summarily suspend or revoke a license when it finds continued licensure of a test site immediately jeopardizes the public health, safety, or welfare.

(4) The department shall give written notice of any disciplinary action taken by the department to the owner or applicant for licensure, including notice of the opportunity for a hearing.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-100, filed 9/21/90, effective 10/22/90.]

WAC 246-338-110 Adjudicative proceedings. (1) A license owner or applicant contesting a disciplinary action shall, within twenty-eight days of receipt of the department's decision, file a written application for an adjudicative proceeding with the Legal Support Section, P.O. Box 2245, Olympia, WA 98507-2245. The application shall include or have attached:

(a) A specific statement of the issue or issues and law involved;

(b) The grounds for contesting the department decision; and

(c) A copy of the contested department decision.

(2) The adjudicative proceeding is governed by chapter 34.05 RCW, the Administrative Procedure Act, this chapter, and chapter 248-08 WAC.

If a provision of this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

(3) Any test site in receipt of a denial, condition, suspension, or revocation of its license, or a civil monetary penalty upheld after administrative review may, within sixty days of the administrative determination, petition the superior court for review of the decision.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-110, filed 9/21/90, effective 10/22/90.]

WAC 246-338-990 Fees. (1) For the purpose of this section, the following words and phrases have the following meanings:

(a) "Accredited by organization" means a testing site is accredited, certified, or licensed by an organization meeting the requirements of WAC 248-38-040, Approval of accreditation bodies;

(b) "Category I (A)" means a medical test site in Category I performing less than five thousand total tests per year or three or less specialties;

(c) "Category I (B)" means a medical test site in Category I performing five thousand to thirty thousand total tests per year or four to five specialties;

(d) "Category I (C)" means a medical test site in Category I performing greater than thirty thousand total tests per year or six or more specialties;

(e) "Category II (A)" means a medical test site in Category II performing less than ten thousand total tests per year or three or less specialties;

(f) "Category II (B)" means a medical test site in Category II performing ten thousand to fifty thousand total tests per year or four to five specialties;

(g) "Category II (C)" means a medical test site in Category II performing greater than fifty thousand total tests per year or six or more specialties;

(h) "Temporary" means a Category I or II medical test site performing testing at locations separate from the medical test sites permanent location with a frequency of five times a year or less;

(i) "Direct staff time" means all state employees' work time, including travel time and expenses, involved in the following functions associated with medical test site licensure:

(i) On-site follow up visit;

(ii) Telephone contacts and staff or management conferences in response to a deficiency statement or complaint; and

(iii) Preparation and participation in a continuing education or training event for a medical test site.

(2) The department shall assess and collect biennial fees for medical test sites as follows:

(a) Charge fees, based on the requirements authorized under RCW 70.42.090 and this section;

(b) Prorate fees for the remainder of the biennial period, when the owner or applicant applies for a license or certificate of waiver during a biennium;

(c) Adjust fees when a medical test site increases or decreases the complexity or volume of testing;

(d) Determine fees according to criteria below:

(i) Certificate of waiver ..... $100 per year or $200 per biennium;
(ii) Category I (A) ..... 400 per year or 800 per biennium;
(iii) Category I (B) ..... 500 per year or 1000 per biennium;
(iv) Category I (C) ..... 600 per year or 1200 per biennium;
(v) Category II (A) ..... 500 per year or 1000 per biennium;
(vi) Category II (B) ..... 700 per year or 1400 per biennium;
(vii) Category II (C) ..... 850 per year or 1700 per biennium;
(viii) Site:
(A) One instrument ..... 200 per year or 400 per biennium;
(B) Each additional instrument ... 100 per year or 200 per biennium;
(ix) Temporary ..... 50 per year or 100 per biennium;
(x) Cytology only ..... 450 per year or 900 per biennium;
(xi) Cytology in a Category II medical test site ..... 250 per year or 500 per biennium;
(xii) Accredited by Organization:
(A) Category I ..... 400 per year or 800 per biennium;
(B) Category II ..... 500 per year or 1000 per biennium;
(C) HCFA ..... 50 per year or 100 per biennium;
(xiii) Follow up survey for deficiencies ..... direct staff time;
(xiv) Complaint investigation ..... direct staff time;
(xv) Continuing education ..... direct staff time.

(3) The department shall exclude from fee charges the women, infant, and children (WIC) programs performing hematocrit testing only for food distribution purposes.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-990, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-120, filed 9/21/90, effective 10/22/90.]

Chapter 246-340 WAC
SECOND TRIMESTER ABORTION FACILITIES

WAC

WAC 246-340-001 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-001, filed 12/27/90, effective 1/31/91. 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 246-340-010 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-010, filed 12/27/90, effective 1/31/91. 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 246-340-020 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-020, filed 12/27/90, effective 1/31/91. 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 246-340-030 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-030, filed 12/27/90, effective 1/31/91. 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 246-340-040 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-040, filed 12/27/90, effective 1/31/91. 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 246-340-050 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-050, filed 12/27/90, effective 1/31/91. 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 246-340-060 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-060, filed 12/27/90, effective 1/31/91; Order 87, § 248-140-190, filed 6/12/73.]

WAC 246-340-070 Notice of decision--Adjudicative proceeding. (1) The department's notice of a denial, suspension, modification, or revocation of a certificate shall be consistent with RCW 43.20A.205. An applicant or certificate holder has the right to an adjudicative proceeding to contest the decision.

(2) A certificate applicant or holder contesting a department certificate decision shall within twenty-eight days of receipt of the decision:

(a) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(b) Include in or with the application:

(i) A specific statement of the issue or issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(3) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.20.050 and chapter 34.05 RCW. 90-05-038 (Order 034), § 248-140-200, filed 2/14/90, effective 3/17/90; Order 87, § 248-140-200, filed 6/12/73.]

WAC 246-340-080 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-080, filed 12/27/90, effective 1/31/91. 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 246-340-090 HIV/AIDS education and training. Abortion facilities shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know – HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-140-215, filed 10/12/89, effective 11/12/89.]

WAC 246-340-100 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: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-100, filed 12/27/90, effective 1/31/91. 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 246-340-110 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 80-14-063 (Order 202), § 248-140-230, filed 10/1/80.]

WAC 246-340-990 Fees. Pregnancy termination facilities certified under chapter 9.02 RCW shall submit an annual fee of two hundred fifty dollars to the department for licensing and certification of facilities for induction or termination of pregnancy in the second trimester.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-340-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-358 WAC
TEMPORARY WORKER HOUSING (FORMERLY LABOR CAMPS)

WAC

WAC 246-358-001 Purpose. Chapter 248-63 WAC establishes the Washington state board of health minimum health and sanitation requirements for temporary-worker housing or labor camps as specified in RCW 70.54.110. These rules implement the intent of RCW 43.20.050.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-001, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-001, filed 5/2/88; 84-18-034 (Order 273), § 248-63-001, filed 8/30/84. Formerly WAC 248-61-001.]

WAC 246-358-010 Definitions. (1) "Construction" means building of new temporary-worker housing and additions, or alterations to existing temporary-worker housing when the housing started on or after May 3, 1969 (reference chapter 70.54 RCW).

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

(3) "Dormitory" means a shelter, building, or portion of a building which:

(a) Is physically separated from dwelling units and common use areas;

(b) Is designated by the operator as a sleeping area for groups of temporary workers and/or those who accompany temporary workers;

(c) Houses at least five occupants; and

(d) Lacks cooking and eating facilities.

(4) "Dwelling unit" means a shelter, building, or portion of a building which:

(a) Is physically separated from other units, dormitories, and common-use areas;

(b) Is designated by the operator for use by temporary workers and/or those who accompany temporary workers as sleeping and/or living space; and

(c) May contain cooking and eating facilities.

(5) "Exemption" means a written authorization from the Washington state board of health which excludes an operator from meeting a specific standard in this chapter. An exemption may be from:

(a) One or more subsections of this chapter;

(b) A specific condition; and/or

(c) A specific time limit.

(6) "Foodhandling facility" means a designated, enclosed area for preparation of food, either:

(a) "Central foodhandling facility," a cafeteria-type eating place with operator-furnished food prepared under the direction of the operator for consumption with or without charge by temporary workers; or

(b) "Common foodhandling facility," an area designated by the operator for temporary workers to store, prepare, cook, and eat their own food supplies.

(7) "Health and sanitation permit" or "permit" means a document issued by the department or the health officer authorizing the use of temporary-worker housing under conditions specified in this chapter. A permit will specify:

(a) The length of time the permit is valid;

(b) Operator's name; and

(c) Number of persons authorized to occupy temporary-worker housing according to square footage requirements.

(8) "Health officer" means the individual appointed under chapter 70.05 RCW as the health officer for a local health department or appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department.

(9) "Laundry" means an area or room with laundry sink and/or mechanical washing machines used to wash clothing.

(10) "Operator" means owner or the individual designated as the person responsible for the temporary-worker housing and whose name appears on the health and sanitation permit.

(11) "Person" means any individual, firm, partnership, corporation, association or the legal successor thereof, or any agency of the city, county, or state, or any municipal subdivision.

(12) "Refuse" means solid wastes or garbage.

(13) "Sink" means a properly trapped plumbing fixture which prevents back passage or return of air and includes:

(a) "Handwashing sink" or lavatory with hot and cold water under pressure and which is used for handwashing purposes; or

(b) "Laundry sink" of a size large enough to accommodate hand laundering of clothing.

(14) "Temporary worker" means a person employed intermittently and not residing year-round in the same place.

(15) "Temporary-worker housing" (formerly a labor camp) means all facilities provided by the operator including:

(a) Foodhandling facilities, toilet, bathing, handwashing facilities, and laundry facilities;

(b) Spaces for accommodating worker-supplied housing and leisure/recreational facilities if either is provided;

(c) Shelter or a dormitory for housing ten or more temporary workers and/or those who accompany temporary workers;

(d) Five dwelling units; or

(e) A combination of facilities, shelters, spaces, dwelling units, or dormitories for housing ten or more temporary workers and/or those who accompany temporary workers.

(16) "Worker-supplied housing" means a shelter provided by the temporary worker and may include tents, recreational vehicles, or trailers.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-010, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-010, filed 5/2/88; 84-18-034 (Order 273), § 248-63-010, filed 8/30/84. Formerly WAC 248-60A-010 and 248-61-010.]

WAC 246-358-025 Permit--Administration--Enforcement--Exemptions. (1) The operator shall:

(a) Submit a completed application to the department at least forty-five days prior to use of the temporary-worker housing;

(b) Have a permit from the department or health officer prior to initial occupancy;

(c) Produce the permit upon request of workers, representatives of workers, or representatives of governmental agencies; and

(d) Notify the department of a transfer of ownership.

(2) The operator may:

(a) Allow the use of temporary-worker housing without a permit when:

(i) More than forty-five days have passed since a completed application was submitted and received by the department or health officer as evidenced by the post mark; and

(ii) The department or health officer has not inspected or issued a permit; and

(iii) Other local, state, or federal laws, rules, or codes do not prohibit use of the temporary-worker housing.

(b) Request in writing an exemption from the Washington state board of health; and

(c) Appeal decisions of the department to an adjudicative proceeding governed by the Administrative Procedure Act (chapter 34.05 RCW) and chapter 388-08 WAC.

(3) The department may establish an agreement with a health officer whereby the health officer assumes responsibility for inspections, issuing permits, and enforcing chapter 248-63 WAC excluding exemptions.

(4) The department or health officer shall:

(a) Survey each premises of temporary-worker housing to ensure standards of this chapter are met, including inspection:

(i) Prior to issuance of initial permit;

(ii) Upon request of operator or occupant; and

(iii) At least once every year or more frequently as determined by the department or health officer.

(b) Respond to complaints;

(c) Issue a permit to the operator when an on-site inspection reveals conditions meet or exceed the requirements in chapter 248-63 WAC;

(d) Include on each permit the duration for which the permit is valid not to exceed two years;

(e) Take appropriate enforcement action including any one or combination of the following:

(i) Develop corrective action including a compliance schedule;

(ii) Notify the operator concerning violations; and

(iii) Suspend or revoke the permit.

(f) Allow the operator to use temporary-worker housing without a permit as specified in subsection (2) of this section.

(5) The department or health officer may:

(a) Issue a provisional permit when temporary-worker housing fails to meet the standards in this chapter if:

(i) A written corrective action plan including a compliance schedule is approved by the department or health officer; or

(ii) Pending the Washington state board of health's decision regarding an exemption request.

(b) Establish and collect fee as authorized in chapter 43.20A RCW or RCW 70.05.060.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 43.20.050. 90-06-049 (Order 040), § 248-63-025, filed 3/2/90, effective 3/2/90. Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-025, filed 5/2/88.]

WAC 246-358-035 Supervision and responsibility. The operator shall:

(1) Ensure regular maintenance of occupied temporary-worker housing to meet standards in this chapter;

(2) Comply with this chapter prior to occupancy even if the department or health officer fails to issue a permit within forty-five days of application as described in WAC 248-63-025;

(3) Supervise the maintenance of temporary-worker housing at all times;

(4) Establish rules for users of temporary-worker housing consistent with health and sanitation requirements in this chapter;

(5) Post rules for temporary-worker health and sanitation when available from the department or health officer; and

(6) Inform occupants of their responsibilities related to maintaining housing consistent with health and sanitation requirements of this chapter.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-035, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-035, filed 5/2/88.]

WAC 246-358-045 Location and maintenance. The operator shall:

(1) Provide well-drained sites for temporary-worker housing;

(2) Locate and maintain temporary-worker housing to prevent the creation of a health or safety hazard; and

(3) Not locate temporary-worker housing within five hundred feet of an occupied feedlot, dairy, or poultry operation unless the department or health officer determines that no health risk exists.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-045, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-045, filed 5/2/88.]

WAC 246-358-055 Water supply. The operator shall:

(1) Provide an adequate, convenient water supply from an approved source as described in chapter 248-54 WAC;

(2) Submit a water sample to a department-certified laboratory for testing of bacteriological quality each year prior to opening temporary-worker housing as described in WAC 248-54-165;

(3) Delay opening housing until bacteriological quality meets requirements as described in WAC 248-54-175;

(4) Provide hot and cold running water under pressure twenty-four hours a day for bathing and handwashing facilities adequate to meet needs of occupants served as defined by the department or health officer;

(5) Provide water under pressure for laundry facilities;

(6) Operate and maintain water service in accordance with chapter 248-54 WAC for temporary-worker housing existing prior to August 1984;

(7) Design, construct, and maintain a water supply system in accordance with chapter 248-54 WAC and this section for temporary-worker housing constructed after August 1984.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-055, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-055, filed 5/2/88.]

WAC 246-358-065 Sewage disposal. The operator shall:

(1) Provide on-site sewage disposal systems designed, constructed, and maintained as required in chapter 248-96 WAC, chapter 173-240 WAC, and local regulations; and

(2) Ensure connection and drainage of sewage and waste water from all temporary-worker housing to a sewage disposal system approved by the jurisdictional agency.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-065, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-065, filed 5/2/88.]

WAC 246-358-075 Construction and maintenance of dwelling units, dormitories, and other facilities used for temporary-worker housing. (1) The operator shall provide structurally sound buildings and shelters which:

(a) Are maintained in good repair;

(b) Are maintained in a sanitary condition; and

(c) Protect temporary workers against the elements.

(2) The operator of temporary-worker housing may instead comply with requirements of the United States Department of Labor, Employment and Training Administration (ETA) standards, 20 CFR 654.404 through 654.417, if the housing was constructed before March 1980 and the housing does not meet standards in this section.

(3) The operator constructing new or remodeling existing temporary-worker housing shall meet requirements in this section that apply to the housing being constructed or remodeled.

(4) The operator shall follow the compliance schedule established with the department or health officer when existing temporary-worker housing fails to meet requirements in this section.

(5) The operator shall provide temporary-worker housing with:

(a) Floors of impervious material, such as concrete, tile, or smooth, planed, tight-fitting wood;

(b) Wood floors. If used, wood floors shall be at least twelve inches above the ground;

(c) Clean, cleanable surfaces on interior walls free of excessive peeling paint;

(d) Cold, potable, running water under pressure within one hundred feet of each dwelling unit;

(e) A minimum of seventy square feet gross floor space for first occupant and fifty square feet for each additional occupant in each dwelling unit;

(f) A minimum of fifty square feet for each occupant in each dormitory;

(g) A minimum ceiling height of six feet eight inches over at least one-half the floor area;

(h) A window area of one-tenth of the total floor area in each dwelling unit, dormitory, and other habitable rooms;

(i) An adequate mechanical ventilation system or natural ventilation. Openable windows or skylights used for ventilation shall open:

(i) To forty-five percent of total area; and

(ii) Directly to the outside.

(j) Electrical service including:

(i) Installation of wiring of fixtures consistent with the state building code chapter 19.27 RCW and local ordinances;

(ii) Maintenance of wiring and fixtures in safe condition;

(iii) One electrical ceiling fixture and one wall outlet in each room of each dwelling unit;

(iv) One electrical ceiling or wall fixture and outlets as needed for each two hundred fifty square feet of space in each dormitory; and

(v) One electrical ceiling or wall fixture and outlets as needed in each central toilet, handwashing, bathing, and laundry room.

(k) Sixteen-mesh screens on all exterior openings; and

(l) Screen doors equipped with self-closing devices.

(6) The operator shall exclude floor space where ceiling height is under five feet when calculating minimum space requirements.

(7) Temporary-worker housing consisting of trailers and recreational vehicles manufactured after July 1968 shall have Washington state department of labor and industries insignia as required in chapters 296-150A and 296-150B WAC.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-075, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-075, filed 5/2/88.]

WAC 246-358-085 Worker-supplied housing--Spaces and sites. The operator providing spaces or sites to accommodate worker-supplied housing shall:

(1) Designate the area to be used for worker-supplied housing; and

(2) Provide centralized toilets, handwashing sinks, bathing, and laundry facilities for worker-supplied housing spaces or sites as specified in WAC 248-63-095.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-085, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-085, filed 5/2/88.]

WAC 246-358-095 Toilets, handwashing, bathing, and laundry facilities. (1) The operator shall provide toilets, handwashing, bathing, and laundry facilities as required in this section.

(2) The operator providing centralized toilets, handwashing, and bathing facilities shall:

(a) Locate toilets and handwashing sinks within two hundred feet from temporary-worker housing lacking toilets;

(b) Locate bathing facilities within three hundred feet from temporary-worker housing;

(c) Provide means for individual privacy for toileting and bathing;

(d) Maintain facilities in a clean and sanitary condition;

(e) Determine required number of centralized toilets, handwashing sinks, and bathing facilities by:

(i) Using the maximum occupancy permitted and recorded on the permit as a base; and

(ii) Excluding from the determination the numbers of occupants sheltered in:

(A) Operator-supplied dwelling units containing toilets, handwashing sinks, and bathing facilities; and

(B) Worker-supplied housing containing toilet or bathing facilities.

(f) Determine number of centralized toilets, handwashing, and bathing facilities according to the following table calculating by numbers or major fraction from sixteen people on:

Number of People	Toilets	Bathing	Handwashing Sinks
1-15	2	2	2
16-30 or major fraction	3	3	3
31-45 or major fraction	4	4	4
46-60 or major fraction	5	5	5

(i) Add one additional toilet, handwashing sink, and bathing facility per fifteen occupants or major fraction beyond sixty occupants; and

(ii) If desired, substitute urinals for required toilets not to exceed replacement of one-third of the required toilets.

(g) Provide water flush toilets unless privies or other methods are specifically approved by the department or health officer according to requirements in chapter 248-96 WAC; and

(h) Provide adequate, accessible supplies of toilet tissue and holders.

(3) The operator having toilet facilities in dwelling units shall:

(a) Provide a handwashing sink in each dwelling unit; and

(b) Inform occupants of requirements to maintain toilets in clean and sanitary condition.

(4) The operator shall:

(a) Provide sloped floors in centralized toilet rooms;

(b) Connect handwashing sinks, bathing, and laundry facilities through properly trapped floor drains to an approved disposal system;

(c) Provide floors of nonslip materials in centralized toilets, handwashing, bathing, and laundry facilities; and

(d) Provide cleanable, nonabsorbent waste containers in centralized toilet rooms.

(5) The operator shall provide centralized laundry facilities convenient to temporary-worker housing as follows:

(a) One laundry sink and one mechanical washing machine for up to and including each fifty occupants as approved and listed on the permit; or

(b) Additional mechanical washing machines provided to replace required numbers of laundry sinks; or

(c) Two laundry sinks to replace every required mechanical washing machine; and

(d) Facilities for drying clothes.

(6) The operator may omit the requirement in subsection (5) of this section if commercial or public laundry facilities are:

(a) Reasonably accessible to temporary workers; and

(b) Conveniently located for temporary workers.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-095, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-095, filed 5/2/88.]

WAC 246-358-105 Heating. The operator shall:

(1) Provide means of maintaining temperature of at least sixty-five degrees Fahrenheit in all rooms of dwelling units, dormitories and bathing facilities used during periods requiring artificial heating;

(2) Install, vent, and maintain heating facilities to prevent fire hazard and fume concentrations;

(3) Avoid placing heating facilities in locations obstructing exits from the dwelling unit;

(4) Prohibit use of portable kerosene heaters; and

(5) If providing wood burning devices in trailers, mobile homes, or recreational vehicles used as temporary-worker housing, have Washington state department of labor and industries insignia as required in chapters 296-150A and 296-150B WAC.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-105, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-105, filed 5/2/88.]

WAC 246-358-115 Lighting. The operator shall provide:

(1) A minimum of thirty foot-candles of light measured thirty inches from the floor in all rooms of temporary-worker housing; and

(2) Adequate outdoor lighting for safe passage within the temporary-worker housing area.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-115, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-115, filed 5/2/88.]

WAC 246-358-125 Cooking and foodhandling facilities. (1) The operator shall provide cooking or foodhandling facilities for all temporary workers.

(2) The operator providing cooking facilities in each dwelling unit shall include:

(a) An operable cook stove or hot plate with a minimum of two burners for every ten occupants;

(b) A sink with running water under pressure;

(c) Food storage shelves and food preparation counters;

(d) Individual or centralized mechanical refrigeration, capable of maintaining temperature of forty-five degrees Fahrenheit or below, which has space for storing perishable food items of all affected temporary workers;

(e) Tables and chairs or equivalent seating;

(f) Fire resistant, nonabsorbent, and easily cleanable walls adjacent to cooking areas; and

(g) Floors which are nonabsorbent and easily cleanable.

(3) The operator providing central foodhandling facilities for temporary workers shall meet requirements of the state board of health in chapter 248-84 WAC food service sanitation.

(4) The operator with common foodhandling facilities shall provide:

(a) A room or building separate from and convenient to temporary-worker housing;

(b) An operable cook stove or hot plate with a minimum of two burners for every ten occupants;

(c) Sinks with hot and cold running water under pressure;

(d) Spaces for food storage shelves, counters, and food preparation;

(e) Mechanical refrigeration, capable of maintaining temperatures of forty-five degrees Fahrenheit or below, which has space for storing perishable food items for all affected temporary workers;

(f) Tables and chairs or equivalent seating;

(g) Fire-resistant, nonabsorbent, and easily cleanable walls adjacent to cooking areas; and

(h) Nonabsorbent, easily cleanable floors.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-125, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-125, filed 5/2/88.]

WAC 246-358-135 Beds and bedding. The operator shall:

(1) Provide beds or bunks furnished with clean mattresses in good condition for numbers of occupants specified on the permit;

(2) If choosing to provide bedding, ensure bedding is clean and maintained in a sanitary condition;

(3) Provide a minimum of twelve inches between each bed or bunk and the floor;

(4) Separate single beds laterally by at least thirty-six inches;

(5) If bunk beds are used:

(a) Separate double-deck bunks laterally by at least forty-eight inches;

(b) Maintain a minimum space of twenty-seven inches between the upper and lower bunks; and

(c) Prohibit triple bunks.

(6) Provide storage facilities for clothing and personal articles in temporary-worker housing.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-135, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-135, filed 5/2/88.]

WAC 246-358-145 Health and safety provisions. The operator shall:

(1) Provide two means of escape in every sleeping and eating area of temporary-worker housing (e.g., doors, windows);

(2) Meet requirements of Washington state fire marshal chapter 212-10 WAC for smoke detection devices;

(3) Prevent potential health, safety, and fire hazards by:

(a) Storing and using dangerous materials away from the temporary-worker housing; and

(b) Prohibiting:

(i) Storing flammables or volatile liquids or materials other than those intended for household use in or adjacent to dwelling units, foodhandling facilities, toilets, bathing facilities, or laundry areas; and

(ii) Storing or mixing pesticides or other toxic chemicals in housing areas other than those intended for occupant use in the household.

(c) Providing accessible, available first-aid equipment meeting requirements of WAC 296-306-050; and

(d) Storing unused refrigerator units to prevent harm to children (e.g., crushing, suffocation).

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-145, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-145, filed 5/2/88.]

WAC 246-358-155 Refuse disposal. The operator shall establish and maintain refuse disposal systems including:

(1) Protecting against rodent harborage, insect breeding, and other health hazards while storing, collecting, transporting, and disposing of refuse;

(2) Storing refuse in sound enclosed containers;

(3) Providing accessible containers for temporary-worker housing;

(4) Emptying refuse containers at least once every week or more often if necessary;

(5) Removing refuse from temporary-worker housing areas; and

(6) Properly disposing of all refuse consistent with sanitation codes approved by the local jurisdiction.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-155, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-155, filed 5/2/88.]

WAC 246-358-165 Rodent and insect control. The operator shall take appropriate measures to control rodents and insects in and around temporary-worker housing.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-165, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-165, filed 5/2/88.]

WAC 246-358-175 Disease prevention and control. The operator shall:

(1) Make reasonable efforts to know if disease is present among occupants of temporary-worker housing;

(2) Report suspected infectious diseases among occupants of temporary-worker housing to the local health officer; and

(3) Assist temporary workers to obtain medical diagnosis and treatment when ill.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-175, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-175, filed 5/2/88.]

WAC 246-358-990 Labor camp health and sanitation permit and survey fees. Starting December 1, 1987, owners or operators of labor camps, as defined in chapter 248-63 WAC, shall pay fees to the department as follows:

(1) A state health and sanitation permit of fifty dollars plus one dollar and fifty cents for each dwelling unit intended for occupancy by temporary workers.

(2) A labor camp survey charge of:

(a) Five dollars per dwelling unit up to and including twenty-nine units intended for occupancy by temporary workers, or

(b) One hundred fifty dollars for each camp with thirty or more dwelling units intended for occupancy by temporary workers.

(3) Owners or operators of labor camps shall submit the health and sanitation fee with initial application for permit or upon receipt of a renewal notice.

(4) Owners or operators of labor camps shall submit the labor camp survey fee:

(a) With initial application for new labor camps, or

(b) Within thirty days after the department completes each survey for existing labor camps.

(5) The department shall:

(a) Issue the health and sanitation permit for two calendar years, and

(b) Collect no more than one survey fee from each labor camp annually.

(6) Labor camps regulated by local health officers in accordance with WAC 248-63-020 are excluded from the requirements in this section.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-358-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-24-074 (Order 2564), § 440-44-100, filed 12/2/87; 86-05-029 (Order 2342), § 440-44-100, filed 2/19/86.]

Chapter 246-360 WAC
TRANSIENT ACCOMMODATIONS

WAC

WAC 246-360-001 Purpose. Chapter 248-144 WAC establishes the Washington state board of health minimum health and sanitation requirements for transient accommodations implementing chapter 70.62 RCW, to protect and promote the health and welfare of individuals using such accommodations. Chapter 248-144 WAC establishes uniform, statewide standards for maintenance and operation, including light, heat, ventilation, cleanliness, and sanitation. Any person operating a transient accommodation, as defined under RCW 70-.62.210, shall have a current license for such accommodation from the department.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-001, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-010, filed 5/17/89; Order 71, § 248-144-010, filed 4/11/72.]

WAC 246-360-010 Definitions. (1) "Adequate" means sufficient to meet the intended purpose and consistent with accepted public health standards, principles, or practices.

(2) "Bathing facility" means a shower, bathtub, or combination bathtub shower.

(3) "Board" means the Washington state board of health established under chapter 43.20 RCW.

(4) "Compliance schedule" means a department-prepared document which lists both the violations and the time schedule the licensee shall follow in correcting the violations.

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

(6) "Dormitory" means any room, building, or part of a building containing beds, cots, pads, or other furnishings intended for sleeping and use by a number of individuals.

(7) "Exemption" means a written authorization from the department releasing a licensee from complying with a specific rule in this chapter or allowing an optional method for meeting a specific rule when the department determines the intent of chapter 70.62 RCW and this chapter is met and the health or safety of the guests will not be jeopardized.

(8) "Feasibility survey" means an on-site visit conducted by the department and the state office of fire protection to determine if a structure proposed for use as a transient accommodation meets or could meet the board's rules concerning transient accommodations and the rules of the state office of fire protection.

(9) "Gross floor area" means the total floor area within a lodging unit.

(10) "Guest" means any individual registering to occupy a lodging unit, excluding an individual provided the use of a lodging unit under chapter 70.54 RCW, Housing for Agricultural Workers.

(11) "Homeless shelter" means any facility offering sleeping and/or eating areas for individuals on a short-term, as-needed basis not to exceed one month; except, a medical, psychological, drug/alcohol facility, or a related service is not included.

(12) "Hostel" means a transient accommodation offering dormitory or lodging units and limited services for guests on a daily or weekly basis.

(13) "Imminent health hazard" means a condition or situation presenting a serious or life-threatening danger to a guest's health and safety.

(14) "Kitchen" means an area designed and equipped for guests to prepare and cook food.

(15) "Laundry" means an area or room equipped for the cleaning and drying of bedding, linen, towels, and other items provided to the guests.

(16) "Licensee" means any person required under chapter 70.62 RCW to have a transient accommodation license.

(17) "Local health officer" means the legally qualified physician appointed to that position by a city, town, county, or district public health department as authorized under chapters 70.05 and 70.08 RCW or the authorized representative.

(18) "Lodging unit" means one self-contained unit designated by number, letter, or other means of identification.

(19) "New construction" means:

(a) The building of any new transient accommodation; or

(b) Any construction of, or in, a building never licensed as a transient accommodation, if seeking licensure; or

(c) An addition or major structural alteration to an existing transient accommodation built or remodeled after the effective date of this chapter. Major structural alterations include construction intended to change the functional use of a unit, room, or area.

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

(21) "Retreat" means a transient accommodation intended to provide seclusion, meditation, contemplation, religious activities, training, or similar activities.

(22) "Rustic resort" means a rural transient accommodation lacking many modern conveniences.

(23) "Sanitary" or "sanitize" means efforts to control or limit the presence of germs, bacteria, and dirt.

(24) "Secretary" means the secretary of the state department of social and health services or authorized designee.

(25) "Self-contained unit" means an individual room or group of interconnected rooms intended for sleeping and/or cooking and/or eating purposes for rent or use by a guest.

(26) "Transient accommodation" means any facility, such as a hotel, motel, condominium, resort, or any other facility or place offering three or more lodging units to guests for periods of less than one month.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-010, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-020, filed 5/17/89; Order 71, § 248-144-020, filed 4/11/72.]

WAC 246-360-020 Licensing, administration, enforcement, exemption. (1) Licensees or prospective licensees shall:

(a) Complete and submit an application along with the appropriate fee at least thirty days before:

(i) Opening a new transient accommodation;

(ii) Adding new units to an existing transient accommodation; or

(iii) Changing the license of a transient accommodation.

(b) Request the department to complete a feasibility survey before applying for a license whenever an existing structure or property was not previously used or licensed as a transient accommodation;

(c) Secure a valid license issued by the department before initially opening and by January 1 each year thereafter;

(d) Submit a license renewal with the annual fee by December 10 of each year;

(e) Conspicuously display the license in the lobby or office;

(f) Comply with a plan of corrective action if issued by the department; and

(g) Allow the department to inspect the transient accommodation at any reasonable time.

(2)(a) Licensees may request, in writing, an exemption from the department if:

(i) The health and safety of the occupant is not jeopardized;

(ii) Strict enforcement of this chapter will create undue hardship for the licensee.

(b) Exemption decisions shall be treated as licensing decisions under subsection (5) of this section.

(3) Under chapter 70.62 RCW, the department shall have the authority to:

(a) Inspect transient accommodations including unoccupied lodging units:

(i) Annually;

(ii) As needed; and

(iii) Upon request.

(b) Issue licenses annually upon receipt of the appropriate fee;

(c) Issue a license for the person and premises named in the application when the applicant or licensee is in compliance with:

(i) Chapter 70.62 RCW and this chapter;

(ii) The rules and regulations of the state director of fire protection; and

(iii) All applicable local codes and ordinances.

(d) Respond within thirty days to application requests;

(e) Respond to complaints;

(f) Charge fees, authorized under chapters 43.20B and 70.62 RCW, to recover all or a portion of the costs of administering this chapter.

(4) The department shall have the authority to:

(a) Deny, revoke, or suspend the license of a transient accommodation which fails to comply with chapter 70-.62 RCW and this chapter;

(b) Take one or more of the following enforcement actions:

(i) Notify the licensee of violations;

(ii) Establish a corrective action plan and compliance schedule;

(iii) Issue a department order;

(iv) Revoke or suspend the license; and/or

(v) Initiate legal action.

(c) Issue a provisional license when a transient accommodation does not meet the standards in this chapter under the following conditions:

(i) The department has approved a written correction action plan, including a compliance schedule; or

(ii) An application for change of licensure of an existing, currently licensed transient accommodation is pending; or

(iii) The licensee is awaiting the board's decision regarding an exemption request; or

(iv) The licensee is awaiting the final order in an adjudicative proceeding under chapter 34.05 RCW.

(d) Grant an exemption under subsection (2)(a)(i) and (ii) of this section.

(5)(a) The department's notice of a denial, suspension, modification, or revocation of a license or a request for an exemption under subsection (2) of this section shall be consistent with RCW 43.20A.205, as applicable to the department of health under RCW 43.70.900. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(b) A license applicant or holder contesting a department license or exemption decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 42.20.050. 90-06-049 (Order 040), § 248-144-031, filed 3/2/90, effective 3/2/90. Statutory Authority: RCW 43.20.050. 89-11-058 (Order 328), § 248-144-031, filed 5/17/89.]

WAC 246-360-030 Supervision and responsibility. Licensees shall:

(1) Comply with the requirements under chapter 70-.62 RCW, Transient Accommodations—Licensing—Inspections, chapter 212-52 WAC, Transient Accommodations, Standards for Fire Protection, and this chapter;

(2) Provide supervision of the employees so the transient accommodation facility is maintained:

(a) Clean, safe, and sanitary;

(b) In good repair; and

(c) Free from insects, rodents, and other pests.

(3) Consult with the department or local health officer regarding any suspected imminent health hazard.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-030, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-041, filed 5/17/89.]

WAC 246-360-040 Water supply and temperature control. Licensees shall:

(1) Provide a water supply system conforming to state board of health standards for public water systems, chapter 248-54 WAC;

(2) Regulate hot water to a temperature of at least 110 degrees Fahrenheit, but not more than 130 degrees Fahrenheit;

(3) When laundry facilities are present, maintain wash water temperature of at least 130 degrees Fahrenheit unless at least 110 degrees Fahrenheit water is used in combination with:

(a) An appropriate low temperature detergent and effective use of a chemical disinfectant; or

(b) An industrial-type washing machine with multiple rinse cycles.

(4) Label nonpotable water supplies used for irrigation, fire protection, and/or other purposes at all accessible connections and valves.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-040, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-051, filed 5/17/89.]

WAC 246-360-050 Sewage. Licensees shall:

(1) Ensure all liquid waste is discharged to a public sewage system or a disposal system approved under chapter 248-96 WAC;

(2) Maintain the sewage disposal system to prevent creation of a nuisance or public health hazard; and

(3) Ensure alterations, repairs, or replacement of a sewage disposal system are in compliance with requirements of the board and the local health officer.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-050, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-061, filed 5/17/89.]

WAC 246-360-060 Swimming pools, spas, hot tubs, wading pools, bathing beaches. Licensees shall comply with chapter 70.90 RCW governing the safety and sanitation of swimming pools, spas, hot tubs, wading pools, and bathing beaches.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-060, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-071, filed 5/17/89.]

WAC 246-360-070 Refuse and solid waste. Licensees shall:

(1) Provide at least one washable, leakproof refuse container in each lodging unit;

(2) Ensure all refuse is:

(a) Handled in a manner preventing unsanitary or unsafe conditions and nuisances;

(b) Collected at least twice a week or more often as necessary to maintain a clean and sanitary environment in lodging units and areas used by guests;

(c) Stored following collection in washable, leakproof, and covered containers outside the lodging units until removed for disposal; and

(d) Removed and disposed under applicable state and local ordinances.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-070, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-081, filed 5/17/89.]

WAC 246-360-080 Construction and maintenance. Licensees and prospective licensees shall ensure:

(1) All new construction meets the requirements of:

(a) Chapter 70.62 RCW and this chapter as determined by the department;

(b) Chapter 19.27 RCW state building code; and

(c) All other applicable city and county codes and ordinances.

(2) All buildings, facilities, fixtures, and furnishings are structurally sound, safe, clean, and sanitary.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-080, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-091, filed 5/17/89.]

WAC 246-360-090 Lodging units. Licensees shall provide lodging units with:

(1) At least fifty square feet of gross floor area for each guest. The licensee shall exclude space with less than a five-foot ceiling when calculating this area requirement.

(2) Beds or sleeping areas spaced according to the following requirements:

(a) An area adequate to move easily between beds, cots, mats, or mattresses; and

(b) A minimum of three feet of clear vertical space between each bed and the ceiling.

(3) Floors and walls which are:

(a) Cleanable;
(b) Kept in good repair, and
(c) Cleaned as necessary.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-090, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-101, filed 5/17/89.]

WAC 246-360-100 Toilet, handwashing, and bathing facilities. (1) Licensees shall provide adequate toilet, handwashing, and bathing facilities for guests.

(2) Licensees shall:

(a) Maintain clean and sanitary toilets, handwashing sinks, and bathing facilities including the floors, walls, ceilings, and fixtures;

(b) Maintain an uncarpeted area around the toilet and adjacent to a bathtub and/or shower;

(c) Ensure all fixtures, drains, and bathing facilities are safe and work properly;

(d) Provide one toilet, handwashing sink, and bathing facility for every fifteen or fewer guests who do not have such facilities in their lodging unit;

(e) Provide for privacy in toilet and bathing facilities;

(f) Provide water flush toilets unless the department or a local health officer approved an alternative device;

(g) Provide handwashing sinks or equivalent facilities with acceptable single-use drying devices within, or adjacent to, each common toilet room;

(h) Provide and conveniently locate toilet tissue for each toilet;

(i) Provide soap for each handwashing and bathing facility;

(j) Provide clean towels, washcloths, and floor mats for guests between occupancies and at least twice a week for guests who stay longer than three days; and

(k) Assure clean towels, washcloths, and floor mats stored in lodging units are kept off the floor and in a clean area.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-100, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-111, filed 5/17/89.]

WAC 246-360-110 Lodging unit kitchens. (1) Licensees offering kitchens in lodging units shall provide each kitchen with:

(a) Clean and durable floors and walls;

(b) Adequate ventilation required under WAC 248-144-151;

(c) A sink, other than the handwashing sink, suitable for washing dishes;

(d) Hot running water under WAC 248-144-051;

(e) A refrigeration device capable of maintaining a temperature of 45 degrees Fahrenheit or lower;

(f) Cooking equipment acceptable to the state director of fire protection;

(g) A clean food storage area;

(h) Tables, counters, chairs, or equivalent; and

(i) A washable, leakproof waste food container.

(2) Licensees providing eating and/or cooking utensils shall provide guests with single-use disposable or multiple-use clean and sanitized utensils in good condition and free from cracks.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-110, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-121, filed 5/17/89.]

WAC 246-360-120 Heating and cooling. (1) Licensees shall provide a safe, adequate source of heat capable of maintaining an ambient air temperature of at least 65 degrees Fahrenheit in each lodging unit.

(2) Licensees providing a cooling system shall maintain a safe, clean, adequate system in good working condition.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-120, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-131, filed 5/17/89.]

WAC 246-360-130 Lighting. (1) Licensees shall provide a lighting system to maintain a minimum light intensity adequate for the guest's safety and cleaning by staff and measured in foot candles at a height of three feet above the floor as follows:

Lodging Unit	10 Foot Candles
Toilet and Bathing Facilities	20 Foot Candles
Lodging Unit Kitchen	20 Foot Candles
Laundry Room Work Areas	30 Foot Candles
Corridors, Stairways, and Entryways	5 Foot Candles
Elevators, Walkways	5 Foot Candles
Swimming Pools	As required under chapter 248-98 WAC

(2) Licensees shall provide all parking lots and exterior passages with a minimum light intensity of two foot candles measured three feet above the ground.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-130, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-141, filed 5/17/89.]

WAC 246-360-140 Ventilation. (1) Licensees shall provide ventilation in all lodging units, kitchen areas, bathrooms, toilet rooms, and laundry rooms.

(2) Licensees providing only natural ventilation in lodging units shall have windows, vents, and/or ducts opening directly to the out-of-doors.

(3) Licensees providing only mechanical ventilation systems in lodging units shall:

(a) Install a system capable of supplying at least two air exchanges per hour to each lodging unit and all corridors; and

(b) Maintain a system circulating air to and from out-of-doors.

(4) Licensees providing only natural ventilation in kitchen areas, bathrooms, toilet rooms, and laundry rooms shall have windows, skylights, or ceiling vents opening directly to the out-of-doors sufficient to allow five air exchanges per hour.

(5) Licensees providing only mechanical ventilation in kitchen areas, bathrooms, toilet rooms, and laundry rooms shall:

(a) Install a system capable of at least five air exchanges per hour; and

(b) Maintain a system circulating air to and from the out-of-doors.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-140, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-151, filed 5/17/89.]

WAC 246-360-150 Beds and bedding. Licensees providing beds and/or bedding shall:

(1) Provide clean, sanitary bedding in good repair;

(2) Maintain clean and safe beds, cots, bunks, or other furniture for sleeping;

(3) Supply each bed, cot, or bunk with a mattress or pad, top and bottom sheets, mattress pads, pillows and pillowcases, and blankets unless the facility is:

(a) A rustic resort;

(b) A homeless shelter; or

(c) A hostel.

(4) Provide clean spreads, blankets, and mattress pads as needed;

(5) Provide clean pillowcases and sheets for guests:

(a) Between occupancies; and

(b) At least twice a week for guests staying longer than three days.

(6) Ensure clean bedding kept in the lodging units is stored off the floor and in a clean area.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-150, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-161, filed 5/17/89.]

WAC 246-360-160 Food and beverage services. (1) Licensees shall ensure food provided to guests is prepared and served under:

(a) Chapter 248-84 WAC, state board of health standards for food service sanitation and local ordinances;

(b) Chapter 248-86 WAC, state board of health standards for food and beverage service workers permits; and

(c) Chapter 248-87 WAC, state board of health standards for food workers.

(2) Between guest occupancies, licensees providing multiple-use or reusable drinking glasses, cups, ice buckets, and other food utensils shall ensure the utilities are:

(a) Washed and sanitized outside the lodging unit, toilet, or bathing facilities; or

(b) Washed and sanitized in an approved lodging unit kitchen defined under WAC 248-144-121;

(c) Handled and stored in a safe and sanitary manner;

(d) Protected from contamination; and

(e) Maintained in good repair.

(3) Licensees shall:

(a) Ensure single-use drinking glasses, cups, ice buckets, and other food utensils are discarded after each guest occupancy;

(b) Clean and sanitize ice machines at least twice a year and as needed;

(c) Store and dispense ice provided for guests in a sanitary manner including sanitization of the ice scoop when used;

(d) Control or eliminate the dispensing of unprotected bulk ice by January 1, 1995; and

(e) Clean, maintain, and properly adjust drinking fountains.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-160, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-171, filed 5/17/89.]

WAC 246-360-170 Travel trailers and mobile homes. Licensees providing travel trailers and/or mobile homes as lodging units shall:

(1) Comply with chapters 296-150A and 296-150B WAC rules and regulations of the department of labor and industries for factory-built housing, mobile homes, commercial coaches, and recreational vehicles; and

(2) Ensure all travel trailers and mobile homes used as lodging units are connected to approved water, sewer, and electrical utilities.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-170, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-181, filed 5/17/89.]

WAC 246-360-180 Laundry. Licensees shall:

(1) Provide a means for cleaning and sanitizing bedding, linens, towels, washcloths, and other items intended for guest use by:

(a) Maintaining a laundry under WAC 248-144-051 and 248-144-191; or

(b) Sending items to a commercial laundry or other laundry meeting requirements under WAC 248-144-051 and this section.

(2) Store the clean and sanitized bedding, linens, towels, washcloths, and other items:

(a) In an area designated for clean items only;

(b) Off the floor;

(c) Protected from contamination; and

(d) Without access to guests, pets, or other animals.

(3) Provide a means for handling, transporting, and separating soiled bedding, linens, towels, washcloths, and other items to prevent contamination of clean items.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-180, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-191, filed 5/17/89.]

WAC 246-360-190 Housekeeping equipment and procedures. Licensees shall:

(1) Establish policies and procedures requiring all employees cleaning and servicing lodging units and other units used by guests to:

(a) Exercise good personal hygiene; and

(b) Properly store and label all cleaning products.

(2) Maintain all facilities in a sanitary and safe condition.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-190, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-201, filed 5/17/89.]

WAC 246-360-200 Safety, chemical, and physical hazards. Licensees shall:

(1) Ensure all chemical agents, such as cleaners, solvents, disinfectants, and insecticides, except for small amounts of household cleaners stored in kitchen units, are:

(a) Kept isolated from guests;

(b) Stored to prevent contamination of clothing, toweling, and bedding materials; and

(c) Used under the manufacturer's recommendations.

(2) Provide adequate and safe handrailing for all stairways, porches, and balconies.

(3) Ensure every gas-fired and oil-fired space heater and/or water heater is vented to the exterior of the building.

(4) Eliminate known physical hazards.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-200, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-211, filed 5/17/89.]

WAC 246-360-210 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-210, filed 12/27/90, effective 1/31/91; Order 71, § 248-144-250, filed 4/11/72.]

WAC 246-360-990 Transient accommodations licensing and inspection fees. (1) For licensing periods starting on or after July 1, 1987, the annual license and survey fee shall be:

Size of Facility (No. of Rooms)	License Fee
3- 10	$ 80
11- 24	$ 95
25- 49	$165
50- 74	$225
75- 99	$300
100-199	$380
200 or more	$470

(2) The fee for new facilities constructed during the year shall be prorated as shown below based upon the date of application.

(3) The fee for a change in ownership of a facility shall be prorated as shown below based upon the effective date of the ownership change.

Size of Facility (No. of Rooms)	Prorated License Fee J	F	M	A	M	J	J	A	S	O	N	D
3 - 10	80	71	65	58	52	45	39	32	26	19	13	6
11 - 24	95	87	79	71	63	55	47	39	31	23	15	7
25 - 49	165	151	138	124	110	96	83	69	55	41	28	14
50 - 74	225	206	188	169	150	131	113	94	75	56	38	19
75 - 99	300	275	250	225	200	175	150	125	100	75	50	25
100 - 199	380	348	317	285	253	222	190	158	127	95	63	32
200 or more	470	431	392	352	313	274	235	196	156	117	78	39

(4) Persons planning to convert an existing structure to a transient accommodation shall:

(a) Request a feasibility survey by the department to determine modifications required to meet chapter 248-144 WAC, and

(b) Pay a nonrefundable fee of seventy-five dollars for the department conducted feasibility survey.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-360-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-17-045 (Order 2524), § 440-44-075, filed 8/17/87; 85-12-029 (Order 2236), § 440-44-075, filed 5/31/85. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-075, filed 6/4/82.]

Chapter 246-366 WAC
PRIMARY AND SECONDARY SCHOOLS

WAC

WAC 246-366-001 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-001, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-210, filed 6/8/71.]

WAC 246-366-010 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. 91-02-051 (Order 124B), recodified as § 246-366-010, filed 12/27/90, effective 1/31/91; 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 246-366-020 Substitutions. The secretary may allow the substitution of procedures or equipment for those outlined in these regulations, when such procedures or equipment have been demonstrated to be equivalent to those heretofore prescribed. When the secretary judges that such substitutions are justified, he shall grant permission for the substitution in writing. Requests for substitution shall be directed to the jurisdictional health officer who shall immediately forward them, including his recommendations, to the secretary. All decisions, substitutions, or interpretations shall be made a matter of public record and open to inspection.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-020, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-230, filed 6/8/71.]

WAC 246-366-030 Site approval. (1) Before a new school facility is constructed, an addition is made to an existing school 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 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 site for a new school, an addition to an existing school, or a portable classroom shall not exceed an hourly average of 55 dBA ($Leq_{60\ minutes}$) and shall not exceed an hourly maximum (Lmax) of 75 dBA during the time of day the school is in session; except sites exceeding these sound levels are acceptable if a plan for sound reduction is included in the new construction proposal and the plan for sound reduction is approved by the health officer.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-030, filed 12/27/90, effective 1/31/91; 89-20-026 (Order 333), § 248-64-240, filed 9/28/89, effective 10/29/89; Order 88, § 248-64-240, filed 10/3/73; Order 55, § 248-64-240, filed 6/8/71.]

WAC 246-366-040 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-040, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-250, filed 6/8/71.]

WAC 246-366-050 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.

(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. 91-02-051 (Order 124B), recodified as § 246-366-050, filed 12/27/90, effective 1/31/91; 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 246-366-060 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. 91-02-051 (Order 124B), recodified as § 246-366-060, filed 12/27/90, effective 1/31/91; 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 246-366-070 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. 91-02-051 (Order 124B), recodified as § 246-366-070, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-280, filed 3/9/82; Order 55, § 248-64-280, filed 6/8/71.]

WAC 246-366-080 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. 91-02-051 (Order 124B), recodified as § 246-366-080, filed 12/27/90, effective 1/31/91; 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 246-366-090 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. 91-02-051 (Order 124B), recodified as § 246-366-090, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-300, filed 3/9/82; Order 55, § 248-64-300, filed 6/8/71.]

WAC 246-366-100 Temperature control. Heating, ventilating and/or air conditioning systems shall be equipped with automatic room temperature controls.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-100, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-310, filed 3/9/82; Order 55, § 248-64-310, filed 6/8/71.]

WAC 246-366-110 Sound control. (1) In new construction, plans submitted under section 250 of chapter 248-64 WAC shall specify ventilation equipment and other mechanical noise sources in classrooms are designed to provide background sound which conforms to a noise criterion curve or equivalent not to exceed NC-35. The owner shall certify equipment and features are installed according to the approved plans.

(2) In new construction, the actual background noise at any student location within the classroom shall not exceed 45 dBA (Leq_x) and 70 dB (Leq_x) (unweighted

scale) where $_x$ is thirty seconds or more. The health officer shall determine compliance with this section when the ventilation system and the ventilation system's noise generating components, e.g., condenser, heat pump, etc., are in operation.

(3) Existing portable classrooms, constructed before January 1, 1990, moved from one site to another on the same school property or within the same school district are exempt from the requirements of this section if the portable classrooms meet the following:

(a) Noise abating or noise generating features shall not be altered in a manner that may increase noise levels;

(b) The portable classrooms were previously in use for general instruction;

(c) Ownership of the portable classrooms will remain the same; and

(d) The new site is in compliance with WAC 248-64-240(3).

(4) In new construction, the maximum ambient noise level in industrial arts, vocational agriculture and trade, and industrial classrooms shall not exceed 65 dBA when all fume and dust exhaust systems are operating.

(5) The maximum noise exposure for students in vocational education and music areas shall not exceed the levels specified in Table 1.

TABLE 1

MAXIMUM NOISE EXPOSURES PERMISSIBLE

Duration per day (hours)	Sound Level (dBA)
8 hours	85
6 hours	87
4 hours	90
3 hours	92
2 hours	95
1-1/2 hours	97
1 hour	100
1/2 hour	105
1/4 hour	110

Students shall not be exposed to sound levels equal to or greater than 115 dBA.

(6) Should the total noise exposure in vocational education and music areas exceed the levels specified in Table 1 of subsection (5) of this section, hearing protectors, e.g., ear plugs, muffs, etc., shall be provided to and used by the exposed students. Hearing protectors shall reduce student noise exposure to comply with the levels specified in Table 1 of subsection (5) of this section.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-110, filed 12/27/90, effective 1/31/91; 89-20-026 (Order 333), § 248-64-320, filed 9/28/89, effective 10/29/89; 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 246-366-120 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
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. 91-02-051 (Order 124B), recodified as § 246-366-120, filed 12/27/90, effective 1/31/91; 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 246-366-130 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-130, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-340, filed 6/8/71.]

WAC 246-366-140 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-140, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-350, filed 6/8/71.]

WAC 246-366-150 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. 91-02-051 (Order 124B), recodified as § 246-366-150, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-360, filed 3/9/82; Order 55, § 248-64-360, filed 6/8/71.]

Chapter 246-374 WAC
OUTDOOR MUSIC FESTIVALS

WAC

WAC 246-374-001 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-001, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-010, filed 8/16/71.]

WAC 246-374-010 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-010, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-020, filed 8/16/71.]

WAC 246-374-030 Submission of plans. The applicant shall submit plans for site and development to the local health officer not less than 30 days prior to the time the applicant must file his application with the issuing authority. The plan shall include the name of the festival, its physical location, dates of operation, the name, address and phone number of the applicant, a list of other individuals responsible for all phases of construction and operation, and shall include the following information:

(1) Projected attendance at the outdoor music festival.

(a) Maximum day attendance.

(b) Maximum overnight attendance.

(c) Total attendance for the duration of the festival.

(2) Site characteristics:

(a) The area, dimensions, legal description and ownership of the tract of land.

(b) Physical characteristics of the site, including but not limited to bodies of water, existing structures, topographical data, current land use of site and contiguous property.

(c) Location, and the width of all offsite access roads and onsite service roads.

(d) Location of facilities including parking, camping sites, food concessions, medical services, entertainment area, water source and distribution system, sewage disposal, solid waste collection and disposal, bathing areas, communication facilities and administrative accommodations.

(3) Method and design of water supply and distribution system.

(4) Method and design of sewage and waste water collection and disposal systems.

(5) Method and design of toilet facilities, their number and location.

(6) Method of solid waste collection and disposal, including number and location of containers.

(7) Method of insect and rodent control.

(8) Design of food service facilities and information including source, storage, preparation and types of foods.

(9) Design and location of all facilities providing shelter including overnight accommodations for festival patrons.

(10) Method of dust control.

(11) Plan of electrical service, including type, location and number of lighting fixtures, communications facilities and electrical outlets.

(12) Description of bathing areas and facilities.

(13) Transportation and facilities for emergency medical service.

No later than fifteen days after the submission of plans for site and development, the local health officer shall either approve or disapprove such plans. Any disapproval shall set forth in detail the specific grounds therefor. The applicant shall have an opportunity to correct the deficiencies as described by the local health officer and to resubmit plans for local health officer approval. Final approval or disapproval shall be given by the local health officer on or before the date set for submission of application to the issuing authority. The local health officer shall accompany any final disapproval with written reasons therefor.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-030, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-030, filed 8/16/71.]

WAC 246-374-040 Site. The festival site shall be well drained, located and maintained so as not to create a health or safety hazard or nuisance.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-040, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-040, filed 8/16/71.]

WAC 246-374-050 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-050, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-050, filed 8/16/71.]

WAC 246-374-060 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-060, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-060, filed 8/16/71.]

WAC 246-374-070 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-070, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-070, filed 8/16/71.]

WAC 246-374-080 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-080, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-080, filed 8/16/71.]

WAC 246-374-090 Insect and rodent control. Appropriate measures shall be taken to control rodents and insects.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-090, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-090, filed 8/16/71.]

WAC 246-374-100 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-100, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-100, filed 8/16/71.]

WAC 246-374-110 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-110, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-110, filed 8/16/71.]

WAC 246-374-120 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-120, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-120, filed 8/16/71.]

WAC 246-374-130 Bathing areas. All natural bathing areas shall comply with the provisions of WAC 248-98-070.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-130, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-130, filed 8/16/71.]

WAC 246-374-140 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-140, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-140, filed 8/16/71.]

Chapter 246-376 WAC
CAMPS

WAC

WAC 246-376-001 Legal authority of the state board of health. RCW 43.20.050.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-001, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-999, filed 2/7/77.]

WAC 246-376-010 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-010, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-001, filed 2/7/77; Regulation 72.001, effective 3/11/60.]

WAC 246-376-020 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-020, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-010, filed 2/7/77; Regulation 72.010, effective 3/11/60.]

WAC 246-376-030 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-030, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-020, filed 2/7/77; Regulation 72.020, effective 3/11/60.]

WAC 246-376-040 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-040, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-030, filed 2/7/77; Regulation 72.030, effective 3/11/60.]

WAC 246-376-050 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-050, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-040, filed 2/7/77; Regulation 72.040, effective 3/11/60.]

WAC 246-376-060 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-060, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-050, filed 2/7/77; Regulation 72.050, effective 3/11/60.]

WAC 246-376-070 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-070, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-060, filed 2/7/77; Regulation 72.060, effective 3/11/60.]

WAC 246-376-080 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-080, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-070, filed 2/7/77; Regulation 72.070, effective 3/11/60.]

WAC 246-376-090 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-090, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-080, filed 2/7/77; Regulation 72.080, effective 3/11/60.]

WAC 246-376-100 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-100, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-090, filed 2/7/77; Regulation 72.090, effective 3/11/60.]

WAC 246-376-110 Swimming pools, wading pools, and bathing beaches. (1) **Swimming pools.** All swimming pools shall comply with the requirements of the rules and regulations of the state director of health pertaining to swimming pools.

(2) **Bathing beaches.** No bathing beach shall be maintained or operated when such water is determined by the health officer to be so polluted or subject to pollution as to constitute a menace to health if used for bathing. Where bathhouse and toilet facilities are provided for use of bathers they shall be constructed, maintained and operated in a sanitary manner approved by the health officer.

(3) **Wading pools.**

(a) Wading pools shall not be more than 24 inches in depth.

(b) The water in wading pools, at all times while in use, shall meet the requirements pertaining to water quality as outlined in the rules and regulations of the state director of health.

(c) In the operation of wading pools the requirements pertaining to sanitary control of swimming pools as outlined in the swimming pool regulations shall apply.

(d) Adequate sanitary toilet facilities shall be available in the vicinity of wading pools.

(e) No wading pool shall be maintained or operated when such pool is determined by the health officer to constitute a menace to health if used for wading.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-110, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-110, filed 2/7/77; Regulation 72.110, effective 3/11/60.]

WAC 246-376-120 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-120, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-120, filed 2/7/77; Regulation 72.120, effective 3/11/60.]

WAC 246-376-130 Responsibility. The owner of a camp shall be responsible for full compliance with these rules and regulations.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-130, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-130, filed 2/7/77; Regulation 72.130, effective 3/11/60.]

Chapter 246-378 WAC
MOBILE HOME PARKS

WAC

WAC 246-378-010 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: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-378-010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-010, filed 12/1/81.]

WAC 246-378-020 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: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-378-020, filed 12/27/90, effective 1/31/91. Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-020, filed 12/1/81.]

WAC 246-378-030 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: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-378-030, filed 12/27/90, effective 1/31/91. Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-030, filed 12/1/81.]

WAC 246-378-040 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: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-378-040, filed 12/27/90, effective 1/31/91. Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-040, filed 12/1/81.]

WAC 246-378-050 General sanitation. The premises of a mobile home park shall be maintained and operated in accordance with chapter 248-50 WAC.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-378-050, filed 12/27/90, effective 1/31/91. Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-050, filed 12/1/81.]

Chapter 246-380 WAC
STATE INSTITUTIONAL SURVEY PROGRAM

WAC

WAC 246-380-990 Health and sanitation survey fee for community colleges, ferries, and other state of Washington institutions and facilities. Starting July 1, 1987, an annual health and sanitation survey fee shall be assessed as follows:

	Annual Fee Per Facility
(1) Food Service	
(a) As defined in WAC 248-84-002(11) food service establishments or concessions in community colleges, ferries, or any other state of Washington facility preparing potentially hazardous foods. This shall include dockside food establishments directly providing food for the Washington state ferry system.	$ 200
(b) Food service establishments or concessions that do not prepare potentially hazardous foods.	$ 100
(c) The health and sanitation survey fee referenced in subsection (a) and (b) of this section may be waived provided there is an agreement between	

	Annual Fee Per Facility
the department of social and health services and the local jurisdictional health agency for the local health agency to conduct the food service establishments surveys.	

(2) State institutions or facilities.

(a) Institutions or facilities operating a food service: The annual fee shall be three dollars and fifty cents times the rated capacity plus two hundred dollars. Rated bed capacity shall mean the recommended maximum number of beds in an institution or facility.

(b) Institutions or facilities that do not operate a food service: The annual fee shall be three dollars and fifty cents times the rated bed capacity.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-380-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-14-066 (Order 2493), § 440-44-076, filed 7/1/87; 85-13-007 (Order 2238), § 440-44-076, filed 6/7/85.]

Chapter 246-388 WAC
RURAL HEALTH CARE FACILITY LICENSING RULES

WAC

WAC 246-388-001 Purpose. The purpose of these rules is to implement RCW 70.175.100, 70.175.110, and 70.175.120 establishing minimum standards for the construction, maintenance, operation, and scope of rural health care facilities to:

(1) Permit local flexibility and innovation in providing services;

(2) Promote the cost-efficient delivery of health care and other social services appropriate for the particular local community;

(3) Promote the delivery of services in a coordinated and nonduplicative manner;

(4) Maximize the use of existing health care facilities in the community;

(5) Permit regionalization of health care facilities when appropriate; and

(6) Provide for linkages with hospitals, tertiary care centers, and other health care facilities to provide services not available in the facility.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-001, filed 12/21/90, effective 1/21/91.]

WAC 246-388-010 Definitions. For the purposes of these regulations, the following words and phrases have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, appropriate, suitable, properly, or sufficient used in this chapter to qualify a requirement shall be determined by the department.

(1) "Abuse" means the injury, emotional, physical, or sexual abuse of an individual under circumstances indicating the health, welfare, and safety of the individual is harmed including:

(a) "Emotional abuse" means verbal behavior, harassment, or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(b) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.

(2) "Advanced registered nurse practitioner" or "ARNP" means a registered nurse authorized to practice specialized and advanced nursing under requirements in RCW 18.88.175.

(3) "Alterations" means a change requiring construction in an existing rural health care facility.

(4) "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 rural health care facility.

(5) "Authenticate" means to authorize or validate an entry in a record by:

(a) A signature including first initial, last name, and discipline; or

(b) A unique identifier allowing identification of the responsible individual.

(6) "Bathing facility" means a bathtub or shower excluding sitz baths or other fixtures designated primarily for therapy.

(7) "Clean" means free of soil, a sanitary or sterile condition of a space, room, area, facility, or equipment.

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

(9) "Dentist" means an individual licensed under chapter 18.32 RCW.

(10) "Dietitian" means an individual: (a) 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; or (b) certified under chapter 18.138 RCW.

(11) "Drug administration" or "administering of drugs" 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.

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

(13) "Governing body" means the person or persons responsible for establishing the purposes and policies of the rural health care facility.

(14) "Grade" means the slope of the ground adjacent to the building measured at required windows with ground level or sloping downward for a distance of at least ten feet from the wall of the building. From the ten–foot distance, the ground may slope upward no greater than an average of one foot vertical to two–foot horizontal within a distance of eighteen feet from the building.

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

(16) "Health care facility" means any land, structure, system, subsidiary, equipment, or other real or personal property or appurtenances useful for or associated with delivery of inpatient or outpatient health care service or support for such care or any combination operated or undertaken in connection with:

(a) A hospital;

(b) A clinic;

(c) A health maintenance organization;

(d) A diagnostic or treatment center;

(e) An extended care facility; or

(f) Any facility providing or designed to provide therapeutic, convalescent, or preventive health care services.

(17) "Health care provider" means an individual with direct or supervisory responsibility for delivery of health or medical care who is licensed, registered, or certified in Washington state under Title 18 RCW.

(18) "Hospital" means any institution, place, building, or agency providing 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" does not include:

(a) Hotels, or similar places furnishing only food and lodging, or simply domiciliary care;

(b) Clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty–four hours or more;

(c) Nursing homes under chapter 18.51 RCW;

(d) Maternity homes under chapter 18.46 RCW;

(e) Psychiatric or alcoholism hospitals under chapter 71.12 RCW;

(f) 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;

(g) Rural health care facilities under RCW 70.175.020(11); nor

(h) 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.

(19) "Infant" means a child up to one year of age.

(20) "Investigational drug" means any article not approved for use in the United States, but for which an investigational drug application has been approved by the Food and Drug Administration.

(21) "Lavatory" means a plumbing fixture of adequate design and size for washing hands.

(22) "Licensed practical nurse" or "L.P.N." means an individual licensed under requirements of chapter 18.78 RCW.

(23) "Low–risk maternal patient" means a woman:

(a) In general good health with uncomplicated prenatal course and participating in ongoing prenatal care;

(b) Participating in an appropriate childbirth and infant care education program;

(c) With no major medical problems;

(d) With no previous uterine wall surgery, caesarean section, or obstetrical complications likely to recur;

(e) With parity under six unless a justification for a variation is documented by medical staff;

(f) Who is not a nullipara of greater than thirty–eight years of age unless a justification for a variation is documented by medical staff;

(g) Not less than sixteen years old unless a justification for variation for ages fourteen through fifteen is documented by medical staff;

(h) With 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) Demonstrating no significant signs or symptoms of anemia, active herpes genitalis, pregnancy–induced hypertension, placenta praevia, malpositioned fetus, or breech while in active labor;

(j) In labor, progressing normally;

(k) Without prolonged ruptured membranes;

(l) Not in preterm labor nor in postterm gestation;

(m) Appropriate for a setting where analgesia is limited; and

(n) Appropriate for a setting where anesthesia is used in limited amounts and limited to local infiltration of the perineum or pudendal block.

(24) "May" means permissive or discretionary on the part of the department.

(25) "Medical staff" means physicians and other health care providers appointed by the governing body to practice within the parameters of the governing body rules.

(26) "Metropolitan statistical area" or "MSA" means a metropolitan statistical area defined and described by the United States Department of Census, Bureau of the Census, *Statistical Abstract of the United States: 1988*, 108th edition, Washington, D.C., United States Government Printing Office, and displayed for the state of Washington in *State of Washington Data Book*, Office of Financial Management, Olympia, Washington, 1988, including:

(a) Benton;
(b) Clark;
(c) Franklin;
(d) King;
(e) Kitsap;
(f) Pierce;
(g) Snohomish;
(h) Spokane;
(i) Thurston;
(j) Whatcom; and
(k) Yakima.

(27) "Midwife" means an individual recognized by the Washington state board of nursing as an advanced registered nurse practitioner/certified nurse midwife under chapter 18.88 RCW and chapter 308–120 WAC, or an individual licensed to practice midwifery in the state of Washington under chapter 18.50 RCW.

(28) "Neglect" means negligent treatment or maltreatment; an act or omission evincing a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a patient's health, welfare, and safety including:

(a) Emotional neglect meaning 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; and

(b) Physical neglect meaning physical or material deprivation, such as lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing, or cleanliness.

(29) "Newborn" means a newly born infant under twenty–eight days of age.

(30) "New construction" means any of the following:

(a) Additions to existing buildings to be used as rural health care facilities;

(b) Alterations;

(c) Conversion of existing buildings or portions for use as rural health care facilities unless currently licensed as a hospital under chapter 70.41 RCW;

(d) New buildings to be used as rural health care facilities.

(31) "Occupational therapist" means an individual licensed under the provisions of chapter 18.59 RCW.

(32) "Outpatient" means a patient receiving services generally not requiring admission to a rural health care facility bed for twenty–four hours or more.

(33) "Patient" means an individual receiving preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the rural health care facility.

(34) "Patient care areas" means all patient service areas of the rural health care facility where direct patient care is rendered and all other areas of the rural health care facility where diagnostic or treatment procedures are performed directly upon a patient.

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

(36) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under chapter 18.64 RCW.

(37) "Pharmacy" means an area or service or place approved by the Washington state board of pharmacy under chapter 18.64 RCW.

(38) "Physical therapist" means an individual licensed under the provisions of chapter 18.74 RCW.

(39) "Physician" means an individual licensed under chapter 18.71 RCW, Physicians, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(40) "Physician's assistant" means an individual who is not a physician but is practicing medicine under chapter 18.71A or 18.57A RCW and the rules and regulations promulgated thereunder.

(41) "Prescription" means an order for drugs for a specific patient issued by a legally authorized individual.

(42) "Radiologist" means a physician, board certified or eligible for certification in radiology and meeting continuing education requirements under:

(a) The American Board of Radiology described under *Directory of Residency Programs Accredited by the Accreditation Council for Graduate Medical Education*, American Medical Association, 1981–82; or

(b) The American Osteopathic Board of Radiology described under *American Osteopathic Association Yearbook and Directory*, 1981–82.

(43) "Registered nurse" means an individual licensed under chapter 18.88 RCW.

(44) "Relite" means a glazed opening in an interior partition between a corridor and a room or between two rooms to permit viewing.

(45) "Restraint" means any apparatus used for the purpose of preventing or limiting free body movement excluding safety devices.

(46) "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.

(47) "Rural area" means a geographical area outside the boundaries of metropolitan statistical areas (MSA's) or an area within an MSA but more than thirty minutes average travel time from an urban area of at least ten thousand population.

(48) "Rural health care facility" means a facility, group, or other formal organization or arrangement of facilities, equipment, services, and personnel capable of providing or assuring availability of health services within a rural area. The services to be provided by the rural health care facility may be delivered in a single location or geographically dispersed in the community health service catchment area so long as they are organized under a common administrative structure with mechanisms for providing appropriate referral, treatment, and follow-up.

(a) "Administrative structure" means a system of contracts or formal agreements between organizations and persons providing health services in an area that establishes the roles and responsibilities each will assume in providing the services of the rural health care facility.

(b) "Community health service catchment area" means a description of the geographical boundaries of a rural area through a coordinated effort of health care providers, community health clinics, health care facilities, local health department, emergency medical services, support service providers, and citizens.

(49) "Services" means an organized group of health care delivery components.

(a) "Core services" means:

(i) Twenty-four hour emergency care meeting requirements under WAC 246-388-240;

(ii) Outpatient care meeting requirements under WAC 246-388-250;

(iii) Laboratory service meeting requirements under WAC 246-388-260;

(iv) Radiology service meeting requirements under WAC 246-388-270;

(v) Inpatient care meeting criteria and requirements under WAC 246-388-280;

(vi) Low-risk maternal and newborn care meeting requirements under WAC 246-388-290;

(vii) Support services and functions including:

(A) Material processing described under WAC 246-388-310;

(B) Dietary described under WAC 246-388-320;

(C) Housekeeping described under WAC 246-388-330;

(D) Laundry described under WAC 246-388-340;

(E) Maintenance described under WAC 246-388-350;

(F) Medical records described under WAC 246-388-360;

(G) Pharmacy described under WAC 246-388-370;

(H) Intravenous care under WAC 246-388-380; and

(I) Discharge planning under WAC 246-388-390.

(b) "Optional services" means patient care services a rural health care facility may provide, including:

(i) Long-term care described under WAC 246-388-410;

(ii) Occupational and physical therapy and respiratory care described under WAC 246-388-420;

(iii) Other diagnostic and therapeutic services described under WAC 246-388-430;

(iv) Surgical services described under WAC 246-388-440; and

(v) Anesthesia described under WAC 246-388-450.

(50) "Shall" means compliance is mandatory.

(51) "Sinks" means one of the following:

(a) 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, usually called a clinic service sink; or

(b) 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, called a scrub sink; or

(c) A plumbing fixture of adequate size and proper design for filling and emptying mop buckets, known as a service sink.

(52) "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.

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

(54) "Window" means a glazed opening in an exterior wall.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-010, filed 12/21/90, effective 1/21/91.]

WAC 246-388-020 License--Application--Denial--Appeal. (1) Persons choosing to establish rural health care facilities with formal organization or arrangement of facilities, equipment, and personnel capable of assuring availability of health services in a rural community health service catchment area, shall meet requirements in this chapter and obtain a license from the department.

(2) Persons licensed or seeking licensure as rural health care facilities shall deliver core and optional services in a single location or geographically dispersed locations in the described community health service catchment area as long as services are organized under a common administrative structure with mechanisms to provide appropriate referral, treatment, and follow-up.

(3) Rural health care facilities requesting licensure:

(a) Shall provide core services meeting standards under this chapter; and

(b) May provide or arrange optional services meeting standards under this chapter and approved by the department.

(4) Applicants shall:

(a) Complete the application forms provided by the department specifying patient care services offered beyond the core and support services;

(b) Provide evidence to the department of nonduplication and coordination within the described community health service catchment area including evidence of notices to all health care providers and health care facilities;

(c) Provide evidence to the department of local zoning or building authority approval for occupancy; and

(d) Submit the fee authorized under RCW 43.70.110 and specified under WAC 246-388-990.

(5) The department shall:

(a) Issue a license to a rural health care facility upon:

(i) Completion of the application process including receipt of fee;

(ii) Applicant's demonstrated ability to comply with chapter 70.175 RCW and this chapter; and

(iii) Demonstrated evidence of:

(A) Notice to all health care providers in the proposed community health service catchment area;

(B) Nonduplication of services; and

(C) Coordination with other health care facilities and the local health department in the community health service catchment area.

(b) State the date of expiration of the license on the license; and

(c) Instruct the licensee on the process for renewal of the application.

(6) The department may:

(a) Issue licenses under chapter 70.175 RCW and this chapter valid for one year;

(b) Extend a license for up to thirty-six months;

(c) Issue a provisional license valid for up to ninety days to permit operation of a rural health care facility when the facility does not fully comply with requirements under this chapter;

(d) Inspect the rural health care facility annually and as needed; and

(e) Deny, suspend, modify, or revoke a license as authorized under chapter 34.05 RCW if an applicant, owner, officer, director, or managing employee:

(i) Fails or refuses to comply with the provisions under this chapter or chapter 70.175 RCW;

(ii) Makes a false statement of a material fact in the application for the license or in any record required by this chapter or matter under investigation;

(iii) Refuses to allow representatives of the department to inspect any part of the facility, books, records, or files relevant to chapter 70.175 RCW or this chapter;

(iv) Prevents, interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of this chapter and chapter 70.175 RCW;

(v) Uses false, fraudulent, or misleading advertising;

(vi) Has repeated incidents of personnel performing services beyond those authorized by the rural health care facility and law; or

(vii) Misrepresents or is fraudulent in any aspect of conducting business.

(7) Licensees and applicants may appeal department decisions regarding license denial, suspension, or revocation as prescribed under chapter 34.05 RCW.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-020, filed 12/21/90, effective 1/21/91.]

WAC 246-388-030 Exemptions. (1) The department may exempt a rural health care facility from one or more rules under this chapter, except WAC 246-388-020, when:

(a) In receipt of a written request from the applicant or licensee; and

(b) Investigation reveals the requested exemption does not compromise the safety or health of patients.

(2) The department shall approve or disapprove an application for an exemption in writing within sixty working days after department receipt of all the information necessary to review the application.

(3) The department and rural health care facility shall retain a written copy of any exemption granted under this section.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-030, filed 12/21/90, effective 1/21/91.]

WAC 246-388-040 Department approval of construction. (1) Persons planning new construction shall obtain local building department and local fire authority approval consistent with planned occupancy and the Washington state building code under chapter 19.27 RCW.

(2) When applying for licensure, applicants shall provide evidence of local approval under chapter 19.27 RCW to the department prior to occupancy if the definition of new construction under WAC 246-388-010 applies.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-040, filed 12/21/90, effective 1/21/91.]

WAC 246-388-050 Governing body and administration. (1) The rural health care facility shall:

(a) Have a governing body responsible for adoption of policies concerning the purposes, operation, and maintenance of the rural health care facility including safety, care, and treatment of patients; and

(b) Establish a mechanism to credential and privilege physicians and other medical staff.

(2) The rural health care facility governing body shall:

(a) Provide personnel, facilities, equipment, supplies, and services to meet the needs of patients;

(b) Appoint an administrator responsible for implementing the policies adopted by the governing body;

(c) Exercise authority and responsibility for the appointment and periodic reappointment of the medical staff;

(d) Require medical staff accountability to the governing body through approval of medical staff rules;

(e) Require evidence that each individual granted clinical privileges under governing body policy has appropriate and current qualifications;

(f) Require that each patient presenting for care in the rural health care facility is under the care of medical staff with appropriate privileges;

(g) Require a member of the medical staff:

(i) On duty; or

(ii) On call and available within a timeframe described in governing body policy for each service;

(h) Ensure a physician member of the medical staff is present at least once in every two–week period to provide:

(i) Medical direction;

(ii) Medical care services; and

(iii) Consultation to medical staff;

(i) Ensure physician availability through direct telecommunication for:

(i) Consultation;

(ii) Assistance with medical emergencies; and

(iii) Patient referrals;

(j) Establish written policies and procedures for each service including general policies on:

(i) Patient admission, discharge, and transfer criteria;

(ii) Immediate staff access to patient–occupied areas;

(iii) Protection of patients from assault, abuse, and neglect;

(iv) Staff response to a patient's assaultive or destructive behavior;

(v) Handling and administration of blood and blood products; and

(vi) Smoking by patients, staff, and visitors;

(k) Provide adequate spaces for clerical, communication, cleaning, and storage functions including:

(i) Medical records;

(ii) Access to telephones;

(iii) A place for recording and reviewing medical records;

(iv) Confidential communication among staff;

(v) Adequate and appropriate equipment for inpatient rooms and areas;

(vi) Preparation, cleaning, and storage of supplies used in inpatient areas; and

(vii) Separation of clean and soiled supplies and equipment.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–050, filed 12/21/90, effective 1/21/91.]

WAC 246–388–060 Quality assurance. Rural health care facilities shall have a quality assurance program with:

(1) At least one member of the governing body and one member of the medical staff participating in the implementation of the quality assurance program; and

(2) A written plan for implementation including:

(a) Scope of all services offered by the rural health care facility;

(b) Ongoing assessment of performance and qualifications of all staff;

(c) Continuous and periodic collection and assessment of data concerning aspects of patient care as required under policies of the quality assurance program;

(d) Documented investigation and resolution of incidents and grievances involving patient care issues; and

(e) Arrangements for peer review of physicians, with outside review required when two or fewer physicians are members of medical staff.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–060, filed 12/21/90, effective 1/21/91.]

WAC 246–388–070 Personnel. (1) Rural health care facilities shall employ qualified personnel with verification of required license, certification, or registration.

(2) Rural health care facilities shall establish personnel policies requiring:

(a) Written job descriptions for each job classification including job title, reporting relationships, summary of duties and responsibilities, and qualifications;

(b) Provisions for review every two years, with revision as necessary;

(c) Periodic performance evaluation of:

(i) All employees; and

(ii) Volunteers providing direct patient care;

(d) Documented background checks as required under RCW 43.43.830 through 43.43.842 for all prospective employees and volunteers who may have regularly scheduled unsupervised access to patients;

(e) Coordination and supervision of volunteer services and activities by a designated employee of the rural health care facility;

(f) Orientation and education programs for employees and volunteers including:

(i) Purpose and organizational structure;

(ii) Location and layout of the rural health care facility;

(iii) Infection control;

(iv) Safety;

(v) Policies and procedures; and

(vi) Equipment pertinent to the job;

(g) Continuing education for maintaining skills for personnel and volunteers providing direct patient care;

(h) Documentation of orientation, in–service, and continuing education; and

(i) HIV/AIDS education of employees and volunteers including:

(i) Verifying or arranging for appropriate education and training on prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(ii) Use of infection control standards and educational materials consistent with the department–approved manual *KNOW–HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, office on HIV/AIDS.

(3) Rural health care facilities shall:

(a) Provide nursing staff on duty necessary to take care of inpatients with an on–call system when inpatients are not present;

(b) Require medical staff or registered nurse supervision of nonemployees and others performing patient care functions;

(c) Maintain an employee callback list for use in the event of disaster;

(d) Require individuals to remain off duty if they have a known communicable disease in an infectious stage when transmission to patients is probable during performance of assigned work duties;

(e) Require each employee and volunteer to have a tuberculin skin test by the Mantoux method within one week of serving with the rural health care facility, and as follows:

(i) A negative skin test defined as less than ten millimeters of induration read at forty-eight to seventy-two hours;

(ii) Negative reactors to the first test who are thirty-five years of age or older required to have a second test one to three weeks after the first test;

(iii) Positive reactors to either test required to have a chest x-ray within thirty days;

(iv) A record of test results, reports of x-ray findings, or exceptions to such kept in the facility;

(v) A copy of the record in (e)(iv) of this subsection supplied to the individual;

(vi) Exceptions including:

(A) Exclusion of new persons from screening if documenting a positive Mantoux test in the past; and

(B) Exclusion of an employee with a written waiver from the department tuberculosis control program after stating the tuberculin skin test by the Mantoux method presents a hazard to his or her health and presenting supportive medical data to the department tuberculosis control program.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-070, filed 12/21/90, effective 1/21/91.]

WAC 246-388-080 Infection control. Rural health care facilities shall have an infection control program with a designated individual responsible for direction of the program, including establishing and maintaining systems, policies, and procedures for:

(1) Discovering, reporting, investigating, reviewing, and maintaining records on infections among patients and personnel;

(2) Surveillance of environmental hazards related to potential for transmission of infection;

(3) Universal precautions;

(4) Medical asepsis;

(5) Reporting and other requirements for communicable diseases as required under chapter 248-100 WAC, Communicable and certain other diseases; and

(6) Use of infection control standards and educational material consistent with department-approved manual *KNOW-HIV/AIDS Prevention Education for Health Care Facility Employees*, May 31, 1989, office on HIV/AIDS.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-080, filed 12/21/90, effective 1/21/91.]

WAC 246-388-090 Abuse reports. (1) Rural health care facilities shall report to a law enforcement agency or to the department of social and health services (DSHS) a suspected incident of nonaccidental injury, neglect, sexual abuse, or cruelty to an individual as required under chapter 26.44 RCW.

(2) Practitioners obligated to report suspected abuse include licensed practical nurses, registered nurses, physicians and their assistants, podiatrists, optometrists, chiropractors, dentists, social workers, psychologists, pharmacists, and other persons or practitioners under chapter 26.44 RCW.

(3) 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.

(4) Rural health care facilities shall:

(a) Provide orientation materials informing practitioners and employees of reporting responsibilities;

(b) Post notices in staff and patient care areas including:

(i) Appropriate local police and DSHS phone numbers; and

(ii) Reporting requirements;

(c) Ensure the medical record of the individual suspected of being abused reflects the fact an oral or written report was made to DSHS or a law enforcement agency including:

(i) The date and time the report was made;

(ii) The agency to which it was made; and

(iii) Signature of the person making the report.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-090, filed 12/21/90, effective 1/21/91.]

WAC 246-388-100 Water supply. (1) The rural health care facility shall ensure:

(a) An adequate supply of hot and cold water under pressure conforming to the quality standards under chapter 248-54 WAC; and

(b) Hot water supplied for bathing and handwashing purposes, not to exceed one hundred twenty degrees Fahrenheit.

(2) Rural health care facilities initiating new construction shall:

(a) Install plumbing fixtures meeting the minimum water efficiency standards under chapter 51-18 WAC, Washington state water conservation performance standards; and

(b) Meet minimum construction requirements under the Uniform Plumbing Code and Uniform Plumbing Standards, WAC 51-16-060.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-100, filed 12/21/90, effective 1/21/91.]

WAC 246-388-110 Plumbing. (1) Rural health care facilities shall ensure:

(a) Water supply plumbing, fixtures, waste, and drainage systems maintained to avoid unsanitary conditions; and

(b) Prohibition of cross connections between potable and nonpotable water as required under chapter 248-54 WAC.

(2) Rural health care facilities initiating new construction shall meet:

(a) Requirements under chapter 51–18 WAC, Washington state water conservation performance standards; and

(b) Minimum construction requirements under the Uniform Plumbing Code and Uniform Plumbing Standards, WAC 51–16–060.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–110, filed 12/21/90, effective 1/21/91.]

WAC 246–388–120 Staff facilities. Rural health care facilities shall ensure provision of:

(1) Adequate and conveniently located employee toilet and lavatory facilities with soap;

(2) Paper towels or some other acceptable type of single use hand–drying equipment or supplies with a satisfactory receptacle for used towels; and

(3) Dressing rooms when employees are expected to change into specialized clothing such as scrub uniforms.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–120, filed 12/21/90, effective 1/21/91.]

WAC 246–388–130 Storage. Rural health care facilities shall provide a sufficient amount of suitable storage space for all supplies and equipment.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–130, filed 12/21/90, effective 1/21/91.]

WAC 246–388–140 Heating. (1) Rural health care facilities shall maintain and operate a heating system capable of maintaining a comfortable temperature for occupants.

(2) Rural health care facilities initiating new construction shall:

(a) Meet minimum requirements in the Uniform Mechanical Code and the state energy code under WAC 51–16–040 and chapter 51–12 WAC, respectively; and

(b) Meet minimum requirements of the state electrical code under chapters 296–44, 296–46, and 296–47 WAC.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–140, filed 12/21/90, effective 1/21/91.]

WAC 246–388–150 Lighting and wiring. Rural health care facilities shall ensure:

(1) All usable rooms and areas of the facility are lighted by natural and/or artificial light; and

(2) Appropriate electrical service in all areas of the facility to meet the electrical demands of the equipment or fixtures used.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–150, filed 12/21/90, effective 1/21/91.]

WAC 246–388–160 Emergency light and power. Rural health care facilities shall ensure:

(1) Flashlights or battery–operated lamps available to employees and maintained in operating condition; and

(2) A property maintained, appropriately sized emergency generator for lighting and power in areas where core services occur.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–160, filed 12/21/90, effective 1/21/91.]

WAC 246–388–170 Ventilation. (1) Rural health care facilities shall ensure adequate ventilation for:

(a) All patient rooms;

(b) All rooms where personnel routinely work; and

(c) Rooms which, because of use, might have objectionable odors and/or excessive condensation.

(2) Rural health care facilities involved in new construction shall meet minimum requirements under:

(a) The Uniform Building Code and Uniform Mechanical Code under WAC 51–16–030 and 51–16–040, respectively; and

(b) Prior to July 1, 1991, state energy code ventilation requirements under chapter 51–12 WAC; and

(c) After July 1, 1991, the state ventilation and indoor air quality code under chapter 51–13 WAC.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–170, filed 12/21/90, effective 1/21/91.]

WAC 246–388–180 Corridors and doors. (1) Rural health care facilities shall:

(a) Maintain corridor and door widths appropriate to patient use in emergency, inpatient surgery, radiology, obstetrical, and long–term care services areas; and

(b) Ensure doors do not swing into the corridors and constitute a hazard.

(2) Rural health care facilities involved in new construction shall ensure corridor and door widths meeting:

(a) Minimum requirements for exiting under the Uniform Building Code, chapter 51–16 WAC; and

(b) The state barrier–free regulations, chapter 51–10 WAC.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–180, filed 12/21/90, effective 1/21/91.]

WAC 246–388–190 Carpets. Rural health care facilities, using carpets, shall:

(1) Exclude carpets from:

(a) Toilets and bathrooms;

(b) Surgical suites;

(c) Delivery suites;

(d) Dialysis units;

(e) Wet patient care areas; and

(f) Food service or preparation areas.

(2) Ensure any carpeting used meets the following specifications:

(a) Easily cleanable fiber;

(b) Fiber and pads meeting standards of state and local fire codes; and

(c) Construction or treatment to prevent and reduce static electricity build–up.

[Statutory Authority: Chapter 70.175 RCW. 91–02–014 (Order 123), § 246–388–190, filed 12/21/90, effective 1/21/91.]

WAC 246–388–200 Stairways, ramps, and elevators. (1) Rural health care facilities shall provide:

(a) Adequate ramps and elevators when vertical transportation of patients is necessary;

(b) Stairways and ramps with:

(i) Nonskid surfaces;

(ii) Handrails on both sides; and

(iii) Adequate protection.

(2) Rural health care facilities involved in new construction shall meet minimum requirements for barrier-free facilities under chapter 51-10 WAC.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-200, filed 12/21/90, effective 1/21/91.]

WAC 246-388-210 Sewage, garbage, and waste. Rural health care facilities shall provide:

(1) Written policies and procedures specifying the safe disposal of needles, knife blades, chemicals, and other potentially dangerous wastes;

(2) Methods for collection and disposal of all sewage, garbage, refuse, and liquid wastes to prevent the creation of an unsafe or unsanitary condition or nuisance; and

(3) Methods for safe bundling and disposal of contaminated dressings, used dressings, surgical and obstetrical wastes, and other similar materials with final disposal in an incinerator or by another approved method.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-210, filed 12/21/90, effective 1/21/91.]

WAC 246-388-220 Medical gases. Rural health care facilities shall ensure:

(1) Development and implementation of policies and procedures on:

(a) Safe storage of medical gas containers;

(b) Proper handling of medical gas containers; and

(c) Prohibiting use of combustible anesthetics;

(2) Testing of medical gas gauges, alarms, and manometers for accuracy;

(3) Labelling of medical gas gauges with:

(a) Name of gas; and

(b) Statement of "use no oil";

(4) Posting of "no smoking" signs where oxygen is administered;

(5) Use of properly designed electric equipment in oxygen enriched atmospheres;

(6) Fabrication of oxygen tent canopies of slow burning or noncombustible material; and

(7) Testing upon completion of any alteration, modification, or repair of medical gas piping systems when any line in the system is disconnected or disrupted including:

(a) Use of qualified personnel to conduct testing;

(b) Gas analysis to assure medical gas outlets within the disconnected or disrupted system deliver the proper gas as shown on the outlet label; and

(c) Documentation.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-220, filed 12/21/90, effective 1/21/91.]

WAC 246-388-230 Core services. Rural health care facilities shall provide core services as listed under WAC 246-388-010 (49)(a)(i) through (vii), and describe in writing patient access to these services within the community service catchment area.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-230, filed 12/21/90, effective 1/21/91.]

WAC 246-388-240 Core services--Twenty-four-hour emergency care. (1) Rural health care facilities shall:

(a) Define a system for providing emergency care services; and

(b) Establish emergency care services with a nature and scope consistent with community needs and the rural health care facility's capabilities.

(2) Rural health care facility emergency services shall have arrangements with other health care providers or health care facilities for services not provided by the rural health care facility, including but not limited to:

(a) Inpatient hospital care;

(b) Additional and specialized diagnostic imaging and laboratory services;

(c) Medical specialty consultation;

(d) Skilled nursing care;

(e) Home health care licensed under chapter 70.127 RCW;

(f) Mental health services;

(g) Substance abuse services; and

(h) Patient transport.

(3) Rural health care facilities shall provide the following basic, emergency care services:

(a) In-person assessment of an individual's condition to determine the nature, acuity, and severity of the person's immediate medical need by a registered nurse, physician, physician's assistant, or advanced registered nurse practitioner (ARNP);

(b) Determination of the nature and urgency of the person's medical need including the timing and place of care and treatment;

(c) Immediate diagnosis and treatment of any life-threatening condition;

(d) Appropriate transfer or referral of a patient needing health care services not provided by the rural health care facility;

(e) Diagnostic radiology available in the same building and meeting requirements under WAC 246-388-270

(f) Laboratory services available and meeting requirements under WAC 246-388-260; and

(g) Resource and referral services to provide information and assistance to patients for:

(i) Health maintenance;

(ii) Prevention of illness and injury;

(iii) Environmental hazards or concerns such as water, wastes, food, pesticides;

(iv) Prenatal care;

(v) Vision and hearing care;

(vi) Dental care; and

(vii) Nonemergent transportation to receive required health and medical care services.

(4) Prior to transfer of an emergency patient to another health care facility, rural health care facilities shall:

(a) Perform the emergency procedures necessary to minimize aggravation of the patient's condition during transport;

(b) Ascertain means of transport appropriate for patient's condition; and

(c) Notify the receiving facility.

(5) Rural health care facilities shall staff emergency care services in accord with the anticipated patient load and the services provided, including:

(a) A physician member of medical staff responsible for the medical direction of emergency care services;

(b) A physician or physicians available for consultation at all times;

(c) Twenty-four-hour-per-day coverage by at least one member of medical staff or an employee with training in advance cardiac life support approved by the American Heart Association and:

(i) On duty in the emergency care area; or

(ii) On call, available, and able to arrive at the emergency care area within fifteen minutes of notification or signal;

(d) A mechanism for summoning personnel or volunteers for emergency care services as necessary to provide the types and amount of care required by patients.

(6) Rural health care facilities shall establish and implement written policies and procedures for emergency care services including:

(a) Review and revision as necessary to keep current;

(b) Date of approval by the governing body;

(c) Readily available to those providing emergency care services;

(d) Description of the type, location, and extent of the emergency care services provided;

(e) Patient transfer to another health care facility, including transfer of the patient records;

(f) The course of action when the number of emergency patients constitutes an overload;

(g) Medical policies, standing emergency medical orders, and written medical procedures to guide the action of those providing emergency service when a member of the medical staff is not present;

(h) Delineation of medical staff responsibilities for emergency care services related to assigned clinical privileges, staff coverage of emergency care services, and staff and volunteer participation in the training of personnel;

(i) Notification of an emergency patient's next of kin or legal guardian;

(j) A mechanism for obtaining consent for treatment from an emergency patient or other person who may legally give consent for treatment of the patient;

(k) The care and treatment of persons requiring special medical consideration, such as:

(i) Substance abuse;

(ii) Communicable disease;

(iii) Child abuse or other suspected criminal acts;

(iv) Dead on arrival or death;

(v) Radioactive contamination; and

(vi) Pesticide exposure;

(l) Notification of a patient's medical practitioner and transfer of relevant reports; and

(m) Disclosure of information about a patient.

(7) Emergency care services shall maintain a permanent chronological register listing each patient presenting for emergency care including:

(a) Full name;

(b) Age and date of birth;

(c) A patient identifying number;

(d) Date and time of arrival and departure;

(e) Presenting complaint; and

(f) Disposition, discharge, or referral.

(8) The rural health care facility shall provide facilities, equipment, and supplies for emergency care services including:

(a) Locating emergency service areas close to the entrance with designated adequate space for reception, screening, examination, and treatment;

(b) A means of providing visual privacy for the patient;

(c) An outside call bell at the designated emergency entrance which, when activated, sounds in an area where personnel are always accessible;

(d) Equipment and supplies necessary to provide emergency care services;

(e) Current references on toxicology, antidote information, and the telephone number of the regional poison control center readily available in the emergency care area; and

(f) Facility-to-ambulance radio communication compatible with the state-wide emergency communication system.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-240, filed 12/21/90, effective 1/21/91.]

WAC 246-388-250 Core service--Outpatient care. (1) Rural health care facilities shall:

(a) Have an organized system for providing outpatient services within the community service catchment area;

(b) Ensure maintenance of appropriate physical plant, equipment, and supplies in each outpatient service;

(c) Provide or make arrangements for the following outpatient services:

(i) Prenatal care;

(ii) Vision and hearing screening with arrangements for diagnosis and treatment as necessary either:

(A) Within the community health service catchment area if possible; or

(B) With referral outside;

(iii) Preventive, diagnostic, and emergent dental care within the community health service catchment area or through referral;

(iv) Mental health evaluation services with referral for treatment as appropriate;

(v) Home care and home health care licensed under chapter 70.127 RCW;

(vi) Hospice care licensed under chapter 70.127 RCW; and

(vii) Alcohol and substance abuse assessment services including referral for treatment as appropriate;

(d) Establish a mechanism for arranging nonemergent transport for those unable to arrange or transport themselves in order to obtain services covered under this chapter; and

(e) Maintain one or more outpatient registers, other than registers for emergency care services containing sufficient data to allow:

(i) Positive identification of each outpatient; and

(ii) Rapid retrieval of medical records when indicated.

(2) Outpatient services may share facilities, equipment, and space with other services.

(3) Rural health care facilities outpatient services shall include:

(a) Adequate waiting areas;

(b) Examining and treatment rooms;

(c) Toilets;

(d) Special rooms necessary for the services provided; and

(e) Support services as listed under WAC 246-388-010 (49)(a)(vii).

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-250, filed 12/21/90, effective 1/21/91.]

WAC 246-388-260 Core service--Laboratory. Rural health care facilities shall:

(1) Provide or arrange for laboratory services to meet emergency and routine needs of patients; and

(2) Ensure laboratory services meet the requirements under chapter 70.42 RCW and chapter 248-38 WAC, medical test site rules, as licensed or waivered medical test sites.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-260, filed 12/21/90, effective 1/21/91.]

WAC 246-388-270 Core service--Radiology. (1) Rural health care facilities shall provide or arrange for access to imaging services including:

(a) Diagnostic x-ray in the same building as emergency services;

(b) Availability of radiologic services appropriate to the type and scope of rural health care facility services offered for emergency patients, inpatients, and outpatients; and

(c) A written description of the type and scope of imaging services provided in the rural health care facility.

(2) Rural health care facilities shall:

(a) Designate medical responsibility and require access to a radiologist;

(b) Perform radiology and other imaging services when ordered in accordance with rural health care facility policy and procedures;

(c) Require a reason specified in writing on requests for imaging services;

(d) Provide sufficient staff qualified to safely deliver the type, scope, and volume within each imaging service;

(e) Require persons operating radiology equipment to meet requirements under chapter 402-28 WAC;

(f) Establish and implement written policies and procedures approved by a radiologist and medical staff including:

(i) Patient preparation, examination, and administration of diagnostic agents;

(ii) Medical staff responsibility for preparation and administration of radiopharmaceuticals;

(iii) Who is authorized to use equipment;

(iv) Safe operation of equipment;

(v) Safe handling, storage, preparation, labeling, transporting, and disposal of radioactive materials;

(vi) Precautions to minimize unnecessary radiation exposure to patients and others;

(vii) Actions required in event of radioactive contamination of patients, personnel, equipment, and environment;

(viii) Prevention of electrical, mechanical, fire, explosion, and other hazards; and

(ix) Written reports on any adverse reaction of a patient to diagnostic or therapeutic agents, including notation in the medical record or outpatient report.

(3) Rural health care facilities imaging services shall:

(a) Maintain patient logs for imaging services; and

(b) Maintain authenticated and dated reports of providers and consultation interpretations as required under WAC 246-388-360.

(4) Rural health care facilities imaging services shall provide:

(a) Adequate space for services, equipment, and patients to accommodate:

(i) Patient privacy;

(ii) Patient access to a toilet;

(iii) Patient examinations;

(iv) Exposed and unexposed film storage; and

(v) Safe storage, preparation, labeling, transportation, and disposal of radioactive materials;

(b) Maintenance of safe, clean equipment, facilities, and supplies appropriate for the type and scope of service offered;

(c) Maintenance of all patient care equipment in safe, operating condition with documentation of maintenance planned and performed;

(d) Emergency equipment, supplies, and medications;

(e) A method for summoning extra appropriate staff for emergencies arising in imaging service areas;

(f) Maintenance of radiology equipment meeting applicable state rules for radiation protection under chapter 402-28 WAC;

(g) Arrangements for services of a qualified expert as defined and described under WAC 402-32-100, if therapeutic radiation is utilized, as needed for:

(i) Consultation, including periodic radiologic safety testing;

(ii) Supervision of radiation safety measures; and

(iii) Participation in education programs;

(h) Maintain documentation of:

(i) Maintenance and periodic calibration of all radiation safety equipment;

(ii) Receipt and disposition of radioactive materials, if used.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-270, filed 12/21/90, effective 1/21/91.]

WAC 246-388-280 Core service--Inpatient care. (1) Inpatient care is care, treatment, or observation exceeding twenty-four hours of continuous accommodation and services for an individual suffering from illness, injury, or other conditions.

(2) Rural health care facilities shall:

(a) Provide inpatient care services meeting requirements under this section; or

(b) Establish and implement a plan for transportation and admission of individuals requiring inpatient care to:

(i) A state licensed or certified inpatient care facility; or

(ii) A state or federally operated inpatient care facility.

(3) Rural health care facilities providing inpatient care services shall:

(a) Provide inpatient care with ongoing physician assessment of patient condition in relation to appropriateness of staff, physical plant, equipment, and supplies prior to approval of inpatient care as follows:

(i) Documented approval of a physician for initial and continuing care of each individual inpatient in the rural health care facility every forty-eight hours of care; and

(ii) Authentication of physician approvals at least one time every two weeks;

(b) Provide at least one registered nurse present on the premises and responsible for nursing care when an inpatient is present;

(c) Provide evidence of a care planning process;

(d) Establish and implement a reliable method for personal identification of each inpatient;

(e) Require and document a physical examination and medical history within twenty-four hours of admission unless completed within one week prior to admission;

(f) Maintain available current scientific, technical, and educational references appropriate to patient care;

(g) Establish a mechanism for obtaining additional staff, as needed, to provide care required;

(h) Maintain a chronological inpatient register including:

(i) Patient's identifying number;

(ii) Patient's name and birthdate or age; and

(iii) Date of admission;

(i) Provide toilet rooms and bathrooms with:

(i) At least one water closet, lavatory, and bathing facility reserved for patient use;

(ii) Grab bars properly located and securely mounted;

(iii) An audio and/or visual signal in the nurses' station or equivalent area activated by signaling of a patient while in the toilet, tub, or shower room;

(iv) A lavatory with soap in or convenient to every toilet room and patient room; and

(v) Paper towels or some other acceptable type of single use drying equipment or device with a receptacle for used towels at all lavatories;

(j) Provide patient rooms with:

(i) Outside view through adequate windows of clear glass or other approved transparent material and with window sill height no more than three feet six inches above floor permitting a seated patient to see outside;

(ii) Floor space of:

(A) At least eighty square feet in single rooms;

(B) At least seventy square feet per adult bed and youth bed or crib in multibed rooms; and

(C) Forty square feet per pediatric bassinet;

(iii) At least seven and one-half foot ceiling height over the required square feet area;

(iv) Floors of rooms used for accommodation of patients no more than three feet six inches below grade;

(v) At least three feet between beds;

(vi) Sufficient and satisfactory storage space for clothing, toilet articles, and other personal belongings of patients;

(vii) Arrangement to allow for movement of necessary equipment to the side of each bed;

(viii) Sufficient electrical outlets; and

(ix) Room furnishings including:

(A) Appropriate bed with mattress, pillow, and necessary coverings;

(B) Bedside stand and chair for use in each patient room;

(C) Means for signaling for assistance within reach of each patient; and

(D) Cubicle curtains, screens, or equivalent for privacy of patients; and

(k) Provide supplies, equipment, and support services including:

(i) Patient supplies for each patient's individual use;

(ii) Proper cleaning between patient occupancies; and

(iii) Location and arrangement of supplies and equipment to ensure safety of patients.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-280, filed 12/21/90, effective 1/21/91.]

WAC 246-388-290 Core service--Low-risk maternal patient and newborn care. (1) Rural health care facilities shall:

(a) Provide low-risk maternal patient and newborn care meeting requirements under this section; or

(b) Arrange for transportation and care in a licensed childbirth center or hospital.

(2) Rural health care facilities offering birthing or obstetrical delivery services shall provide only low-risk maternal patient and newborn care including:

(a) Medical services directed by a physician member or members of the medical staff with experience in obstetrics and newborn care, whose functions and scope of responsibility are delineated by the medical staff;

(b) Adequate staff supervised by a midwife or a registered nurse prepared by education and experience in obstetrical and newborn care; and

(c) Capability for transfer and transport to a hospital for Caesarean sections or complications twenty-four hours per day.

(3) Maternal patient care services in rural health care facilities shall establish and implement written policies and procedures for maternal and infant patient care including:

(a) Infection control principles related to:

(i) Room assignment and placement of maternal patients and newborns;

(ii) Visitors;

(iii) Special clothing requirements for staff and visitors;

(iv) Universal precautions; and

(v) Handling and storage of breast milk and formula;

(b) Provisions for transfer and transport of a woman or a newborn when necessary for appropriate care;

(c) Provision for maintaining body heat of each newborn;

(d) Provision for intrapartum evaluation of fetal heart rate;

(e) Provision for the management of obstetrical and newborn emergencies, including resuscitation; and

(f) Recordkeeping as required under WAC 246-388-360 and including:

(i) Completion of birth and death certificates as necessary;

(ii) Staff verification of initial and discharge identification of the newborn;

(iii) Documentation of metabolic screening test obtained and forwarded, as required under RCW 70.83-.020 and chapter 248-103 WAC, now or as hereafter amended; and

(iv) Documentation of newborn eye treatment, required under chapter 248-100 WAC, now or as hereafter amended.

(4) Rural health care facilities providing maternal and infant care services shall:

(a) Designate and maintain appropriate, safe, clean facilities and equipment for the care of the woman, fetus, and newborn; and

(b) Maintain systems for scrub, clean up, materials management, housekeeping, and staff change room facilities.

(5) Rural health care facilities providing birthing or obstetrical delivery services shall provide sufficient and appropriate area in rooms to accommodate not only patients, staff, and designated attendants, but also adequate and appropriate furnishings, equipment, and supplies for the care of the woman, fetus, and newborn including:

(a) A bed or equivalent suitable for labor, birth, and postpartum;

(b) Oxygen with individual flow meters and mechanical suction for woman and newborn;

(c) Newborn resuscitation bag, masks, endotracheal tubes, laryngoscopes, oral airways, and mechanical suction in the room for each birth;

(d) Newborn bed available;

(e) Radiant heat source available for the newborn;

(f) General lighting source and provision for examination lights;

(g) A clock with a sweep hand or equivalent second indicator visible from each patient's bedside;

(h) Work surfaces;

(i) Emergency power for lighting and operation of equipment;

(j) Easily cleanable floors, walls, cabinets, ceilings, and furnishings;

(k) Fetal monitoring equipment; and

(l) A method for staff to summon emergency back-up personnel.

(6) Rural health care facilities with maternal and infant services shall provide appropriate newborn care including, but not limited to:

(a) Devices for measuring weight, length, and circumference;

(b) An established system to identify newborns prior to separation from mother;

(c) Established policies and procedures including:

(i) Ongoing clinical assessment of newborn or infant;

(ii) Provisions for direct supervision of each newborn by nursing staff and family in a nonpublic area, considering:

(A) Physical well being;

(B) Safety; and

(C) Security, including prevention from abduction;

(d) Access to oxygen, oxygen analyzers, warmed and humidified oxygen, resuscitation and emergency equipment, mechanical suction, medical air and supplies specifically for infants and newborns.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-290, filed 12/21/90, effective 1/21/91.]

WAC 246-388-300 Support services and functions. Rural health care facilities shall provide or arrange for at least the support services and functions under WAC 246-388-010(49).

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-300, filed 12/21/90, effective 1/21/91.]

WAC 246-388-310 Support services and functions--Materials processing and management. Rural health care facilities shall provide or arrange for materials processing and management including;

(1) Cleaning, disinfection, and sterilization of supplies, equipment, utensils, and solutions;

(2) Personnel trained in processing and sterilizing services;

(3) Established and implemented written policies and procedures approved by the individual responsible for infection control including:

(a) Personnel schedules for activities and routines;

(b) Collecting, receiving, decontaminating, packaging, sterilizing, and distributing of items;

(c) Aerating of items exposed to ethylene oxide;

(d) A recognized method of checking sterilizer performance by mechanical monitoring of time, temperature, and pressure as well as biological and chemical testing;

(e) Establishment of shelf life determined by packaging material and storage environment;

(f) Recall, disposal, and reprocessing of outdated, improperly sterilized, and limited-use items;

(g) Maintaining clean areas free of external shipping containers; and

(h) Emergency collection and disposition of supplies when special warnings have been issued by a manufacturer or safety agency;

(4) Processing and sterilizing services and areas including:

(a) Adequate space and equipment for sorting, processing, and storage;

(b) Separation between soiled and clean items maintained during sorting, processing, transporting, and storage;

(c) Positive air pressure maintained in clean areas in relation to adjacent areas;

(d) Negative air flow maintained in soiled areas;

(e) Equipment, including sterilizers of the proper type for adequate sterilization, maintained in a satisfactory and safe condition; and

(f) If ethylene oxide sterilizers are used, mechanical aerators maintained in safe and satisfactory condition.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-310, filed 12/21/90, effective 1/21/91.]

WAC 246-388-320 Support services and functions--Dietary. Rural health care facilities shall provide or arrange for dietary and food service meeting requirements under chapter 248-84 WAC, Food service sanitation, excluding requirements under WAC 248-84-070, and including:

(1) Serving at least three scheduled meals a day at regular intervals with not more than fifteen hours between the evening meal and breakfast when inpatients are present;

(2) Making available snacks of nourishing quality at all times when inpatients are present;

(3) Serving meals and nourishments providing a variety of food of sufficient quantity and quality to meet the nutritional needs of each inpatient;

(4) Unless contraindicated, use of *Recommended Dietary Allowances, Ninth Edition*, 1980, the Food and Nutrition Board of the National Research Council, adjusted for activity;

(5) Written menus for inpatient services and long-term care services:

(a) Planned in advance;

(b) Approved by a dietitian;

(c) With substitutes of similar nutritional value, as approved by a dietitian; and

(d) With record of the planned menus, and substitutions as served, retained for one month;

(6) A designated individual responsible for dietary and/or food service;

(7) Arrangements for consultation with a dietitian, including documentation, when needed;

(8) Establishing and implementing written policies and procedures approved by a dietitian for:

(a) Adequate nutritional service;

(b) Arrangements for dietary consultation services as needed and regularly scheduled for long-term care patients;

(c) Safety;

(d) Infection control;

(e) Food acquisition;

(f) Food storage;

(g) Food preparation;

(h) Management of food not provided or purchased by rural health care facility dietary or food service;

(i) Serving of food; and

(j) Scheduled cleaning of all food service equipment and work areas;

(9) Written orders by an authorized individual for all patient diets;

(10) Restricted diets prepared and served as prescribed;

(11) A current diet manual, approved in writing by a dietitian and medical staff, used for planning and preparing diets.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-320, filed 12/21/90, effective 1/21/91.]

WAC 246-388-330 Support services and functions--Housekeeping. Rural health care facilities shall provide housekeeping services to ensure a safe and sanitary environment by establishing and implementing written policies and procedures for:

(1) Daily and periodic cleaning schedules and routines;

(2) Cleaning between occupancies or visits;

(3) Cleaning of specialized areas;

(4) The use and storage of effective, safe, cleaning, and disinfecting agents; and

(5) Insect and rodent control.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-330, filed 12/21/90, effective 1/21/91.]

WAC 246-388-340 Support services and functions--Laundry. Rural health care facilities shall arrange or provide laundry services including:

(1) Establishing and implementing written policies and procedures specifying scheduled activities and routines of personnel;

(2) Adequate space and equipment for:

(a) Storage;

(b) Sorting and processing of clean and soiled linen and laundry;

(c) Separation between clean and soiled linen and laundry during sorting, processing, transporting, and storage;

(d) Handling to minimize contamination risks including bagging and provision of adequate supply of hot water at a minimum temperature of one hundred sixty degrees Fahrenheit or 71.1 degrees Centigrade, with use of appropriate disinfecting agents; and

(e) Providing clean linen and laundry free of toxic residues;

(3) A clean and safe environment with:

(a) Adequate ventilation and lighting;

(b) Positive clean air flow in clean linen and laundry areas;

(c) Negative soiled air flow in soiled linen and laundry areas;

(d) Chemical or soap product containers clearly labeled; and

(e) Posting of procedures for use and precautions related to chemical agents and soap products;

(4) Assuring all requirements are met when contractual services are used through:

(a) A written agreement; and

(b) An annual on-site visit of the complete physical plant of any contracted laundry:

(i) Conducted by designated infection control staff; and

(ii) Documented.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-340, filed 12/21/90, effective 1/21/91.]

WAC 246-388-350 Support services and functions--Maintenance. Rural health care facilities shall:

(1) Ensure the facility, its component parts, and equipment are:

(a) Clean;

(b) In good repair; and

(c) Maintained with consideration for the safety and well-being of the patients, staff, and visitors;

(2) Delegate responsibility for maintenance to qualified personnel familiar with the facility equipment and systems;

(3) Establish and implement written policies and procedures for:

(a) A preventive maintenance program including a system of identification for patient care and physical plant equipment including:

(i) Cleaning, calibration, and adjustment of equipment;

(ii) Definition of the inspection intervals; and

(iii) Description of equipment included with:

(A) Date of inspection and maintenance; and

(B) Name of technician;

(b) Retaining manufacturer's specifications and the maintenance and operation procedures appropriate for the facility equipment;

(c) Describing conditions requiring specific infection control measures;

(d) What to do in the event of failure of essential equipment and major utility services including a system for summoning essential personnel and outside assistance; and

(e) Documentation requirements.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-350, filed 12/21/90, effective 1/21/91.]

WAC 246-388-360 Support services and functions--Medical records. (1) The rural health care facility shall have a well-defined medical record system with facilities, staff, equipment, and supplies necessary to develop, maintain, control, retrieve, and preserve patient care data and medical records.

(2) Rural health care facilities shall:

(a) Establish an organized medical record service consistent with recognized principles of medical record management and "*International Classification of Diseases*" *(ICD)*, 9th edition, 1989, and directed, staffed, and equipped to ensure:

(i) Timely, complete, and accurate checking, processing, indexing, filing, and preservation of medical records; and

(ii) The compilation, maintenance, and distribution of patient care statistics;

(b) Establish and implement written policies and procedures related to the medical record system, including requirements for:

(i) An established format for patients' individual medical records;

(ii) Access to and release of data in patients' individual medical records and other medical data considering the confidential nature of information in these records;

(iii) The retention, preservation, and destruction of medical records; and

(iv) Maintenance and disposition of medical and other patient care information and records;

(c) Develop and maintain an individual medical record for each person, including each neonate, receiving care, treatment, or diagnostic service at the rural health care facility except as permitted under subsection (3)(b) of this section;

(d) Establish a systematic method for identifying and retrieving each patient's medical record;

(e) Require prompt, pertinent entries in a patient's medical record including:

(i) Date;

(ii) Time as required under rural health care facility policy;

(iii) Significant observations;

(iv) Any diagnostic or treatment procedure;

(v) Other significant events in a patient's clinical course or care and treatment; and

(vi) Authentication by the individual assuming responsibility for the entry;

(f) File the originals or durable, legible, direct copies of originals of reports in patients' individual medical records;

(g) Enter all diagnoses and surgical procedures in patients' medical records in terminology consistent with a recognized system of disease and surgical nomenclature (ICD, 9th edition);

(h) Require permanent, legible entries in a patient's medical record.

(3) Rural health care facilities may:

(a) Store entries on magnetic tapes, discs, or other devices suited to the storage of data;

(b) Maintain a simple record system instead of the individual medical records required under (c) of this subsection and subsection (2)(c) through (h) of this section for patients receiving only outpatient diagnostic services, provided the system requires:

(i) Identification of the patient;

(ii) Filing and retrieval of authenticated reports on all tests or examinations provided to any patient receiving services; and

(c) Limit content in individual medical records for patients considered outpatients, except for use of parenteral injections during diagnostic tests, to:

(i) Documentation of relevant history and physical findings where indicated;

(ii) Known allergies or idiosyncratic reactions;

(iii) Diagnostic interpretations;

(iv) Written patient consent;

(v) Identifying admission data; and

(vi) Patient's presenting complaint.

(4) Rural health care facilities shall require and ensure entry of the following data into a medical record for each period a patient receives inpatient or outpatient services with exceptions only as specified in subsection (3) of this section:

(a) Admission data including:

(i) Identifying and sociological data;

(ii) The name, address, and telephone number of the patient's next of kin or, when indicated, another person with legal authority over the person of the patient;

(iii) The date of the patient's admission as an inpatient or outpatient;

(iv) The name or names of the patient's attending medical staff member; and

(v) The admitting or provisional diagnosis or description of 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) Authenticated orders for:

(i) Drugs or other therapy administered to a patient;

(ii) Diets served to the patient;

(iii) Standing medical orders used in the care and treatment of the patient except standing medical emergency orders; and

(iv) Restraint of the patient;

(e) Reports on all:

(i) Imaging examinations;

(ii) Clinical laboratory tests or examinations;

(iii) Macroscopic and microscopic examinations of tissue;

(iv) Other diagnostic procedures or examinations performed upon the patient; and

(v) Specimens obtained from the patient;

(f) Entries on:

(i) Known allergies of the patient or known idiosyncratic reaction to a drug or other agent;

(ii) Each administration of therapy, including drug therapy;

(iii) Care provided for the patient including:

(A) A report on all significant observations and assessments of the patient's condition or response to care and treatment;

(B) Interventions and other significant direct care including all administration of drugs or other therapy;

(C) An entry on the time and reason for each notification of medical staff or the patient's family regarding a significant change in the patient's condition; and

(D) A record of other significant action on behalf of the patient;

(iv) Significant health education, training, or instruction provided to the patient or family related to the patient's health care;

(v) Social services provided the patient;

(vi) Adverse drug reactions of the patient;

(vii) Other untoward incidents or accidents occurring during admission or outpatient visit and involving the patient; and

(viii) Each anesthetic administered to the patient;

(g) Operative report or reports on all surgery performed;

(h) Reports on consultations concerning the patient;

(i) Reports on labor, delivery, and postpartum period for any woman giving birth in the facility;

(j) Status data for any infant born in or enroute to the rural health care facility including:

(i) The date and time of birth;

(ii) Condition at birth or upon arrival at the rural health care facility;

(iii) Sex; and

(iv) Weight, if condition permits weighing;

(k) Progress notes describing the results of treatment and changes in the patient's condition and portraying the patient's clinical course in chronological sequence;

(l) In the event of an inpatient leaving without medical approval, an entry on:

(i) Known events leading to the patient's decision to leave;

(ii) A record of notification of the medical staff regarding the patient's leaving; and

(iii) The time of the patient's departure;

(m) Discharge data including:

(i) The final diagnosis or diagnoses;

(ii) Any associated or secondary diagnoses or complications;

(iii) The titles of all surgical procedures performed upon the patient; and

(iv) A discharge summary for inpatients to:

(A) Outline significant clinical findings and events during the patient's admission;

(B) Describe the patient's condition upon discharge or transfer; and

(C) Summarize any recommendations and arrangements for future care of the patient;

(n) An entry on any transmittal of medical and related data regarding the patient to a health care facility or agency when the patient was referred or transferred;

(o) In event of the patient's death in the rural health care facility, entries, reports, and authorizations including:

(i) A pronouncement of death;

(ii) Notification of coroner, if required;

(iii) A report on the autopsy, if performed, including findings and conclusions; and

(iv) An entry on release of the patient's body to a mortuary, coroner, or medical examiner;

(p) 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 with legal authority over the person of the patient; and

(q) The relationship, legal or familial, of the signer to the patient clearly stated when a person other than the patient gives written consent, or authorizes treatment, or signs a release.

(5) Rural health care facilities shall regard materials obtained through procedures employed in diagnosing a patient's condition or assessing the patient's clinical course as original clinical evidence excluded from requirements for content of medical records in subsection (4) of this section. Original clinical evidence includes, but is not limited to:

(a) X-ray films and other direct imaging printouts or products;

(b) Laboratory slides;

(c) Tissue specimens; and

(d) Medical photographs.

(6) Rural health care facilities:

(a) Shall maintain current registers with data entered in chronological order including:

(i) Inpatient registers, if inpatients are admitted, meeting requirements under WAC 246-388-280 (3)(h);

(ii) One or more outpatient registers other than registers for emergency care services, meeting requirements under WAC 246-388-250 (1)(e);

(iii) An emergency service register as required under WAC 246-388-240(7);

(iv) A surgical procedure register as required under WAC 246-388-440(7) if surgical services are provided.

(b) May maintain suitable combinations of registers if combined registers contain data required for each specific register under (a)(i) through (iv) of this subsection.

(7) Rural health care facilities shall maintain data on the numbers of:

(a) Patients in each service;

(b) Inpatients;

(c) Births;

(d) Deaths;

(e) Transfers;

(f) Emergency outpatients; and

(g) Outpatients.

(8) Rural health care facilities shall:

(a) Control access to patients' individual medical records and other personal or medical data on patients;

(b) Prevent access to records by unauthorized persons;

(c) Protect medical records and other personal and medical data from undue deterioration or destruction; and

(d) Maintain a system permitting easy retrieval of medical records and information for medical or administrative purposes.

(9) Rural health care facilities shall retain and preserve medical records as follows:

(a) Each patient's medical record or records, excluding reports on outpatient services for a period of time defined by the governing body;

(b) Reports on outpatient services for at least two years or as defined by the governing body;

(c) Data in the inpatient and outpatient registers for at least three years or as defined by the governing body;

(d) Data in an emergency service register for at least the same period of time as the medical record or records;

(e) Data in the surgical procedure register for at least three years;

(f) Patients' medical records and registers in original form or in photographic form consistent with requirements under chapter 5.46 RCW;

(g) During final disposal, each rural health care facility shall prevent retrieval and subsequent use of any data permitting identification of individuals in relation to personal or medical information;

(h) If transferring ownership, the rural health care facility shall keep patients' medical records, registers, indices, and any analyses of services provided in the rural health care facility for retention and preservation by the new owner in accordance with state statutes and regulations; and

(i) If ceasing operation, the rural health care facility shall:

(i) Make immediate arrangements for preservation of medical records and other records or reports on patient care data in accordance with applicable state statutes and regulations; and

(ii) Obtain approval of the department for the planned arrangements prior to the cessation of operation.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-360, filed 12/21/90, effective 1/21/91.]

WAC 246-388-370 Support services and functions--Pharmacy service. Rural health care facilities shall:

(1) Arrange for or provide pharmacy services approved by the Washington state board of pharmacy under chapter 18.64 RCW;

(2) Provide for pharmacist participation and approval in development of policies and procedures for pharmacy services and drugs;

(3) Require written orders or prescriptions by members of medical staff authorized by state rule or law to prescribe drugs under chapter 69.41 RCW for all medications administered to patients or self-administered by patients within the rural health care facility;

(4) Establish and implement medication administration policies and procedures approved by medical staff and a pharmacist consistent with federal and state laws governing such acts, including:

(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 under chapter 69.41 RCW;

(b) Administering of drugs and medications only by authorized individuals functioning in accordance with state laws and rules;

(c) Proper recording of time and dose given;

(d) Requirements for personnel receiving and recording or transcribing verbal or telephone drug orders, in accordance with laws and regulations governing such acts, e.g., pharmacists, physicians, physician assistants, and licensed nurses;

(e) Timely authentication of verbal and telephone orders by medical staff authorized to prescribe drugs;

(f) Specific written orders, identification of drug, administration, handling and proper storage, control, or disposition of medications owned by the patient;

(g) Requirements for self-administration of medications including use of electronic medication devices, if used;

(5) Ensure safe, clean, secure storage of drugs under appropriate conditions; and

(6) Restrict access to drugs to authorized individuals.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-370, filed 12/21/90, effective 1/21/91.]

WAC 246-388-380 Support services and functions--Intravenous care. Rural health care facilities shall provide or arrange for intravenous care services with:

(1) Personnel inserting intravenous devices when:

(a) Legally authorized;

(b) Appropriately trained; and

(c) With demonstrated and documented skills in intravenous insertion techniques.

(2) Personnel administering intravenous solutions and admixtures when:

(a) Legally authorized to administer medications;

(b) Appropriately trained; and

(c) With demonstrated and documented skills in intravenous administration techniques.

(3) Intravenous solutions administered only when ordered by a legally authorized individual.

(4) Implemented policies and procedures addressing:

(a) Administration of intravenous solutions, medications, admixtures, blood, and blood products;

(b) Infection control as approved by the individual responsible for infection control and including:

(i) Site preparation;

(ii) Tubing and dressing management;

(iii) Site assessment and rotation;

(iv) Aseptic preparation of intravenous admixtures and medications in a clean, low traffic area, preferably under a clean air center; and

(v) Cleaning and preventive maintenance of clean air centers;

(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 specify:

(i) Identification of solution or medication;

(ii) Rate of flow or frequency;

(iii) Duration;

(iv) Strength of additive;

(v) Dilution ratio of solution;

(vi) Identification of patient;

(vii) Identification of prescribing individual;

(h) Use of electronic infusion control devices; and

(i) Labeling of precision volume chambers.

(5) Intravenous solution containers labeled to include:

(a) Patient name;

(b) Identification of solution;

(c) Identification and strength of additives;

(d) Volume;

(e) Rate of flow;

(f) Expiration time and date of admixture;

(g) Any special requirements for handling and storage; and

(h) Identification of individual preparing admixture.

(6) Documentation in the medical record including:

(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 of needle, or cannula;

(e) Condition of cannula and site at time of removal;

(f) Use of electronic infusion devices;

(g) Observed complications and treatment of complications;

(h) Management of tubing and dressing; and

(i) Signature or authorization by the individual responsible for initiation, maintenance, and discontinuance of intravenous solution.

(7) Readily available drug compatibility reference material.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-380, filed 12/21/90, effective 1/21/91.]

WAC 246-388-390 Support services and functions--Discharge planning. Rural health care facilities shall provide discharge planning including:

(1) A systematic method of planning for discharge;

(2) A designated person responsible for system management and implementation; and

(3) Established, implemented, written policies and procedures to:

(a) Identify patients needing further nursing, therapy, or supportive care following discharge from or care in the rural health care facility;

(b) Develop a documented discharge plan for each identified patient including coordination with:

(i) Patient and family or caregiver, as appropriate;

(ii) Appropriate members of the health care team; and

(iii) Receiving agency or agencies when necessary;

(c) Notify referral agencies, minimally including verbal contact and communication regarding:

(i) Relevant patient history;

(ii) Specific care requirements including:

(A) Equipment;

(B) Supplies; and

(C) Medications needed; and

(iii) Date care to be initiated;

(d) For those patients identified under (a) of this subsection, assess and document needs and implement discharge plans to the extent possible.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-390, filed 12/21/90, effective 1/21/91.]

WAC 246-388-400 Optional services. A rural health care facility may choose to provide optional services with prior approval by the department.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-400, filed 12/21/90, effective 1/21/91.]

WAC 246-388-410 Optional--Long-term care. Rural health care facilities offering long-term care shall:

(1) Meet requirements under chapter 70.38 RCW; and

(2) Meet requirements for long-term care under chapter 18.51 or 70.41 RCW.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-410, filed 12/21/90, effective 1/21/91.]

WAC 246-388-420 Optional--Occupational and physical therapy and respiratory care. Each rural health care facility providing physical therapy, occupational therapy, or respiratory therapy services shall:

(1) Define in writing the scope of diagnostic, therapeutic, and rehabilitative services provided;
(2) Provide services under the direction of a member of the medical staff including:
(a) When physical therapy is required, consult or services by a physical therapist;
(b) When occupational therapy is required, consult or services by an occupational therapist;
(3) Establish and implement written policies and procedures including:
(a) Patient care protocols approved by rural health care facility medical staff;
(b) Operation and application of equipment;
(c) Equipment maintenance and monitoring;
(d) Infection control practices including:
(i) Cleaning;
(ii) Disinfecting;
(iii) Sterilizing;
(iv) Changing of equipment; and
(e) Documentation;
(4) Review policies and procedures periodically with revision as needed;
(5) Establish a written patient treatment plan for each patient including:
(a) Identification of patient's problems and limitations;
(b) Description of planned procedures and modalities; and
(c) Identification of short and long-term goals;
(6) Require a written authenticated order for treatment by a member of the medical staff;
(7) Document physical therapy, occupational therapy, and respiratory therapy services provided in each patient's medical record including:
(a) Date;
(b) Time treatment was initiated;
(c) Type of therapy service performed;
(d) Periodic assessment of the response of the patient;
(e) Authentication by the person performing the service; and
(f) Medications administered, if any, including patient's response;
(8) Provide adequate space and equipment for the type and scope of each service offered;
(9) Provide documented calibration of equipment.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-420, filed 12/21/90, effective 1/21/91.]

WAC 246-388-430 Optional--Other diagnostic/therapeutic services. Rural health care facilities offering and providing diagnostic or therapeutic services other than those specified elsewhere in this chapter shall:
(1) Establish and implement policies and procedures:
(a) Addressing referral orders issued by persons other than medical staff;
(b) Specific to operation of each service offered including:
(i) Patient safety and infection control;
(ii) Maintenance and calibration of equipment; and
(iii) Coordination with other rural health care facility services, as appropriate;
(2) Require evidence of medical staff orders for any diagnostic or treatment services;
(3) Maintain adequate space and equipment for the scope of services offered;
(4) Provide for patient privacy.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-430, filed 12/21/90, effective 1/21/91.]

WAC 246-388-440 Optional--Surgical services. Rural health care facilities providing surgical services shall provide:
(1) Only those inpatient and outpatient surgical procedures for which they have adequate staff and facilities;
(2) Anesthesia services as described in WAC 246-388-450;
(3) Written policies and procedures relating to areas where surgical procedures are performed including:
(a) A designated physician responsible for surgical services;
(b) A designated registered nurse responsible for surgical nursing services;
(c) A current roster of medical staff including surgical privileges granted by the governing body;
(d) Infection control specifically addressing:
(i) Surgical attire;
(ii) Appropriate surgical scrub procedures;
(iii) Housekeeping functions before, between, and after cases;
(iv) Cleaning, disinfecting, sanitizing, packaging, and materials management of equipment and supplies;
(v) Disposal of wastes; and
(vi) Equipment which may be brought into the surgical service areas;
(e) Servicing and maintenance of surgical equipment;
(4) Preoperative patient procedures including:
(a) A current history and report of physical examination by a health care provider included in the patient medical record prior to surgery with definition of "current" by the rural health care facility;
(b) Test results available prior to surgery or procedure;
(c) Written consent for surgical procedure and anesthesia available in the medical record; and
(d) Identification of each patient by a secured name band;
(5) A surgical procedure room with:
(a) Location in a designated area of the rural health care facility;
(b) Easily cleanable surfaces;
(c) Size adequate to accommodate the equipment and personnel required for surgical procedures performed;
(d) The following equipment:
(i) Adequate surgical and general lighting;
(ii) Operating table, stretcher, or equivalent;
(iii) Oxygen;
(iv) Suction;
(v) Appropriate electrical receptacles;
(vi) X-ray film illuminator;
(vii) Anesthesia equipment and supplies;
(viii) Emergency signaling device, telephone, or equivalent to obtain extra help as required; and

(ix) Source of emergency power and lighting;

(e) Appropriately maintained emergency equipment, supplies, and services available within sixty seconds and appropriate for the care of adults, children, and infants including:

(i) Ventilatory equipment, including airways;

(ii) Cardiac defibrillator;

(iii) Cardiac monitor;

(iv) Larynogoscopes and endotracheal tubes;

(v) Emergency drugs and fluids including schedules of pediatric dosages; and

(vi) Suctions;

(f) Filtered clean air in each surgical procedure room with a positive pressure ventilation gradient to adjoining corridors; and

(g) Temperature control device or system capable of maintaining appropriate patient body temperature;

(6) Surgical service areas including:

(a) Scrub sinks with:

(i) Cleansing agent located adjacent to sink; and

(ii) Hot and cold water;

(b) A dressing area available for persons entering surgical procedure rooms;

(c) Adequate types and quantities of surgical instruments, equipment, and supplies for procedures performed;

(d) Adequate storage for clean and sterile supplies and equipment;

(e) A designated area for collection and cleaning of soiled instruments and equipment; and

(f) Adequate, cleanable facilities for safe and appropriate waste collection and disposal;

(7) A surgical procedure register containing at least the following for each surgical procedure:

(a) Date;

(b) Identifying number and name of patient;

(c) Descriptive name of surgical procedure;

(d) Name of medical staff and others performing or assisting with the procedure;

(e) Type of anesthesia; and

(f) Name and title of the person administering anesthesia;

(8) Discharge instructions based upon patient evaluation prior to discharge including:

(a) Signs and symptoms the patient should report;

(b) Who to contact;

(c) Limitations on activities or diet;

(d) Medication control;

(e) Driving or operation of mechanical equipment; and

(f) Instructions for follow-up.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-440, filed 12/21/90, effective 1/21/91.]

WAC 246-388-450 Optional--Anesthesia services. Rural health care facilities anesthesia and post-anesthesia care services shall:

(1) Provide services appropriate to the scope of surgical, obstetrical, or other care offered in each rural health care facility, including appropriate:

(a) Facilities;

(b) Equipment;

(c) Personnel; and

(d) Policies and procedures;

(2) Designate a physician member of medical staff responsible for:

(a) Anesthesia services; and

(b) Establishing general policies for anesthesia administration and post-anesthesia care;

(3) Designate a registered nurse available for provision of post-anesthesia recovery;

(4) Provide or arrange for a registered nurse anesthetist ARNP under RCW 18.88.175 or a physician trained in anesthesia present whenever a patient is under anesthesia or is recovering from anesthesia;

(5) Establish written policies and procedures including:

(a) Appropriate monitoring and attendance of all anesthetized patients;

(b) Qualifications and responsibilities of persons performing anesthesia services;

(c) Evaluation of each patient prior to anesthesia;

(d) Recording of pertinent information 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;

(f) Safe administration of anesthetizing agents and other drugs consistent with rural health care facility policy;

(g) Preparation, administration, and documentation of intravenous solutions, medications, and admixtures; and

(h) Management of infectious cases;

(6) Enter information specific to the condition and treatment of the patient into the medical record including:

(a) Anesthesia induction;

(b) Anesthesia maintenance; and

(c) Emergence from anesthesia;

(7) Provide post-anesthesia equipment and supplies including:

(a) A handwashing facility or lavatory, soap dispenser, and towel dispenser available within each post-anesthesia recovery area;

(b) Provisions for visual privacy for patients;

(c) Suction and oxygen available for each patient;

(d) Emergency equipment and supplies available within sixty seconds;

(e) Adequate, easily cleanable storage facilities;

(f) A designated area for handling, collection, and cleaning of soiled equipment; and

(g) An emergency signaling device, phone, or equivalent to obtain additional help when required.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-450, filed 12/21/90, effective 1/21/91.]

WAC 246-388-990 Licensure fees. Each rural health care facility shall submit a license fee of three hundred eighty dollars per year to the department under RCW 43.70.110.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-990, filed 12/21/90, effective 1/21/91.]

Chapter 246-420 WAC
SENTINEL BIRTH DEFECTS

WAC

WAC 246-420-001 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-001, filed 10/11/85.]

WAC 246-420-010 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-010, filed 10/11/85.]

WAC 246-420-020 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-020, filed 10/11/85.]

WAC 246-420-030 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

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-990, filed 12/21/90, effective 1/21/91.]

Chapter 246-420 WAC
SENTINEL BIRTH DEFECTS

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(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.

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(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.

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(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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-020, filed 10/11/85.]

WAC 246-420-030 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

Conditions	Code ICD-9-CM Range
(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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-030, filed 10/11/85.]

WAC 246-420-040 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-040, filed 10/11/85.]

WAC 246-420-050 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-050, filed 10/11/85.]

WAC 246-420-060 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-060, filed 10/11/85.]

Chapter 246-450 WAC
HOSPITAL DATA--PUBLIC RECORDS

WAC

WAC 246-450-001 Purpose. The purpose of this chapter shall be to ensure compliance by the hospital commission with the provisions of RCW 42.17.250-42-.17.340, dealing with public records.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-001, filed 12/27/90, effective 1/31/91; Order 73-01, § 261-06-010, filed 1/11/74.]

WAC 246-450-010 Definitions. (1) "Public record" includes any writing containing information relating to the conduct of governmental or the performance of any governmental or proprietary function prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics.

(2) "Writing" means handwriting, typewriting, printing, photostating, photographing, and every other means of recording any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

(3) "Hospital commission" and "commission" shall mean the Washington state hospital commission created by chapter 70.39 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-020, filed 2/28/83; Order 73-01, § 261-06-020, filed 1/11/74.]

WAC 246-450-020 Public records available. All public records of the commission, as defined in WAC 261-06-020 are deemed to be available for public inspection and copying pursuant to these rules, except as otherwise provided by RCW 42.17.250 through 42.17-.340, 70.39.110, and WAC 261-06-080.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-06-030, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-030, filed 2/28/83; Order 73-01, § 261-06-030, filed 1/11/74.]

WAC 246-450-030 Public records officer. The commission's public records shall be in the charge of the public records officer designated by the executive director of the commission. The person so designated shall be located in the administrative office of the commission. The public records officer shall be responsible for implementing the commission's rules and regulations regarding release of public records, coordinating the staff of the commission in this regard, and generally insuring compliance by the staff with the public records disclosure requirements of chapter 42.17 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-06-040, filed 10/1/84; Order 73-01, § 261-06-040, filed 1/11/74.]

WAC 246-450-040 Office hours. Public records shall be available for inspection and copying during the customary office hours of the commission.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-050, filed 2/28/83; Order 73-01, § 261-06-050, filed 1/11/74.]

WAC 246-450-050 Requests for public records. In accordance with requirements of chapter 42.17 RCW that agencies prevent unreasonable invasions of privacy, protect public records from damage or disorganization, and prevent excessive interference with essential functions of the agency, public records may be inspected or copied or copies of such records may be obtained, by members of the public, upon compliance with the following procedures:

(1) A request shall be made in writing upon a form prescribed by the commission, which form shall be available at its administrative office. The form shall be presented to the public records officer, or to any member of the commission's staff if the public records officer is not available, at the administrative office of the commission during customary office hours. The request shall include the following information:

(a) The name of the person requesting the record;

(b) The time of day and calendar date on which the request was made;

(c) The nature of the request;

(d) If the matter requested is referenced within the current index maintained by the public records officer, a reference to the requested record as it is described in such current index;

(e) If the requested matter is not identifiable by reference to the commission's current index, an appropriate description of the record requested.

(2) In all cases in which a member of the public is making a request, the public records officer or staff member to whom the request is made shall assist the member of the public in appropriately identifying the public record requested.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-060, filed 2/28/83; Order 73-01, § 261-06-060, filed 1/11/74.]

WAC 246-450-060 Inspection and copying. (1) No fee shall be charged for the inspection of public records. The commission shall charge a fee of ten cents per page of copy, plus postage, if any, for providing copies of public records and for use of the commission's copy equipment. This charge is the amount necessary to reimburse the commission for its actual costs incident to such copying.

(2) The charge for manuals and manual revisions shall be the cost to the commission for printing and mailing.

(3) The charge for computer-generated reports, tapes, or other media shall be the cost to the commission for producing and mailing.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.17.250 through 42.17.340 and chapter 70.39 RCW. 87-22-005 (Order 87-03, Resolution No. 87-03), § 261-06-070, filed 10/23/87. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-070, filed 2/28/83; Order 73-01, § 261-06-070, filed 1/11/74.]

WAC 246-450-070 Exemptions. (1) The commission reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 261-02-060 is exempt under the provisions of RCW 42.17.310 and 70.39.110.

(2) In addition, pursuant to RCW 42.17.260, the commission reserves the right to delete identifying details when it makes available or publishes any public record, in any cases when there is reason to believe that disclosure of such details would be an invasion of personal privacy protected by chapter 42.17 RCW. The public records officer will fully justify such deletion in writing.

(3) All denials of requests for public records must be accompanied by a written statement specifying the reason for withholding the record and a brief explanation of how the exemption applies to the record withheld.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.17.250 through 42.17.340 and chapter 70.39 RCW. 87-22-005 (Order 87-03, Resolution No. 87-03), § 261-06-080, filed 10/23/87. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-080, filed 2/28/83; Order 73-01, § 261-06-080, filed 1/11/74.]

WAC 246-450-080 Review of denials of public records requests. (1) Any person who objects to the denial of a request for a public record may petition for prompt review of such decision by tendering a written request for review. The written request shall specifically refer to the written statement by the public records officer or other staff member which constituted or accompanied the denial.

(2) Immediately after receiving a written request for review of a decision denying a public record, the public records officer or other staff member denying the request shall refer it to the executive director of the commission. The executive director may request that a special meeting of the commission be called as soon as legally possible to review the denial. In any case, the request shall be returned with a final decision, within two business days following the receipt of the petition for review.

(3) Administrative remedies shall not be considered exhausted until the commission has returned the petition with a decision or until the close of the second business day following receipt of the petition for review, whichever occurs first.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.17.250 through 42.17.340 and chapter 70.39 RCW. 87-22-005 (Order 87-03, Resolution No. 87-03), § 261-06-090, filed 10/23/87. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-090, filed 2/28/83; Order 73-01, § 261-06-090, filed 1/11/74.]

WAC 246-450-090 Protection of public records. In order that public records maintained on the premises of the commission may be protected from damage or disorganization as required by chapter 42.17 RCW, the following procedures and practices are hereby instituted:

(1) Upon receipt of a request by a member of the public for a public record, the public records officer or the staff member in the commission office receiving the request shall review the request for a public record and the requested public record to determine whether deletions from such record should be made or the request for such record should be denied pursuant to WAC 261-06-080.

(2) Only after a determination has been made that all or such portion of a public record as is not deleted may be inspected, shall such public record or portion thereof be made available for inspection by a member of the public.

(3) Only the staff and members of the commission may open commission files to gain access to commission records for either commission business or to respond to a request for a public record.

(4) No public record of the commission may be taken from the premises of the commission by a member of the public.

(5) Public inspection of commission records shall be done only in such locations as are approved by the public records officer, which locations must provide an opportunity for commission staff members to insure no public record of the commission is damaged, destroyed, or unreasonably disorganized or removed from its proper location or order by a member of the public.

(6) Public records of the commission may be copied only on the copying machinery of the commission unless other arrangements are authorized by the public records officer.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-100, filed 2/28/83; Order 73-01, § 261-06-100, filed 1/11/74.]

WAC 246-450-100 Records index. (1) As a result of the commission's responsibility to regulate the rates of Washington hospitals, the commission has generated and continues to generate an extremely high volume of records. These records include many categories of budget-related documents for each of the approximately one hundred hospitals subject to the commission's regulatory authority; massive data bases for various aspects of hospital rate regulation; and many other related documents necessarily generated by the commission's performance of its statutory functions. Due to the high volume of

such records as well as their technical and diverse nature, the commission finds that it would be unduly burdensome and would interfere with commission operations to maintain an index of records as specified in RCW 42.17.260 (2)(a) through (f). The maintenance of such an index would substantially reduce the commission staff's availability to assist the commission in the discharge of its substantive regulatory duties.

(2) The commission has promulgated a general index of commission records. This index shall be available to all persons under the same rules and on the same conditions as are applied to public records available for inspection.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.17.250 through 42.17.340 and chapter 70.39 RCW. 87-22-005 (Order 87-03, Resolution No. 87-03), § 261-06-110, filed 10/23/87; Order 73-01, § 261-06-110, filed 1/11/74.]

Chapter 246-451 WAC
HOSPITALS--ASSESSMENTS AND RELATED REPORTS

WAC

WAC 246-451-001 Purpose. This chapter is adopted by the Washington state hospital commission pursuant to RCW 70.39.180 to implement the provisions of RCW 70.39.170, regarding the financing of expenses of the Washington state hospital commission by an assessment against hospitals.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-001, filed 12/27/90, effective 1/31/91; Order 74-04, § 261-10-010, filed 3/29/74; Order 74-03, § 261-10-010, filed 2/15/74.]

WAC 246-451-010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Commission" shall mean the Washington state hospital commission created by chapter 70.39 RCW.

(2) "Hospital" shall mean any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any church or denomination.

(3) "Gross operating costs" shall mean the sum of direct operating expenses required to be reported in cost centers 6000-8899, excluding the professional component of hospital-based physicians, and prior to the distribution of other operating revenue reported in accounts 5000-5799, all as specified in the manual adopted under WAC 261-20-030.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-10-020, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-020, filed 2/28/83; Order 74-03, § 261-10-020, filed 2/15/74.]

WAC 246-451-020 Levying of assessment. Rate: The commission, pursuant to RCW 70.39.170 hereby levies upon each hospital an annual assessment at the rate of four one-hundredths of one percent of such hospital's gross operating costs incurred during its fiscal year ending on or before June 30th of the preceding calendar year.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-030, filed 2/28/83; Order 74-03, § 261-10-030, filed 2/15/74.]

WAC 246-451-030 Payment of assessment. (1) The commission annually shall calculate the amount of assessment due from each hospital, and shall prepare and mail to such hospital a statement indicating the amount of the assessment. The assessment shall be paid within ninety days after the statement of such assessment is mailed by the commission.

(2) An assessment reminder notice shall be mailed forty-five days after the mailing of the initial statement.

(3) A second assessment reminder notice shall be mailed ninety days after the mailing of the initial statement. This reminder shall declare the assessment delinquent and a penalty shall be payable, calculated as interest on the delinquent assessment at the rate of twelve percent per annum.

(4) A third assessment reminder notice shall be mailed one hundred twenty days after the mailing of the initial statement. This reminder shall state the delinquent status of the assessment and the total accrued interest to the date of this reminder notice.

(5) A fourth assessment reminder notice shall be mailed one hundred fifty days after the mailing of the initial statement. This reminder shall be the final reminder and shall state the amount of the delinquent assessment and total interest accrued to the date of this reminder. In addition, the hospital will be notified that if payment of the assessment and all accrued interest in not made within thirty days of the reminder, the account will be sent to the attorney general for appropriate action.

(6) Whenever a partial payment is made, the remaining balance shall be treated in the same manner as provided in subsections (2) through (5) of this section.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-040, filed 2/28/83; Order 74-03, § 261-10-040, filed 2/15/74.]

WAC 246-451-040 Exemption from assessment. (1) Upon receipt of a request in detail to the satisfaction of

the commission, the commission may grant an exemption from assessment to a hospital for such assessment period(s) or portion thereof as the commission shall specify, for the following reasons:

(a) The hospital was not in operation for the entire twelve months of its assessable fiscal year. (Such hospital, however, shall be liable for an assessment based on its gross operating costs for the period of its assessable fiscal year during which it was in operation.)

(b) A change in ownership of the operating entity of the hospital has occurred during such hospital's assessable fiscal year. (From and after February 15, 1974, however, an entity that assumes the operation of, or otherwise becomes the operator of a hospital shall also assume the assessment obligation of any previous operating entity.)

(c) The hospital charges no fee to users of its services; presents no billing, either direct or indirect, to users of its services; and presents no billing and accepts no payment for services from private or public insurers.

(2) The request for an exemption from assessment shall specify the assessment period(s) or portion thereof for which exemption is sought, and the reasons why the commission should grant the exemption. A request for an exemption shall be acted upon by the commission within sixty days of the receipt thereof.

(3) Any hospital granted an exemption from assessment under this chapter, nevertheless, shall be required to conform to all reporting requirements as the commission may prescribe.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-040, filed 12/27/90, effective 1/31/91; Order 74-03, § 261-10-050, filed 2/15/74.]

WAC 246-451-050 Reporting of information. For the purpose of calculating the assessment, the commission will use the most recent year-end report submitted pursuant to WAC 261-20-050.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-060, filed 2/28/83; Order 74-03, § 261-10-060, filed 2/15/74.]

WAC 246-451-060 Penalties for violation. RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to remit the payment required by WAC 261-10-040 or file the reports required by WAC 261-10-060 shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of the violation by the commission. The executive director of the commission may grant extensions of time to remit the payment or file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-10-080, filed 5/16/86; Order 74-03, § 261-10-080, filed 2/15/74.]

Chapter 246-452 WAC
HOSPITAL PRICE INFORMATION REPORTING

WAC

WAC 246-452-001 Purpose. This chapter is adopted by the Washington state hospital commission pursuant to RCW 70.39.180 to implement provisions of RCW 70.39.150, regarding the compilation of relevant financial and accounting data, including a current price schedule as well as any subsequent amendments or modifications of that schedule.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-001, filed 12/27/90, effective 1/31/91; Order 76-01, § 261-12-010, filed 2/13/76; Order 74-07, § 261-12-010, filed 5/10/74.]

WAC 246-452-010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Commission" means the Washington state hospital commission created by chapter 70.39 RCW;

(2) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenents [tenets] of any church or denomination;

(3) "Price" means the amount of money demanded for each service, procedure, treatment, medication, or other hospital service provided a patient; the term "charge" as used in chapter 70.39 RCW may be a synonym;

(4) "Price schedule" means the compilation of prices;

(5) "Pricing policy" means the controlling principles, policies, and procedures adopted or utilized by a hospital in establishing its prices.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-12-020, filed 10/1/84; Order 76-01, § 261-12-020, filed 2/13/76; Order 74-07, § 261-12-020, filed 5/10/74.]

WAC 246-452-020 Report of changes in or new prices--Reporting form. Each hospital shall report any and all proposed changes in existing prices as well as any prices to be established for a new service on form number 510, changes in hospital prices, which form is hereby incorporated by this reference.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-12-040, filed 2/28/83; Order 76-01, § 261-12-040, filed 2/13/76; Order 74-07, § 261-12-040, filed 5/10/74.]

WAC 246-452-030 Information regarding pricing policy. In addition to information reported under WAC 261-12-040, the commission may request a hospital to provide information regarding its pricing policy. Such a request shall describe the requested information and set a time within which it will be provided.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-12-050, filed 2/28/83; Order 76-01, § 261-12-050, filed 2/13/76; Order 74-07, § 261-12-050, filed 5/10/74.]

WAC 246-452-040 Time deadline for submission of report. The commission expects a hospital to submit to the commission any report required by WAC 261-12-040 immediately after the adoption or approval of such proposed price change(s) or new price(s) by the hospital's appropriate governing authority. In no event, however, shall a hospital fail to provide such report to the commission within thirty days after the date of adoption or approval of such price change(s) or price(s) for newly instituted service(s).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-12-055, filed 2/28/83; Order 76-01, § 261-12-055, filed 2/13/76.]

WAC 246-452-050 Changes in contracts. Each hospital shall report to the commission any changes in existing contracts or other agreements and any new contracts or agreements with physicians or other health professionals which will impact the pricing policy or the prices charged for services provided by or through the hospital immediately upon approval by the appropriate authority of the hospital of such contract or agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-050, filed 12/27/90, effective 1/31/91; Order 74-07, § 261-12-060, filed 5/10/74.]

WAC 246-452-060 Additional information request. In the event the commission or its staff desires additional information not provided by a hospital in its report to the commission regarding a proposed change in price(s) or pricing policy or the price(s) proposed to be established for a newly instituted service, the commission or its staff shall telephone or mail to such hospital a request detailing the additional information that should be submitted to the commission.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-060, filed 12/27/90, effective 1/31/91; Order 76-01, § 261-12-070, filed 2/13/76.]

WAC 246-452-070 Commission review and response to reports. Following receipt of the reports and additional information (if any) submitted to the commission pursuant to WAC 261-12-040 through 261-12-070, the commission shall review the submitted material and may provide comments expressing the commission's viewpoint to the hospital regarding the price(s) established for a newly instituted service or price or pricing policy change(s).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-070, filed 12/27/90, effective 1/31/91; Order 76-01, § 261-12-080, filed 2/13/76.]

WAC 246-452-080 Penalties for violation. RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to file the reports required by WAC 261-12-040, 261-12-050, 261-12-055, 261-12-060, and 261-12-070 shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of the violation by the commission. The executive director of the commission may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-12-090, filed 5/16/86.]

Chapter 246-453 WAC
HOSPITAL CHARITY CARE

WAC

WAC 246-453-001 Purpose. This chapter is adopted by the Washington state hospital commission pursuant to chapter 70.39 RCW as amended by sections 14, 15, and 18, chapter 288, Laws of 1984. These sections relate to hospital policies for charity care and bad debt, including admissions practices, and the compilation and measurement of the level of charity care services

provided by each hospital. The purpose of such policies and measurements is:

(1) To assure that no hospital or its medical staff either adopts or maintains practices or policies which result in a significant reduction in the proportion of patients who have no third–party coverage and who are unable to pay for all or part of hospital services.

(2) To assure that uniform procedures and criteria for identifying care to be classified as charity care are observed by all hospitals.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–453–001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85–01–007 (Order 84–07, Resolution No. 84–07), § 261–14–010, filed 12/7/84.]

WAC 246–453–010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Commission" means the Washington state hospital commission created by chapter 70.39 RCW;

(2) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any church or denomination;

(3) "Manual" means the Washington state hospital commission's *Accounting and Reporting Manual for Hospitals*, adopted under WAC 261–20–030.

(4) "Indigent persons" shall mean those patients who have exhausted any third–party sources, including Medicare and Medicaid, and whose gross income is below 200% of the federal poverty standards, adjusted for family size.

(5) "Charity care" means necessary hospital health care rendered to indigent persons, as defined in WAC 261–14–020(4).

(6) "Bad debts" shall mean uncollectible amounts, excluding contractual adjustments, arising from failure to pay by patients whose care has not been classified as charity care.

(7) "Region" means one of the health service areas established pursuant to RCW 70.38.085, except that King County shall be considered as a separate region.

(8) "Regional average" shall be the arithmetic mean.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–453–010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85–01–007 (Order 84–07, Resolution No. 84–07), § 261–14–020, filed 12/7/84.]

WAC 246–453–070 Standards for acceptability of hospital policies for charity care and bad debts. (1) Each hospital shall develop a charity care policy for indigent persons which considers the guidelines and criteria for determining charity care found in Appendix G of the manual, *HFMA Principles and Practices Board Statement 2 Defining Charity Service as Contrasted to Bad Debts.*

(2) Each hospital shall develop policies and procedures, including reasonable and uniform standards for collection of the unpaid portions of hospital charges that are the patient's responsibility by March 31, 1985. These standards are to be part of each hospital's system of accounts receivable management manuals, which support hospital collection policies. Manuals should cover procedures for preadmission, admission, discharge, outpatient registration and discharge, billing, and credit and collections. Manuals shall be available for inspection by the commission.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–453–070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85–01–007 (Order 84–07, Resolution No. 84–07), § 261–14–030, filed 12/7/84.]

WAC 246–453–080 Reporting requirements. (1) Each hospital shall submit a copy of its charity care policy by March 31, 1985. All modifications to such policies shall be submitted to the commission within thirty days after adoption.

(2) Each hospital shall submit a copy of its policies on reasonable and uniform standards for procedures to collect the unpaid portions of hospital charges that are the patient's responsibility. All modifications to such policies shall be submitted to the hospital commission within thirty days after adoption.

(3) Each hospital shall compile data on charity care provided, as defined by this chapter, beginning April 1, 1985. Data shall be transmitted to the commission by August 15, 1985, covering the period of April 1, 1985 through June 30, 1985. Thereafter, quarterly data transmissions, due 45 days following each quarter, shall be sent to the commission. Report formats will be prescribed by the commission.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–453–080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85–01–007 (Order 84–07, Resolution No. 84–07), § 261–14–040, filed 12/7/84.]

WAC 246–453–085 Charity care measurement. A hospital certificate of need application shall be evaluated by comparing the level of charity care provided by that hospital to the regional average. The formula to measure charity care is:

Charity Care/(Total Rate Setting Revenue – (Medicare + Medicaid Revenues)) * 100

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–453–085, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85–01–007 (Order 84–07, Resolution No. 84–07), § 261–14–050, filed 12/7/84.]

WAC 246–453–090 Penalties for violation. RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to file the reports required by

WAC 261-14-040 shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of the violation by the commission. The executive director of the commission may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-14-090, filed 5/16/86.]

Chapter 246-454 WAC

HOSPITALS--SYSTEM OF ACCOUNTING, FINANCIAL REPORTING, BUDGETING, COST ALLOCATION

WAC

WAC 246-454-001 Purpose. This chapter is adopted by the Washington state hospital commission pursuant to RCW 70.39.180 to implement the provisions of RCW 70.39.100, 70.39.110, 70.39.120, and 70.39.140 regarding the establishment of a uniform system of accounting, financial reporting, budgeting, cost allocation, and prospective rate setting for hospitals in Washington state. This system shall be utilized by each hospital to record and report to the commission its revenues, expenses, other income, other outlays, assets and liabilities, and units of service and to submit information, as may be required by the commission, pertaining to the total financial needs of the hospital and the resources available or expected to become available to meet such needs. This system is intended to carry out the commission's mandate to assure all purchasers of hospital health care services that the total costs of a hospital are reasonably related to the total services offered by that hospital, that the hospital's costs do not exceed those that are necessary for a prudently and reasonably managed hospital, that the hospital's aggregate revenues as expressed by rates are reasonably related to the hospital's aggregate costs, and that rates are set equitably among all purchasers or classes of purchasers of services without undue discrimination or preference.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-010, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-010, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-010, filed 2/20/81.]

WAC 246-454-010 Definitions. As used in this chapter, unless the context requires otherwise.

(1) "Washington state hospital commission" and "commission" each shall mean the Washington state hospital commission created by chapter 70.39 RCW.

(2) "Hospital" shall mean any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any church or denomination.

(3) "Basic service hospital" means a hospital classified in peer groups 1 and 2 or a specialty hospital having fewer than fifty licensed beds.

(4) "Manual" means the *Washington State Hospital Commission Accounting and Reporting Manual for Hospitals*, second edition adopted under WAC 261-20-030.

(5) "System of accounts" means the list of accounts, code numbers, definitions, units of measure, and principles and concepts included in the manual.

(6) "Rate" means the maximum revenue which a hospital may receive for each unit of service, as determined by the commission.

(7) "Budget" means the forecast of each hospital's total financial needs and the resources available to meet such needs for its next fiscal year and includes such information as shall be specified in the manual concerning goals and objectives, volume and utilization projections, operating expenses, capital requirements, deductions from revenue, and proposed rates.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-020, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-020, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-020, filed 2/20/81.]

WAC 246-454-020 Adoption and establishment of uniform system. The commission, pursuant to RCW 70-.39.100, hereby adopts and establishes a uniform system of accounting, financial reporting, budgeting, cost allocation, and prospective rate setting for hospitals in Washington state, which system is described in the commission's publication entitled *Washington State Hospital Commission Accounting and Reporting Manual for Hospitals*, second edition, which publication is hereby incorporated by this reference. The manual shall be utilized by each hospital for submitting information, as may be required by the commission, pertaining to the total financial needs of the hospital and the resources available or expected to become available to meet such needs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-030, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-030, filed 2/28/83; 81-06-016 and 81-06-017 (Order 81-01, Resolution No. R-81-01 and Order 81-02, Resolution No. R-81-02), § 261-20-030, filed 2/20/81.]

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed by the Washington State Hospital Commission under Order and Resolution No. 84-01, filed June 8, 1984, (Statutory Authority: Chapter 70.39 RCW). The code reviser, under the authority of RCW 34.05.210(4), has deemed it unduly cumbersome to publish. Copies of the *Accounting and Reporting Manual*, second edition, may be obtained by writing to the Washington State Hospital Commission, Mailstop FJ-21, Olympia, WA 98504.

Reviser's note: Amendments to the commission's *Accounting and Reporting Manual*, second edition, were filed on August 29, 1984, by Order and Resolution No. 84-03 (Statutory Authority: RCW 70.39.180(1)).

The specific portions of the manual amended are as follows:

The addition of "Appendix E Respiratory Therapy Services Uniform Reporting Service Code Listing";
Page 2420.2 (cont. 13) 7180 RESPIRATORY SERVICES;
Appendices Table of Contents.

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser under Order and Resolution No. 84-08, filed December 7, 1984, (Statutory Authority: Chapter 70.39 RCW). The specific portions of the manual amended by this action are as follows:

(1) Addition of Appendix G, HFMA Principles and Practices Board Statement 2, defining charity service as contrasted to bad debt; and
(2) Revising the appendices table of contents to add Appendix G.

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser under Order and Resolution No. 85-01, filed January 31, 1985, (Statutory Authority: Chapter 70.39 RCW). The specific portions of the manual amended by this action are as follows:

Accounting and reporting manual chapter 10000, entitled, "Reporting Requirements" sections:

Section 10001	Year-end report
Section 10010	Instructions
Section 10101	Quarterly report
Section 10110	Instructions
	Form HOS-939 (1/85), Quarterly report (WSHC Q1)

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser on July 29, 1985, under Order and Resolution No. 85-04 (Statutory Authority: RCW 70.39.180(1)), affecting System of Accounts, chapters 2000, 8000, and 10000.
The specific pages of the manual amended are as follows:

Page	2210.4
	2220
	2220.1
	2410.4
	2410.4 (cont. 1)
	2410.4 (cont. 2)
	2410.4 (cont. 3)
	8020 (cont. 60)
	10101
	10110
	10110 (cont. 1)
	10110 (cont. 2)
	Quarterly Report Form
	SS-8 Forms

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting And Reporting Manual*, second edition, were filed with the code reviser on November 24, 1986, under Order and Resolution No. 86-05 (Statutory Authority: Chapter 70.39 RCW). The topics amended are as follows:

Quarterly Report
- volumes by payer source
- deductions from revenue related to charity care
- expense and revenue accounts
- budgeting forms and instructions for magnetic resonance imaging, air transportation, extracorporeal shock wave lithotripsy, and organ acquisition
- reporting forms, accounts, and instructions for deductions from revenue
- bad debt collection procedures
- amendment request procedures, forms and instructions

Appendices
- radiology relative value units
- standards for collection procedures
- magnetic resonance imaging relative value units
- nuclear medicine relative value units.

WAC 246-454-030 Submission of budget and rate request. (1) Each hospital shall submit its budget and rate request to the commission not less than eighty-three days prior to the beginning of its fiscal year, including the effect of proposals made by area-wide and state comprehensive health planning agencies. The budget and rate request shall contain that information specified in the commission's manual and shall be submitted in the form and manner specified in the manual. Where more than one hospital is operated by the reporting organization, the information required by this section shall be reported for each hospital separately.

(2) The chief executive officer and presiding officer of the hospital's governing body shall attest that the information submitted under this section or budget amendments under WAC 261-20-045 has been examined by such person and that to the best of his/her knowledge and belief such information is a true and correct statement of the total financial needs of the hospital and the rates necessary to meet those needs for the budget period.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-20-040, filed 5/16/86. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-040, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-040, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-040, filed 2/20/81.]

WAC 246-454-040 Budget amendment submittals authorized--Time limitations--Presumption. (1) Hospitals are authorized, upon learning of facts justifying revision of their approved budgets, to submit amendments to such budgets not less than thirty days in advance of the proposed effective date of any associated proposed rate changes, however, any budget amendment must be received more than one hundred five days prior to the hospital's fiscal year end; amendments submitted without effective dates will be assigned effective dates falling thirty days after receipt.

(2) Within thirty days after receipt of a budget amendment submittal, the staff shall determine whether it is complete and conforms to commission regulations, policies, and instructions, and shall verify the data contained therein.

(3) The provisions of WAC 261-40-100, 261-40-105, 261-40-110, 261-40-115, 261-40-120, 261-40-125, 261-40-130, 261-40-135, 261-40-140, 261-40-145, 261-40-150, and 261-40-160 shall apply to budget amendment submittals with the same force with which they apply to annual budget submittals.

(4) Any element of a hospital's budget amendment submittal which is not specifically identified as changed from the previously approved amount may be reopened to assure that the hospital's amended budget complies with WAC 261-40-150.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-13-052 (Order 86-02, Resolution No. 86-02), § 261-20-045, filed 6/13/86. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-045, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-045, filed 2/28/83.]

WAC 246-454-050 Submission of year-end report. (1) Each hospital annually shall file its year-end report with the commission within one hundred twenty days after the close of its fiscal year in the form and manner specified in the manual (chapter 10000): *Provided, however,* The one hundred twenty-day period may be extended up to and including an additional sixty days upon submission to the commission, of what it in its discretion, may consider good and sufficient reasons. Where more than one hospital is operated by the reporting organization, the information required by this section shall be reported for each hospital separately.

(2) Information submitted pursuant to this section shall be certified by the hospital's certified or licensed public accountant, or under oath by the hospital's administrative and financial officers, that such reports, to the best of their knowledge and belief, have been prepared in accordance with the prescribed system of accounting and reporting, and fairly state the financial position of the hospital as of the specified date; the commission also may require attestation as to such statements from responsible officials of the hospital so designated by the governing body, if any, of the hospital.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-050, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-050, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-050, filed 2/20/81.]

WAC 246-454-060 Inspection of hospitals' books and records. The commission will inspect a hospital's books, audits, and records as reasonably necessary to implement the policies and purposes of chapter 70.39 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-054, filed 10/1/84.]

WAC 246-454-070 Submission of quarterly reports. (1) Each hospital shall submit a quarterly summary utilization and financial report within forty-five days after the end of each calendar quarter beginning on or after January 1, 1985. The quarterly report shall contain that information specified by the commission and shall be submitted in the form and manner specified by the commission.

(2) The report submitted pursuant to this section must be signed by the hospital's chief executive officer or chief financial officer.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-04-026 (Order 85-01, Resolution No. 85-01), § 261-20-057, filed 1/31/85.]

WAC 246-454-080 Alternative system of financial reporting. Upon receipt of a request in detail to the satisfaction of the commission, the commission in its discretion may approve by resolution an alternative system for reporting of information under WAC 261-20-040 or 261-20-050 by a hospital for such period(s) or portion thereof as the commission shall specify, if:

(1) The hospital charges no fee to users of its services, presents no billing, either direct or indirect, to users of its services, and presents no billing and accepts no payment for services from private or public insurers.

(2) The hospital is significantly different from other hospitals in one or more of the following respects: Size; financial structure; methods of payment for services; or scope, type, and method of providing services.

(3) The hospital has other pertinent distinguishing characteristics.

(4) Such alternative system will avoid otherwise unduly burdensome costs in meeting the requirements of the uniform reporting system established by the commission.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-060, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-060, filed 2/20/81.]

WAC 246-454-090 Modifications of uniform system. The commission, after due consideration, in its discretion, may prepare and publish modifications of the manual, for such period and under such conditions as the commission shall determine. Such modifications shall be prepared in the format of, and shall be adopted by the commission as a rule pursuant to chapter 34.04 [34.05] RCW. A copy of such modifications shall be mailed to each hospital and manual holder of record.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-070, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-070, filed 2/20/81.]

WAC 246-454-100 Modifications of uniform system applicable to only "basic service" hospitals. (1) The commission may notify a hospital at any time that it will be classified as a "basic service" hospital for the purpose of submitting its next budget and year-end report. Notice of such change to the affected hospital shall be provided at least six months before the beginning of the hospital's next fiscal year.

(2) Any hospital notified by the commission that it has been classified as a "basic service" hospital may combine the accounts specified below in the following manner for the purpose of submitting information to the commission pursuant to WAC 261-20-040 and 261-20-050:

(a) Combine Electrodiagnosis-7110 into Laboratory-7070.

(b) Combine Cafeteria-8330 into Dietary-8320.

(c) Combine Accounting-8510, Communications-8520, Patient Accounting-8530, Data Processing-8540, and Admitting-8560 into a single account, Fiscal Services-8500, which cost center should be allocated on the basis of accumulated costs.

(d) Combine Hospital Administration-8610, Public Relations-8630, Management Engineering-8640, Personnel-8650, Auxiliary-8660, and Chaplaincy-8670 into a single account, Administrative Services-8600, which cost center should be allocated on the basis of accumulated costs.

(e) Combine Medical Library-8680 into Medical Records-8690.

(f) Combine Inservice Education-Nursing-8740 into Nursing Administration-8720.

(3) The commission will provide notice to the affected hospital of any change from "basic service" to a more complex class at least six months before the next budget is due.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-074, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-074, filed 2/28/83.]

WAC 246-454-110 Uniformly applicable interpretive rulings and minor manual modifications. (1) The executive director of the commission is authorized to make uniformly applicable interpretive rulings with respect to matters contained in the manual. The executive director of the commission is also authorized to correct typographical and coding errors as well as make other minor organizational modifications when such corrections and modifications appear to be necessary. The commission shall be notified in advance of the executive director's proposed actions.

(2) Any such interpretive ruling, correction, or modification shall be in writing and distributed as an attachment to a consecutively numbered transmittal. Such transmittal shall describe the changes in detail and shall include instructions regarding the placement of such material in the manual. Each hospital and manual holder of record shall be sent a copy of any such transmittal together with all attachments.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-080, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-080, filed 2/20/81.]

WAC 246-454-120 Penalties for violation. RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to file the reports required by WAC 261-20-040(1), 261-20-050(1), and 261-20-057(1) shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of the violation by the commission. The executive director of the commission may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-20-090, filed 5/16/86. Statutory Authority: Chapter 70.39 RCW. 85-04-026 (Order 85-01, Resolution No. 85-01), § 261-20-090, filed 1/31/85; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-090, filed 2/28/83.]

Chapter 246-455 WAC
HOSPITAL PATIENT DISCHARGE INFORMATION REPORTING

WAC

WAC 246-455-001 Purpose. This chapter is adopted by the Washington state hospital commission pursuant to RCW 70.39.180 to implement provisions of RCW 70.39.100 as amended by section 10, chapter 288, Laws of 1984, relating to the collection and maintenance of patient discharge data, including data necessary for identification of discharges by diagnosis-related groups.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-010, filed 10/1/84.]

WAC 246-455-010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Commission" means the Washington state hospital commission created by chapter 70.39 RCW;

(2) "Diagnosis-related groups" is a classification system that groups hospital patients according to principal and secondary diagnosis, presence or absence of a surgical procedure, age, presence or absence of significant

comorbidities or complications, and other relevant criteria;

(3) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenents [tenets] of any church or denomination;

(4) "UB–82 data set" means the data element specifications developed by the Washington state uniform billing implementation committee and set forth in the state of Washington *UB–82 Procedure Manual*, which is available to the public upon request, which are to be reported by a hospital in processing hospital patient bills/claims for payment.

(5) "Patient discharge" means the termination of an inpatient admission or stay, including an admission as a result of a birth, in a Washington hospital.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–455–010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 85–17–020 (Order 85–05, Resolution No. 85–05), § 261–50–020, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84–20–067 (Order 84–06, Resolution No. 84–06), § 261–50–020, filed 10/1/84.]

WAC 246–455–020 Reporting of UB–82 data set information. (1) Effective with all hospital patient discharges on or after July 1, 1984, hospitals shall collect and report the following UB–82 data set elements to the commission:

(a) Patient control number

Patient's unique alpha–numeric number assigned by the hospital to facilitate retrieval of individual patient records and posting of payments. This number should be constructed to allow prompt hospital access to the patient's discharge record for data verification.

(b) Type of bill

This three–digit code requires 1 digit each, in the following sequence form: Type of facility, bill classification, frequency.

Digit #1 must be "1" to indicate a hospital.

Digit #2 must be a "1," a "2" or an "8" to indicate an inpatient.

Digit #3 must be one of the following:

1 – Admit through discharge claim

(c) Medicare provider number

This is the number assigned to the provider by Medicare.

(d) Patient identifier

The patient identifier shall be composed of the first two letters of the patient's last name, the first two letters of the patient's first name, or one or two initials if no first name is available, and the patient's birthdate.

(e) Zipcode

Patient's five or nine digit zipcode. In the case of a foreign country, enter the first nine characters of the name.

(f) Birthdate

The patient's date of birth in MMDDYY format. Note: If the patient is over 100 years old at the date of admission, then "17" must be the value in the "condition code #1" field.

(g) Sex

Patient's sex in M/F format.

(h) Admission date

Admission date in MMDDYY format.

(i) Type of admission

This field is filled with one of the following codes:

1 Emergency
2 Urgent
3 Elective
4 Newborn
5 Other

(j) Source of admission

This field is completed with one of the following codes:

1 Physician referral
2 Clinic referral
3 HMO referral
4 Transfer from another hospital
5 Transfer from a SNF
6 Transfer from another HCF
7 Emergency room
8 Court/law enforcement
9 Other

When type of admission is a "4 newborn," enter one of the following for source of admission:

1 Normal delivery
2 Premature delivery
3 Sick baby
4 Extramural birth
5 Multiple birth

(k) Patient status

Patient discharge disposition in one of the following codes:

01 Discharged home
02 Discharged to another short–term general hospital
03 Discharged to SNF
04 Discharged to an ICF
05 Discharged to another type institution
06 Discharged to home under care of HHA
07 Left against medical advice
20 Expired

(l) Statement covers period

This is the beginning and ending dates for which the UB–82 covers.

Chapter 261–50 WAC

(m) Condition code #1

If a patient is equal to or over 100 years old at the time of admission, the value "17" must be the value of this field.

(n) Revenue code

The Medicare required revenue code (as defined in the *UB–82 Procedures Manual)*, which identifies a specific accommodation, ancillary service or billing calculation. Effective January 1, 1987.

(o) Units of service
The Medicare required units of service (as defined in the *UB-82 Procedures Manual)* which provide a quantitative measure of services rendered by revenue category to or for the patient. Where no units of service are required by Medicare, the units of service may be those used by the hospital. Effective January 1, 1987.

(p) Total charges by revenue code category
Total charges pertaining to the related revenue code. Effective January 1, 1987.

(q) Payer identification #1
Enter the three-digit code that identifies the primary payer. The required code options include:

001 for Medicare
002 for Medicaid
004 for health maintenance organizations
006 for commercial insurance
008 for labor and industries
009 for self pay
610 for health care service contractors, e.g., Blue Cross, county medical bureaus, Washington Physicians Service
625 for other sponsored patients, e.g., CHAMPUS, Indian health
630 charity care, as defined in WAC 261-14-020(5)

(r) Payer identification #2
Same requirements as in payer identification #1. This field should only be completed when a secondary payer has been identified.

(s) Principal diagnosis code
ICD9-CM code describing the principal diagnosis (the condition established after study to be chiefly responsible or causing the hospitalization) that exists at time of admission.

(t) Diagnosis #2 code
ICD9-CM code of secondary diagnosis corresponding to additional diagnosis that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.

(u) Diagnosis #3 code
ICD9-CM code of secondary diagnosis corresponding to additional diagnosis that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.

(v) Diagnosis #4 code
ICD9-CM code of secondary diagnosis corresponding to additional diagnosis that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.

(w) Diagnosis #5 code
ICD9-CM code of secondary diagnosis corresponding to additional diagnosis that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.

(x) Principal procedure code
The ICD9-CM code that identifies the principal procedure performed during the patient admission.

(y) Procedure #2 code
Secondary procedure code identifying procedures, other than the principal procedure, performed during the admission.

(z) Procedure #3 code
Secondary procedure code identifying procedures, other than the principal procedure, performed during the admission.

(aa) Attending physician ID
The Medicaid assigned number of the licensed physician who would normally be expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment. For physicians who do not have a Medicaid number assigned, the state license number should be used. Effective July 1, 1987.

(bb) Other physician ID
The Medicaid assigned number of the licensed physician who performed the principal procedure. For physicians who do not have a Medicaid number, the state license number should be used. If no principal procedure was performed, this field should be left blank. Effective July 1, 1987.

(2) It shall be the responsibility of each hospital to ensure that data reported pursuant to WAC 261-50-030(1) is provided for all patient discharges. Each patient discharge must carry a separate, unique patient control number on a separate UB-82 record. For example, a mother and her newborn require separate UB-82s, each with a separate, unique patient control number.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-030, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-030, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-030, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-030, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-030, filed 10/1/84.]

WAC 246-455-030 Reporting of E-Codes. Effective with hospital patient discharges occurring on or after January 1, 1989, hospitals shall collect and report up to two ICD-9-CM codes identifying the external cause of injury and poisoning (E-Codes), when applicable.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-035, filed 7/29/88.]

WAC 246-455-040 Acceptable media for submission of data. For purposes of the data collected and reported pursuant to WAC 261-50-030 and 261-50-035, hospitals shall submit such data in such form as prescribed by the commission in the *Procedure Manual for Submitting Discharge Data.*

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-040, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-040, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-040, filed 7/1/86; 85-17-020 (Order

85-05, Resolution No. 85-05), § 261-50-040, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-040, filed 10/1/84.]

WAC 246-455-050 Time deadline for submission of data. Data collected by hospitals pursuant to WAC 261-50-030 and 261-50-035 shall be submitted to the commission or its designee within forty-five days following the end of each calendar month.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-050, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-050, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-050, filed 10/1/84.]

WAC 246-455-060 Edits to data. The commission or its designee shall subject the data submitted to the commission pursuant to WAC 261-50-030 and 261-50-035 to the following set of edits:

(1) Record layout compatibility edits on data submitted in accordance with WAC 261-50-040; and

(2) Verification of the data set elements set forth in WAC 261-50-030 and 261-50-035.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-060, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-060, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-060, filed 10/1/84.]

WAC 246-455-070 Revisions to submitted data. (1) All data revisions required as a result of the edits performed pursuant to WAC 261-50-060 shall be corrected and resubmitted in the prescribed manner to the commission or its designee within fourteen working days.

(2) The commission may assess a civil penalty as provided in RCW 70.39.200 and WAC 261-50-090 for the costs associated with more than one cycle of edits as described in WAC 261-50-060.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-065, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-065, filed 10/1/84.]

WAC 246-455-080 Confidentiality of data. The commission deems information submitted pursuant to WAC 261-50-030 (1)(a) and (d) privileged medical information as stated in RCW 70.39.110, as amended by section 11(5), chapter 288, Laws of 1984 and, therefore, such information will not be available for public inspection and copying pursuant to chapter 42.17 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-070, filed 10/1/84.]

WAC 246-455-090 Certification of data accuracy. Following the end of each calendar quarter, the commission shall furnish each hospital a report of its discharge data for that quarter contained in the commission's discharge system. The chief executive officer of the hospital shall, within fourteen calendar days of receipt of the report, certify that the information contained in the commission's discharge system is complete and accurate to within ninety-five percent of the total discharges and total charges experienced at the hospital during that quarter, or submit the necessary corrections to the data to permit such certification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-075, filed 3/30/87.]

WAC 246-455-100 Penalties for violation. RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of misdemeanor. Following official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to file the information required by WAC 261-50-030, 261-50-035, 261-50-040, 261-50-065 and 261-50-075 shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of violation by the commission. The executive director of the commission may grant extensions of time to file the information, in which cases failure to file the information shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-090, filed 7/29/88; 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-090, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-090, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-090, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-090, filed 8/13/85.]

Chapter 246-490 WAC
VITAL STATISTICS

WAC

WAC 246-490-001 Legal authority of the state board of health. Chapter 70.58 RCW.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-001, filed 12/27/90, effective 1/31/91; Regulation .40.999, effective 3/11/60.]

WAC 246-490-019 New record when child is legitimatized. Whenever it is alleged that the father and mother of an illegitimate child have become legally married, at any time subsequent to the birth of said child, the state registrar shall require such satisfactory evidence to be presented in the form of affidavits, certified copies of records or otherwise, as may be necessary to establish the fact of such marriage, and when so established a new certificate shall be substituted for the original to record the legitimate birth of the child.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-019, filed 12/27/90, effective 1/31/91; Regulation .40.010, effective 3/11/60.]

WAC 246-490-029 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-029, filed 12/27/90, effective 1/31/91; Regulation .40.020, effective 3/11/60.]

WAC 246-490-039 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-039, filed 12/27/90, effective 1/31/91; Regulation .40.030, effective 3/11/60.]

WAC 246-490-040 Handling and care of human remains. (1) Definitions applicable to WAC 248-40-040 and 248-40-050.

(a) "Barrier precaution" means protective attire or equipment or other physical barriers worn to protect or prevent exposure of skin and mucous membranes of the wearer to infected or potentially infected blood, tissue, and body fluids.

(b) "Burial transit permit" means a form, approved and supplied by the state registrar of vital statistics as described in chapter 43.20A RCW, identifying the name of the deceased, date and place of death, general information, disposition and registrar and sexton information.

(c) "Common carrier" means any person transporting property for the general public for compensation as defined in chapter 81.80 RCW.

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

(e) "Embalmer" means a person licensed as required in chapter 18.39 RCW and engaged in the profession or business of disinfecting, preserving, or preparing dead human bodies for disposal or transportation.

(f) "Funeral director" means a person licensed as required in chapter 18.39 RCW and engaged in the profession or business of conducting funerals and supervising or directing the burials and disposal of human remains.

(g) "Health care facility" means any facility or institution licensed under:

(i) Chapter 18.20 RCW, boarding homes;

(ii) Chapter 18.46 RCW, maternity homes;

(iii) Chapter 18.51 RCW, nursing homes;

(iv) Chapter 70.41 RCW, hospitals; or

(v) Chapter 71.12 RCW, private establishments, or clinics, or other settings where one or more health care providers practice.

(h) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care or medical care including persons licensed in Washington state under Title 18 RCW to practice medicine, podiatry, chiropractic, optometry, osteopathy, nursing, midwifery, dentistry, physician assistant, and military personnel providing health care within Washington state regardless of licensure.

(i) "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) Funeral directors, medical examiners, coroners, health care providers, health care facilities, and their employees directly handling or touching human remains shall:

(a) Wash hands and other exposed skin surfaces with soap and water or equivalent immediately and thoroughly after contact with human remains, blood, or body fluids;

(b) Use barrier precautions whenever a procedure involves potential contact with blood, body fluids, or tissues of the deceased;

(c) Not eat, drink, or smoke in areas where handling of human remains or body fluids take place;

(d) Use reasonable precautions to prevent spillage of body fluids during transfer and transport of human remains including, when necessary:

(i) Containing, wrapping, or pouching with materials appropriate to the condition of the human remains; and

(ii) Obtaining approval from the coroner or medical examiner prior to pouching any human remains under their jurisdiction.

(e) Wash hands immediately after gloves are removed;

(f) Take precautions to prevent injuries by needles, scalpels, instruments, and equipment during use, cleaning, and disposal;

(g) Properly disinfect or discard protective garments and gloves immediately after use;

(h) Properly disinfect all surfaces, instruments, and equipment used if in contact with human remains, blood, or body fluids;

(i) Provide appropriate disposal of body fluids, blood, tissues, and wastes including:

(i) Equipping autopsy rooms, morgues, holding rooms, preparation rooms, and other places with impervious containers;

(ii) Lining containers with impervious, disposable material;

(iii) Equipping disposal containers with tightly fitting closures;

(iv) Destroying contents of disposal containers by methods approved by local ordinances and requirements related to disposal of infectious wastes;

(v) Immediately disposing of all fluids removed from bodies into a sewage system approved by the local health jurisdiction or by the department; and

(vi) Disinfecting immediately after use all containers and cans used to receive solid or fluid material taken from human remains.

(3) Funeral directors, embalmers, and others assisting in preparation of human remains shall refrigerate or embalm the remains within twenty-four hours of receipt. If remains are refrigerated, they shall remain so until final disposition or transport as permitted under WAC 248-40-050.

(4) Persons responsible for transfer or transport of human remains shall clean and disinfect equipment and the vehicle if body fluids are present and as necessary.

(5) Persons disposing of human remains in Washington state shall comply with requirements under chapter 68.50 RCW.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 (2)(e). 89-02-007 (Order 323), § 248-40-040, filed 12/27/88; 88-13-080 (Order 312), § 248-40-040, filed 6/16/88. 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 246-490-050 Transportation of human remains. (1) Persons handling human remains shall:

(a) Use effective hygienic measures consistent with handling potentially infectious material;

(b) Obtain and use a burial-transit permit from the local health officer or local registrar of vital statistics when transporting human remains by common carrier;

(c) Enclose the burial-transit permit in a sturdy envelope; and

(d) Attach the permit to the shipping case.

(2) Prior to transporting human remains by common carrier, persons responsible for preparing and handling the remains shall:

(a) Enclose the casket or transfer case in a tightly closed, securely constructed outer box;

(b) Transport human remains pending final disposition more than twenty-four hours after receipt of human remains by the funeral director only if:

(i) The remains are thoroughly embalmed, or

(ii) The remains are prepared by:

(A) Packing orifices with a material saturated with a topical preservative;

(B) Wrapping the remains in absorbent material approximately one inch thick and saturated with a preservative or coating the remains with heavy viscosity preservative gel;

(C) Placing the remains in a lightweight, disposable burial pouch; and

(D) Placing the disposable burial pouch inside a heavy canvas rubberized pouch and appropriately sealing along the zippered area with a substance such as collodion.

(3) Persons responsible for human remains routed to the point of final destination on a burial-transit permit shall:

(a) Allow temporary holding of remains at a stopover point within the state of Washington for funeral or other purposes without an additional permit; and

(b) Surrender the burial-transit permit to the sexton or crematory official at the point of interment or cremation.

(4) Sextons and cremation officials shall accept the burial-transit permit as authority for interment or cremation anywhere within the state of Washington.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 (2)(e). 89-02-007 (Order 323), § 248-40-050, filed 12/27/88; 88-13-080 (Order 312), § 248-40-050, filed 6/16/88. 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 246-490-060 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-060, filed 12/27/90, effective 1/31/91; Regulation .40.060, effective 3/11/60.]

WAC 246-490-069 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-069, filed 12/27/90, effective 1/31/91; Regulation .40.080, effective 3/11/60.]

Chapter 246-491 WAC
VITAL STATISTICS--CERTIFICATES

WAC

WAC 246-491-029 Adoption of United States standard certificates and report--Modifications. Pursuant to RCW 70.58.200, the Washington state board of health adopts and approves for use in the state of Washington, effective January 1, 1989, the 1988 revisions of the United States standard forms of live birth and fetal death. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. The board of health shall make the following modifications to the confidential section of the U.S. standard certificate of live birth and U.S. standard report of fetal death:

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

Add "Hispanic" to "race."
Add "or descent? (ancestry)" to "of Hispanic origin."
Add "Asian or Pacific Islander" to "race."
Add "occupation" and "type of business or industry" for both parents.
Add "parental identification of ethnicity and race of child."
Add "more than twenty weeks, less than twenty weeks" to "pregnancy history."
Add under the heading "medical risk factors for this pregnancy," "polyhydramnios, first trimester bleeding, epilepsy, genital herpes, syphilis, rubella–test positive."
Add under the heading "method of delivery," "C–section with no labor, C–section with trial of labor."
Add under the heading "abnormal conditions of the newborn," "sepsis, asphyxia/depression, drug withdrawal syndrome in newborn, Erb's palsy, jaundice (greater than ten in first forty–eight hours)."
Delete under 38a "hydramnios."
Delete under item 37b "name of facility infant transferred to."

U.S. STANDARD REPORT OF FETAL DEATH

Add "or descent? (ancestry)" to "of Hispanic origin."
Add "Asian or Pacific Islander" to "race."
Add "Hispanic" to "race."
Add "more than twenty weeks, less than twenty weeks" to "other pregnancy outcomes."
Add "polyhydramnios, first trimester bleeding, epilepsy, genital herpes, syphilis, rubella–test positive."
Add "fetal hemorrhage, placenta and cord conditions (specify), hemolytic disease, fetal hydrops, shoulder dystocia, other (specify), and none."
Add "C–section with no labor" and "C–section with trial of labor."
Delete under item 23a "hydramnios and uterine bleeding."
Delete under item 26 "hysterotomy/hysterectomy."

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-491-029, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. 88-19-092 (Order 310), § 248-124-010, filed 9/20/88. 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.]

WAC 246-491-039 Confidential information on state of Washington live birth and fetal death certificates pursuant to RCW 70.58.200. The confidential sections of the certificate of live birth and the certificate of fetal death shall not be subject to public inspection and shall not be included on certified copies of the record except upon order of a court.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-491-039, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. 88-19-092 (Order 310), § 248-124-015, filed 9/20/88.]

WAC 246-491-149 Adoption of United States standard certificates and report--Modifications pursuant to RCW 43.20A.620. The department adopts and approves for use in the state of Washington, effective January 1, 1989, the 1988 revisions of the United States standard forms for live birth, death, fetal death, marriage, and dissolution. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. With the exception of the confidential section, the department may modify any part of these forms and shall make the following modifications:

U.S. STANDARD CERTIFICATE OF LIVE BIRTH.

Add "mother's request to issue Social Security number."
Add "record amendment."

U.S. STANDARD CERTIFICATE OF DEATH.

Add "citizen of what country."
Under "place of death" add "in transport," "hospital."
Add "smoking in last fifteen years."
Add "or descent" after "of Hispanic origin."
Add "Asian–Pacific Islander" after "race."
Add "date of disposition."
Add "hour pronounced dead (24–hours)."
Add "record amended section."
Delete "license number (funeral director)" under item 21b.

Delete "license number (certifier)" under item 23b.
Delete "were autopsy findings available prior to completion of cause of death yes/no" under item 28b.
Delete check boxes under item 20a.
Delete "donation" under item 20a.
Delete check boxes under item 31a.
Delete item 32.
Delete "inpatient" under item 9a.
Delete check boxes under item 29.
Delete "natural" under item 29.

U.S. STANDARD REPORT OF FETAL DEATH.

Add "fetus name."
Add "time of delivery."
Add "place of delivery."
Add "state of birth."
Add "registrar signature."
Add "date filed."
Add "burial, cremation, removal, other (specify)."
Add "date (burial)."
Add "cemetery/crematory–name."
Add "location (cemetery)."
Add "funeral director signature."
Add "name of facility."
Add "address of facility."
Add "autopsy yes/no."
Add "certification statement."
Change title to "certificate of fetal death."

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE.

Change title to "certificate of marriage."
Add "type of ceremony (religious/civil ceremony)."
Add "officiant – date signed."
Add "inside of city limits for bride and groom."
Delete "age last birthday" for the groom under item 2.
Delete "age last birthday" for the bride under item 9.
Delete "license to marry" section.
Delete "expiration date of license" under item 17.
Delete "title of issuing official" under item 20.
Delete "confidential information" under items 27 through 30b.

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT.

Change title to "certificate of dissolution, declaration of invalidity of marriage or legal separation."
Add check boxes for "type of decree."
Add "inside city limits" for both parties.
Delete "date couple last resided in same household" under item 11.
Change "number of children under eighteen in this household as of this date" to "number of children born alive of this marriage" under item 12.
Delete check boxes for "petitioner" under item 13.
Delete section "number of children under eighteen whose physical custody was awarded to" under item 18.
Delete "title of court" under item 20.
Delete "title of certifying official" under item 22.
Delete "date signed" under item 23.
Delete "confidential information" under items 24 through 27b.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–491–149, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.620. 88–19–034 (Order 2696), § 248–124–160, filed 9/12/88.]

WAC 246–491–990 Vital records fees. The department shall collect fees to cover program costs as follows:

(1) To prepare a sealed file following amendment of the original vital record $15.00

(2) To review a sealed file $15.00

(3) The director of the division of health may enter into agreements with state and local government agencies to establish alternate fee schedules and payment arrangements for reimbursement of these program costs.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–491–990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 26.33.330. 88–15–011 (Order 2650), § 440–44–095, filed 7/8/88; 85–04–023 (Order 2199), § 440–44–095, filed 1/30/85.]

Chapter 246–510 WAC
STANDARDS FOR COMMUNITY HEALTH CLINICS

WAC

WAC 246–510–001 Purpose. The purpose of this chapter is to establish procedures for determining eligibility and distribution of funds for medical and dental services to community health clinics under section 214(3), chapter 19, Laws of 1989 1st ex. sess. including other state general fund appropriations for medical and dental services in community health clinics since 1985.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–510–001, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90–04–082 (Order 027), § 248–170–001, filed 2/6/90, effective 3/9/90.]

WAC 246–510–010 Definitions. For the purposes of these rules, the following words and phrases shall have these meanings unless the context clearly indicates otherwise.

(1) "Community health clinic" means a public or private nonprofit tax exempt corporation with the mission of providing primary health care to low income individuals at a charge based upon ability to pay.

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

(3) "Encounter" means a face–to–face contact between a patient and a health care provider exercising independent judgment, providing primary health care, and documenting the care in the individual's health record.

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

(a) Physicians under chapters 18.57 and 18.71 RCW;

(b) Dentists under chapter 18.32 RCW;

(c) Advanced registered nurse practitioner under chapter 18.88 RCW;

(d) Physician's assistant under chapters 18.71A and 18.57A RCW;

(e) Dental hygienist under chapter 18.29 RCW;

(f) Licensed midwife under chapter 18.50 RCW;

(g) Registered nurse under chapter 18.88 RCW.

(h) Federal uniformed service personnel lawfully providing health care within Washington state.

(5) "Low income individual" means a person with income at or below 200% of federal poverty level. The poverty level has been established by Public Law 97–35 § 652 (codified at 42 USC 9847), § 673(2) (codified at 42 USC 9902 (2)) as amended; and the Poverty Income Guideline updated annually in the Federal Register.

(6) "Primary health care" means a basic level of preventive and therapeutic medical and dental care, usually delivered in an outpatient setting, and focused on improving and maintaining the individual's general health.

(7) "Relative value unit" means a standard measure of performance based upon time to complete a clinical procedure. The formula is 1 unit equals 10 minutes. A table is available from the department stating the actual values.

(8) "Secretary" means the secretary of the department of health or the secretary's designee.

(9) "User" means an individual having one or more primary health care encounters and counted only once during a calendar year.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–510–010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90–04–082 (Order 027), § 248–170–020, filed 2/6/90, effective 3/9/90.]

WAC 246–510–100 Administration. The department shall contract with community health clinics to provide primary health care in the state of Washington by;

(1) Developing criteria for the selection of community health clinics to receive funding;

(2) Establishing statewide standards governing the granting of awards and assistance to community health clinics;

(3) Disbursing funds appropriated for community health clinics only to those clinics meeting the criteria in chapter 248–170 WAC;

(4) Distributing available state funds to community health clinics according to the following priority in the order listed:

(a) First, to community health clinics that are private, nonprofit corporations classified exempt under Internal Revenue Service Rule 501 (c)(3) when governed by a board of directors including representatives from the populations served.

(b) Second, to public health departments with an organized primary health clinic or division.

(d) Third, to private nonprofit or public hospitals with an organized primary health clinic or department.

(5) Reviewing records and conducting on–site visits of contractors as necessary to assure compliance with these rules and;

(6) Withholding funding from a contractor until such time as satisfactory evidence of corrective action is received and approved by the department, if the department determines:

(a) Noncompliance with applicable state law or rule; or

(b) Noncompliance with the contract; or

(c) Failure to provide such records and data required by the department to establish compliance with chapter 19, section 214(3), this chapter, and the contract; or

(d) The contractor or applicant provided inaccurate information in the application.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–510–100, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90–04–082 (Order 027), § 248–170–100, filed 2/6/90, effective 3/9/90.]

WAC 246–510–130 Application for funds. (1) The department shall:

(a) Upon request, supply a prospective applicant with an application kit for a contract requesting information as follows:

(b) Include in the application a request for information as follows:

(i) The applicant's name, address, and telephone number;

(ii) A description of the primary health care provided;

(iii) A brief statement of intent to apply for funds;

(iv) The signature of the agency's authorized representative;

(v) Description of the nature and scope of services provided or planned;

(vi) Evidence of a current financial audit establishing financial accountability; and

(vii) A description of how the applicant meets eligibility requirements under WAC 248–170–160.

(c) Notify existing contractors at least 90 days in advance of the date a new contract application is due to the department.

(d) Review completed application kits for evidence of compliance with this section.

(e) Develop procedures for:

(i) Awarding of funds for new contractors, special projects, and emergency needs of existing contractors; and

(ii) Notifying existing and prospective contractors of procedures and application process.

(2) The applicant shall:

(a) Complete the application on standard forms provided or approved by the department; and

(b) Return the completed application kit to the department by the specified due date.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-130, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-130, filed 2/6/90, effective 3/9/90.]

WAC 246-510-160 Eligibility. Applicants shall:

(1) Demonstrate private, nonprofit, tax exempt status incorporated in Washington state or public agency status under the jurisdiction of a local or county government;

(2) Receive other funds from at least one of the following sources:

(a) Section 329 of the Public Health Services Act,

(b) Section 330 of the Public Health Services Act,

(c) Community development block grant funds,

(d) Title V Urban Indian Health Service funds, or

(e) Other public or private funds providing the clinic demonstrates:

(i) 51% of total clinic population are low income;

(ii) 51% or greater of funds come from sources other than programs under chapter 248-170 WAC.

(3) Operate as a community health clinic providing primary health care for at least eighteen months prior to applying for funding;

(4) By July 1, 1991 provide primary health care services with:

(a) Twenty-four hour coverage of the clinic including provision or arrangement for medical and dental services after clinic hours;

(b) Direct clinical services provided by one or more of the following:

(i) Physician licensed under chapters 18.57 and 18-.71A RCW;

(ii) Physician's assistant licensed under chapters 18-.71A and 18.57A RCW;

(iii) Advanced registered nurse practitioner under chapter 18.88 RCW;

(iv) Dentist under chapter 18.32 RCW.

(c) Provision or arrangement for services as follows:

(i) Preventive health services on site or elsewhere including:

(A) Eye and ear examinations for children;

(B) Perinatal services;

(C) Well-child services; and

(D) Family planning services.

(ii) Diagnostic and treatment services of physicians and where feasible a physician's assistant and/or advanced registered nurse practitioner, on site;

(iii) Services of a dental professional licensed under Title 18 on site or elsewhere;

(iv) Diagnostic laboratory and radiological services on site or elsewhere;

(v) Emergency medical services on site or elsewhere;

(vi) Arrangements for transportation services;

(vii) Preventive dental services on site or elsewhere; and

(viii) Pharmaceutical services, as appropriate, on site or elsewhere.

(5) Demonstrate eligibility to receive and receipt of reimbursement from:

(a) Public insurance programs; and

(b) Public assistant programs, where feasible and possible.

(6) Have established a sliding scale fee schedule for adjustment of charges, based upon the individual's ability to pay for low income individuals;

(7) Provide health care regardless of the individual's ability to pay; and

(8) Establish policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served and provide sufficient staff with the ability to communicate with the individuals.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-160, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-160, filed 2/6/90, effective 3/9/90.]

WAC 246-510-200 Allocation of state funds. The department shall allocate available funds to medical and dental contractors providing primary health care based on the following criteria:

(1) MEDICAL

(a) The department may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year;

(B) Prorated according to the percentage of total medical contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the appropriated funds is referred to as the "medical base." The medical base means the total amount of money appropriated by the legislature for the medical program minus the amounts specified in (a)(i) and (a)(ii) of this subsection. The medical base is distributed to medical contractors based upon the following formulas:

(i) 40% of the medical base is distributed equally among all medical contractors.

(ii) 30% of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical users}}{\text{total of all contractors' medical users}} \times \text{30\% medical base}$$

(iii) 30% of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical encounters by the total number of medical encounters reported by all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical encounters}}{\text{total of all contractors' medical encounters}} \times \text{30\% medical base}$$

(2) DENTAL

(a) The department may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent of appropriated funds to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year:

(B) Prorated according to the percentage of total dental contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the funds is referred to as the dental base. The dental base means the total amounts appropriated by the legislature for dental programs minus the amounts specified in (i) and (ii) in part (a) of this subsection and as follows:

(i) The dental base is distributed to dental contractors based upon the following formula until June 30, 1991:

(A) 40% of the dental base is distributed equally among all dental contractors.

(B) 30% of the dental base is distributed by the ratio of the contractor's primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical users}}{\text{total of all contractors' medical users}} \times 30\% \text{ dental base}$$

(C) 30% of the dental base is distributed by the ratio of the contractor's primary health care (PHC) medical encounters by the total number of medical encounters of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical encounters}}{\text{total of all contractors' medical encounters}} \times 30\% \text{ dental base}$$

(ii) Starting July 1, 1991, the dental base is distributed to dental contractors based upon the following formula:

(A) 40% of the dental base distributed equally among all dental contractors;

(B) 30% of the dental base distributed by the ratio of contractor primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical users}}{\text{total of all contractors' users}} \times 30\% \text{ dental base}$$

(C) 30% of the dental base is distributed by the ratio of the contractor's relative value units (RVU) divided by the total relative value units of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's RVU}}{\text{total of all contractors' RVU}} \times 30\% \text{ dental base}$$

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-200, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-200, filed 2/6/90, effective 3/9/90.]

WAC 246-510-300 Dispute resolution procedures. The department shall define dispute resolution procedures in the contract which shall be the exclusive remedy and shall be binding and final to all parties.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-300, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-300, filed 2/6/90, effective 3/9/90.]

WAC 246-510-320 Audit review. Contractors shall:

(1) Maintain books, records, documents, and other materials relevant to the provision of goods or services adequate to document the scope and nature of the goods or services provided;

(2) Make the materials in subsection (1) available at all reasonable times with prior notice for inspection by the department;

(3) Retain these materials for at least three years after the initial contract with the department;

(4) Provide access to the facilities at all reasonable times with prior notice for on-site inspection by the department; and

(5) Submit annual reports consistent with the instructions of the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-320, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-320, filed 2/6/90, effective 3/9/90.]

Chapter 246-520 WAC
KIDNEY CENTERS

WAC

WAC 246-520-001 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. 91-02-051 (Order 124B), recodified as § 246-520-001, filed 12/27/90, effective 1/31/91; 80-06-065 (Order 198), § 248-30-070, filed 5/22/80.]

WAC 246-520-010 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. 91-02-051 (Order 124B), recodified as § 246-520-010, filed 12/27/90, effective 1/31/91; 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 246-520-020 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. 91-02-051 (Order 124B), recodified as § 246-520-020, filed 12/27/90, effective 1/31/91; 80-06-065 (Order 198), § 248-30-090, filed 5/22/80.]

WAC 246-520-030 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. 91-02-051 (Order 124B), recodified as § 246-520-030, filed 12/27/90, effective 1/31/91; 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 246-520-040 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. 91-02-051 (Order 124B), recodified as § 246-520-040, filed 12/27/90, effective 1/31/91; 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 246-520-050 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. 91-02-051 (Order 124B), recodified as § 246-520-050, filed 12/27/90, effective 1/31/91; 85-03-063 (Order 279), § 248-30-115, filed 1/15/85.]

WAC 246-520-060 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. 91-02-051 (Order 124B), recodified as § 246-520-060, filed 12/27/90, effective 1/31/91; 80-06-065 (Order 198), § 248-30-120, filed 5/22/80.]

WAC 246-520-070 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 copayment; or

(b) The reduction of resources to below fifteen hundred dollars.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-520-070, filed 12/27/90, effective 1/31/91; 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 246-610 WAC
CYTOGENETIC LABORATORY SERVICES

WAC

WAC 246-610-010 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. 91-02-051 (Order 124B), recodified as § 246-610-010, filed 12/27/90, effective 1/31/91; 83-12-049 (Order 258), § 248-160-010, filed 6/1/83.]

WAC 246-610-020 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. 91-02-051 (Order 124B), recodified as § 246-610-020, filed 12/27/90, effective 1/31/91; 83-12-049 (Order 258), § 248-160-020, filed 6/1/83.]

WAC 246-610-030 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. 91-02-051 (Order 124B), recodified as § 246-610-030, filed 12/27/90, effective 1/31/91; 83-12-049 (Order 258), § 248-160-030, filed 6/1/83.]

WAC 246-610-040 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. 91-02-051 (Order 124B), recodified as § 246-610-040, filed 12/27/90, effective 1/31/91; 83-12-049 (Order 258), § 248-160-040, filed 6/1/83.]

Chapter 246-650 WAC
NEWBORN SCREENING

WAC

WAC 246-650-001 Purpose. The purpose of this chapter is to establish board rules to detect, in newborns, congenital disorders leading to developmental impairment or physical disabilities as required by RCW 70.83-.050.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-001, filed 5/18/87.]

WAC 246-650-010 Definitions. For the purposes of this chapter:

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

(2) "Congenital adrenal hyperplasia" means a severe disorder of adrenal steroid metabolism which may result in death of an infant during the neonatal period if undetected and untreated.

(3) "Congenital hypothyroidism" means a disorder of thyroid function during the neonatal period causing impaired mental functioning if undetected and untreated.

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

(5) "Newborn" means an infant born in a hospital in the state of Washington prior to discharge from the hospital of birth or transfer.

(6) "Phenylketonuria" (PKU) means a metabolic disorder characterized by abnormal phenylalanine metabolism causing impaired mental functioning if undetected and untreated.

(7) "Hemoglobinopathy" means a hereditary blood disorder caused by genetic alteration of hemoglobin which results in characteristic clinical and laboratory abnormalities and which leads to developmental impairment or physical disabilities.

(8) "Significant screening test result" means a laboratory test result indicating a suspicion of abnormality and requiring further diagnostic evaluation of the involved infant for the specific disorder.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-010, filed 12/11/90, effective 1/11/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-010, filed 5/18/87.]

WAC 246-650-020 Performance of screening tests. (1) Hospitals providing birth and delivery services or neonatal care to infants shall:

(a) Inform parents or responsible parties, by providing a departmental information pamphlet or by other means, of:

(i) The purpose of screening newborns for congenital disorders,

(ii) Disorders of concern as listed in WAC 248-103-020(2),

(iii) The requirement for newborn screening, and

(iv) The legal right of parents or responsible parties to refuse testing because of religious tenets or practices as specified in RCW 70.83.020.

(b) Obtain a blood specimen for laboratory testing as specified by the department from each newborn prior to discharge from the hospital or, if not yet discharged, no later than five days of age.

(c) Use department-approved forms and directions for obtaining specimens.

(d) Enter all identifying and related information required on the form attached to the specimen following directions of the department.

(e) In the event a parent or responsible party refuses to allow newborn metabolic screening, obtain signatures from parents or responsible parties on the department form.

(f) Forward the specimen or signed refusal with the attached identifying forms to the Washington state public health laboratory no later than the day after collection or refusal signature.

(2) Upon receipt of specimens, the department shall:

(a) Perform appropriate screening tests for phenylketonuria, congenital hypothyroidism, congenital adrenal hyperplasia, and hemoglobinopathies according to the schedule in WAC 248-103-040;

(b) Report significant screening test results to the infant's attending physician or family if an attending physician cannot be identified; and

(c) Offer diagnostic and treatment resources of the department to physicians attending infants with presumptive positive screening tests within limits determined by the department.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-020, filed 12/11/90, effective 1/11/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-020, filed 5/18/87.]

WAC 246-650-030 Implementation of hemoglobinopathy screening. The department shall:

(1) Begin performing appropriate screening tests for hemoglobinopathy on all newborn screening specimens received from Pierce County by May 1, 1991;

(2) Expand screening by performing appropriate screening tests on all newborn screening specimens received from King County along with those received from Pierce County by August 1, 1991;

(3) Fully implement screening by performing appropriate screening tests on all newborn screening specimens received by November 1, 1991;

(4) On or before January 31, 1991, and annually thereafter, report to the board the following information concerning tests conducted pursuant to this section:

(a) The costs of tests as charged by the department;

(b) The results of each category of tests, by county of birth and ethnic group, as reported on the newborn screening form and, if available, birth certificates;

(c) Follow-up procedures and the results of such follow-up procedures.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-040, filed 12/11/90, effective 1/11/91.]

WAC 246-650-990 Fees. The department has authority under chapter 43.20A RCW to require a reasonable fee from parents or responsible parties for the costs of newborn metabolic screening to be collected through the hospital where the specimen was obtained.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-030, filed 5/18/87.]

Chapter 246-680 WAC
PRENATAL TESTS--CONGENITAL AND HERITABLE DISORDERS

WAC

WAC 246-680-001 Purpose. The purpose of this chapter is to:

(1) Establish department and state board of health description, definition,, and enumeration of prenatal tests under RCW 70.83B.020 (3)(a) and (b);

(2) Establish standards of the Washington state board of health for screening and diagnostic procedures for prenatal diagnosis of congenital disorders of the fetus under RCW 48.21.244, 48.44.344, and 48.46.375;

(3) Require health care provider to provide information on certain prenatal tests under RCW 70.83B.030 to both their pregnant patients and the department;

(4) Establish requirements for laboratories to provide information on certain prenatal tests under RCW 70-.83B.030 to the department; and

(5) Establish criteria and time lines for distribution of educational materials by health care providers related to prenatal tests under RCW 70.54.220.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-001, filed 1/3/90, effective 2/3/90.]

WAC 246-680-010 Definitions. For the purpose of RCW 70.83B.020, 70.83B.030, 70.83B.040, 70.54.220, 48.42.090, 48.21.244, 48.44.344, and 48.46.375 and chapter 248-106 WAC:

(1) "Approved written information" means the department form DOH 344-002 "prenatal genetic information," or an equivalent form.

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

(3) "Health care providers" means persons licensed or certified by the state of Washington under Title 18 RCW to provide prenatal care or to practice medicine.

(4) "Laboratory" means a private or public person, agency, or organization performing prenatal tests for congenital and heritable disorders.

(5) "Parental chromosomal testing" means a procedure to remove blood or other tissue from one or both parents in order to perform laboratory analysis to establish chromosome constitution of the parents.

(6) "Prenatal test" means any test to predict congenital or heritable disorders which:

(a) When improperly utilized, may clearly harm or endanger the health, safety, or welfare of the public;

(b) Potential harm is easily recognizable and not remote or dependent upon tenuous argument; and

(c) As determined by the state board of health under RCW 70.83B.020(3) and enumerated by the department, includes procedures and laboratory tests as follows:

(i) Maternal serum alpha-fetoprotein (MSAFP) screening is a procedure involving obtaining blood from a pregnant woman during the fifteenth to twentieth completed menstrual weeks of gestation, in order to measure through laboratory tests the level of alpha-fetoprotein in the blood.

(ii) Amniocentesis is a procedure performed to remove a small amount of amniotic fluid from the uterus of a pregnant woman, in order to perform one or more of the following laboratory tests:

(A) Measure the level of alpha-fetoprotein;

(B) Measure the level of acetylcholinesterase;

(C) Cytogenetic studies on fetal cells;

(D) Biochemical studies on fetal cells or amniotic fluid; and

(E) Deoxyribonucleic Acid (DNA) studies on fetal cells.

(iii) Chorionic villus sampling is a procedure to remove a small amount of cells from the developing placenta, in order to perform one or more of the following laboratory tests:

(A) Cytogenetic studies on fetal cells;

(B) Biochemical studies on fetal cells; and

(C) DNA studies on fetal cells.

(iv) Percutaneous umbilical cord blood sampling is a procedure to obtain blood from the fetus, in order to perform one or more of the following laboratory tests:

(A) Cytogenetic studies;

(B) Viral titer studies;

(C) Fetal blood typing for isoimmunization studies;

(D) Prenatal diagnostic tests for hematological disorders;

(E) DNA studies on fetal cells.

(v) Prenatal ultrasonography is a procedure resulting in visualization of the uterus, the placenta, the fetus, and internal structures through use of sound waves.

(d) Includes pre-procedure and post-procedure genetic counseling when required under WAC 248-106-020.

(7) "Pre-procedure genetic counseling" means individual counseling, which may be part of another substantive procedure or service, involving a health care provider or a qualified genetic counselor under direction of a physician and a pregnant woman with or without other family members, to discuss the purposes, risks, accuracy, and limitations of a prenatal testing procedure, and to aid in decision making.

(8) "Post-procedure genetic counseling" means, when test results are available, individual counseling, which may be part of another substantive procedure or service, involving a health care provider or a qualified genetic counselor under direction of a physician and a pregnant woman with or without other family members, to discuss:

(a) The meaning of the results of the prenatal tests done; and

(b) Subsequent testing or procedures available.

(9) "Qualified genetic counselor" means an individual eligible for certification or certified as defined in *Bulletin of Information*, 1984, American Board of Medical Genetics, Inc., as a:

(a) Genetic counselor;

(b) Clinical geneticist;

(c) Ph.D. medical geneticist;

(d) Clinical cytogeneticist; or

(e) Clinical biochemical geneticist.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-010, filed 1/3/90, effective 2/3/90.]

WAC 246-680-020 Board of health standards for screening and diagnostic tests during pregnancy. (1) For the purpose of RCW 48.21.244, RCW 48.44.344, and RCW 48.46.375, the following are standards of medical necessity for insurers, health care service contractors, and health maintenance organizations to use in determining medical necessity on a case-by-case basis:

(a) Maternal serum alpha-fetoprotein screening for all pregnant women beginning prenatal care before the twentieth completed menstrual week of gestation:

(i) Without the requirement for case-by-case determination; and

(ii) Including post-procedure genetic counseling if test result is abnormal.

(b) Prenatal ultrasonography if one or more of the following criteria are met:

(i) A woman undergoing amniocentesis, chorionic villus sampling, or percutaneous umbilical cord blood sampling;

(ii) The results on a maternal serum alpha-fetoprotein screening test are abnormal;

(iii) A woman or her partner:

(A) Has a prior child or fetus with a congenital abnormality detectable by prenatal ultrasonography; or

(B) Has a family history of congenital abnormality detectable by prenatal ultrasonography; or

(C) Is affected with a congenital abnormality detectable by prenatal ultrasonography.

(iv) A woman is suspected to be carrying a fetus with a congenital abnormality; or

(v) A medical evaluation indicates the possibility of hydramnios or oligohydramnios.

(c) Amniocentesis with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

(i) A woman thirty-five years of age or older at the time of delivery;

(ii) A woman or her partner having had a previous child or fetus with a chromosomal abnormality;

(iii) A woman or her partner is a carrier of a chromosomal rearrangement or anomaly;

(iv) A woman or her partner:

(A) With a neural tube defect; or

(B) Having had a child or fetus with a neural tube defect.

(v) A woman or her partner with a history of:

(A) A sibling with a neural tube defect;

(B) A parent with a neural tube defect;

(C) A niece or nephew with a neural tube defect; or

(D) Other risk factors related to a neural tube defect.

(vi) A woman and/or her partner are carriers of, or affected with, a prenatal diagnosable inherited disorder;

(vii) The results on a maternal serum alpha-fetoprotein screening test are abnormal;

(viii) A woman with a documented history of three or more miscarriages of unknown cause when circumstances prevent parental chromosomal testing;

(ix) Ultrasound diagnosis of fetal anomaly.

(2) The board recommends the following additional procedures for use of insurers, health service contractors, and health maintenance organizations in determining medical necessity on a case-by-case basis:

(a) Chorionic villus sampling with pre-procedure and post- procedure genetic counseling if one or more of the following criteria are met:

(i) A woman thirty-five years of age or older at the time of delivery;

(ii) A woman or her partner having had a previous child or fetus with a chromosomal abnormality;

(iii) A woman or her partner is a carrier of a chromosomal rearrangement or anomaly;

(iv) A woman or her partner are carriers of, or affected with, a prenatal diagnosable inherited disorder; or

(v) A woman with a documented history of three or more miscarriages of unknown cause when circumstances prevent parental chromosomal testing.

(b) Percutaneous umbilical cord blood sampling with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

(i) A medical evaluation indicates rapid or detailed chromosomal diagnosis is required to:

(A) Protect the health of the mother; or

(B) Predict prognosis for the fetus.

(ii) A medical evaluation indicates the possibility of a prenatal diagnosable fetal infection;

(iii) Fetal blood studies are medically indicated for isoimmunization studies or therapy;

(iv) Prenatal diagnosis of hematological disorders is medically indicated.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-020, filed 1/3/90, effective 2/3/90.]

Chapter 246-710 WAC
COORDINATED CHILDREN'S SERVICES

WAC

WAC 246-710-001 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-010, filed 12/2/82.]

WAC 246-710-010 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-020, filed 12/2/82.]

WAC 246-710-020 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-030, filed 12/2/82.]

WAC 246-710-030 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-040, filed 12/2/82.]

WAC 246-710-040 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-050, filed 12/2/82.]

WAC 246-710-050 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-060, filed 12/2/82.]

WAC 246-710-060 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-070, filed 12/2/82.]

WAC 246-710-070 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-080, filed 12/2/82.]

WAC 246-710-080 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-090, filed 12/2/82.]

WAC 246-710-090 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-100, filed 12/2/82.]

Chapter 246-760 WAC
AUDITORY AND VISUAL STANDARDS--SCHOOL DISTRICTS

WAC

WAC 246-760-001 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.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-001, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-010 (codified as WAC 248-148-010), filed 11/1/71.]

AUDITORY ACUITY STANDARDS

WAC 246-760-020 Criteria for selection of children for screening. Boards of school directors shall require auditory and visual screening of children as follows:

(1) Schools shall screen all children in kindergarten and grades one, two, three, five, and seven.

(2) Schools shall promptly screen all children having a possible loss in auditory or visual acuity referred to the district by parents, guardians, or school staff.

(3) If manpower resources permit, schools shall annually screen children at other grade levels.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-021, filed 10/26/87.]

WAC 246-760-030 Auditory acuity screening standards--Screening equipment and procedures. (1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand herz (Hz) at hearing levels of twenty

or twenty–five decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1969 standards.

(2) Qualified persons shall check the calibration of said frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

[Statutory Authority: RCW 43.20.050. 91–02–051 (Order 124B), recodified as § 246–760–030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87–22–010 (Order 306), § 248–148–031, filed 10/26/87.]

WAC 246–760–040 Auditory acuity screening procedures. (1) Schools shall screen all children referenced in WAC 248–148–021 on an individual basis at one thousand, two thousand, and four thousand Hz.

(2) The screener shall:

(a) Present each of the tonal stimuli at a hearing level of twenty or twenty–five dB based on the ANSI 1969 standards;

(b) Conduct screenings in an environment free of extraneous noise;

(c) If at all possible, complete screening within the first semester of each school year;

(d) Place the results of screenings, any referrals, and results of such referrals in each student's health and/or school record; and

(e) Forward the results to the student's new school if the student transfers.

[Statutory Authority: RCW 43.20.050. 91–02–051 (Order 124B), recodified as § 246–760–040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87–22–010 (Order 306), § 248–148–035, filed 10/26/87.]

WAC 246–760–050 Auditory acuity screening failure—Referral procedures. Boards of school directors shall establish procedures requiring school districts:

(1) Rescreen students not responding to one or more frequencies in either ear in three to six weeks after the initial screening, and notify their teachers of the need for preferential positioning in class because of the possibility of decreased hearing.

(2) Notify parents of the need for audiological evaluation if the student fails the second screening.

(3) Schools shall notify parents of the need for medical evaluation if:

(a) Indicated by audiological evaluation, or

(b) Audiological evaluation is not available.

[Statutory Authority: RCW 43.20.050. 91–02–051 (Order 124B), recodified as § 246–760–050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87–22–010 (Order 306), § 248–148–091, filed 10/26/87.]

WAC 246–760–060 Auditory acuity screening—Qualification of personnel. Each school district shall designate a district audiologist or district staff member having:

(1) Responsibility for the administration of the auditory screening program in conformity with these regulations, and

(2) Training and experience appropriate to:

(a) Develop an administrative plan for conducting auditory screening in cooperation with the appropriate school personnel in order to ensure the program can be carried out efficiently and effectively;

(b) Obtain the necessary instrumentation for carrying out the screening program, and ensuring the equipment is in proper working order and calibration; and

(c) Secure appropriate personnel for carrying out the screening program, if such assistance is necessary, and for assuring such personnel are sufficiently trained to:

(i) Understand the purposes and regulations involved in the auditory screening programs; and

(ii) Utilize the screening equipment in an appropriate manner to ensure maximum accuracy.

(d) Ensure records are made and distributed as appropriate; and

(e) Disseminate information to other school personnel acquainting them with aspects of a child's behavior denoting the need for referral for auditory screening.

[Statutory Authority: RCW 43.20.050. 91–02–051 (Order 124B), recodified as § 246–760–060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87–22–010 (Order 306), § 248–148–101, filed 10/26/87.]

VISUAL ACUITY STANDARDS

WAC 246–760–070 Visual acuity screening equipment. Boards of school districts shall require personnel conducting the screening use a Snellen test chart for screening for distance central vision acuity: *Provided*, That either the Snellen E chart or the standard Snellen distance acuity chart may be used as appropriate to the child's age and abilities. The test chart shall be properly illuminated and glare free.

Other screening procedures equivalent to the Snellen test may be used only if approved by the state board of health.

[Statutory Authority: RCW 43.20.050. 91–02–051 (Order 124B), recodified as § 246–760–070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87–22–010 (Order 306), § 248–148–121, filed 10/26/87.]

WAC 246–760–080 Visual acuity screening procedures. (1) Schools shall:

(a) Screen children wearing glasses for distance viewing with their glasses on;

(b) Place the results of screening, any referrals, and results of such referrals in each student's health and/or school record; and

(c) Forward the results to the student's new school if the student transfers.

(2) When a child is observed by school personnel to demonstrate other signs or symptoms related to eye problems to the extent such signs or symptoms negatively influence the child in his or her studies, school personnel shall refer the child to the parents or guardians for professional care.

[Statutory Authority: RCW 43.20.050. 91–02–051 (Order 124B), recodified as § 246–760–080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87–22–010 (Order 306), § 248–148–123, filed 10/26/87.]

WAC 246-760-090 Visual acuity screening failure--Referral procedures. Boards of school directors shall require schools rescreen students having a visual acuity of 20/40 or less in either eye as determined by the Snellen test or its approved equivalent within two weeks or as soon as possible after the original screening. Failure is indicated by 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.

Schools shall inform parents or guardians of students failing the second screening, in writing, of the need and importance of the child receiving professional care.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-131, filed 10/26/87.]

WAC 246-760-100 Qualifications of personnel. (1) Screening shall be performed by persons competent to administer such screening procedures as a function of their professional training and background and/or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers shall have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically designated by the school administration. He may be a school nurse or public health nurse, a special educator, teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

(4) Screening will not be performed by opthamologists, optometrists, or opticians or any individuals where a conflict of interest might occur.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-100, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

Chapter 246-762 WAC
SCOLIOSIS SCREENING--SCHOOL DISTRICTS

WAC

WAC 246-762-001 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-001, filed 12/27/90, effective 1/31/91. 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 246-762-010 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-010, filed 12/27/90, effective 1/31/91. 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 246-762-020 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-020, filed 12/27/90, effective 1/31/91. 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 246-762-030 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-030, filed 12/27/90, effective 1/31/91. 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 246-762-040 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-040, filed 12/27/90, effective 1/31/91. 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 246-762-050 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-050, filed 12/27/90, effective 1/31/91. 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), § 248-15-060 (codified as WAC 248-150-060), filed 10/31/79.]

WAC 246-762-060 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-060, filed 12/27/90, effective 1/31/91. 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 246-762-070 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 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-070, filed 12/27/90, effective 1/31/91. 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 246-790 WAC
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

WAC

WAC 246-790-010 Definitions. This section contains definitions of words and phrases extensively used in the department's rules concerning the WIC program.

(1) "Applicant" means any member of an assistance unit by or for whom a request for assistance has been made.

(2) "Application" means a written request for financial assistance or a written or oral request for medical or social service, provided by the department of social and health services, made by a person in the person's own behalf or in behalf of another person.

(3) "Authorization" means an official approval of a departmental action. "Authorization date" means the date the prescribed form authorizing assistance is signed.

(4) "CFR" means the code of federal regulations established by the federal government.

(5) "Cash savings" means money which is not classified as income.

(6) "Certification date" means the date the worker certifies changes in a client's case and authorizes a change in grant.

(7) "Client" means an applicant and/or recipient of financial, medical and/or social services.

(8) "Dependent child" means a child who is not self–supporting, married, or a member of the armed forces of the United States. Receiving public assistance does not constitute self–support.

(9) "Effective date" means the date eligibility for a grant begins, changes, or ends.

(10) "Exception to policy" means a waiver by the secretary's designee to a department policy for a specific client experiencing an undue hardship because of the policy. The waiver may not be contrary to law.

(11) "Fair hearing" means an administrative proceeding to hear and decide a client appeal of a department action or decision.

(12) "Federal aid" means the assistance grant programs funded in part by the United States government.

(13) "Food stamp program" means the program administered by the department in cooperation with the U.S. Department of Agriculture to certify eligible households to receive food coupons used to buy food.

(14) "Fraud."

(a) For financial aid programs, fraud means a deliberate, intentional and willful act with the specific purpose of deceiving the department with respect to any material fact, condition or circumstance affecting eligibility or need.

(b) "Food stamp fraud" is defined in chapter 388–49 WAC.

(15) "General assistance" means state–funded assistance to eligible pregnant or incapacitated persons who are not eligible for or not receiving federal aid assistance.

(16) "Grant" means an entitlement awarded to a client and paid by state warrants redeemable at par.

(a) "Grant adjustment" means postpayment of the difference between the amount a client was eligible for in a given period and the amount already paid.

(b) "Initial grant" means the payment due from date of eligibility to the date of the first regular grant.

(c) "Regular grant" means the monthly prepayment of assistance on a continuing basis.

(17) "Grantee" means the person or persons to or for whom assistance is paid.

(18) "Income" means any appreciable gain in real or personal property (cash or in–kind) received by a client during the month for which eligibility is determined, and that can be applied toward the needs of the assistance unit.

(a) "Cash income" means income in the form of money, bank notes, checks or any other readily liquidated form.

(b) "Earned income" means income in cash or in–kind earned as wages, salary, commissions or profit from activities in which the individual is engaged as a self–employed person or as an employee.

(c) "Exempt income" means net income which is not deducted from the cost of requirements to determine need.

(d) "Net income" means gross income less cost of producing or maintaining the income.

(e) "Nonexempt income" means net income which is deducted from the cost of requirements to determine need.

(f) "Recurrent income" means income which can be predicted to occur at regular intervals.

(19) "Inquiry" means a request for information about the department and/or the services offered by the department.

(20) "Institution" means a treatment facility within which an individual receives professional care specific to that facility.

(21) "Living in own home" means a living arrangement other than a boarding home, hospital, nursing home, or other institution.

(22) "Marketable securities" means stocks, bonds, mortgages, and all other forms of negotiable securities.

(23) "Minor" means a person under eighteen years of age.

(24) "Need" is the difference between the assistance unit's financial requirements, by departmental standards, and the value of all nonexempt net income and resources received by or available to the assistance unit.

(25) "Need under normal conditions of living" means the Washington state gross median income adjusted for family size as promulgated by the secretary of HEW, under the authority granted by Title XX of the Social Security Act minus other income during a period of time when not receiving public assistance.

(26) "Overpayment" means any assistance paid to an assistance unit where:

(a) Eligibility for the payment did not exist; or

(b) Assistance paid was in excess of need.

(27) "Payee" means the person in whose name a warrant or check is issued.

(28) "Property" means all resources and/or income possessed by a client.

(a) "Personal property" means any form of property which is not real property.

(b) "Real property" is land, buildings thereon and fixtures permanently attached to such buildings. Growing crops are included. Any structure used as a dwelling shall be considered as real property.

(29) "Public assistance" means public aid to persons in need thereof for any cause including services, medical care, assistance grants, disbursing orders, and work relief.

(30) "Recipient" means any person within an assistance unit receiving assistance.

(31) "Reinstate" means an authorization to resume payment of a grant from the category in which payment was previously suspended.

(32) "Requirement" means an item of maintenance or a service recognized by the department as essential to the welfare of an individual.

(a) "Additional requirement" means a requirement which is essential for some clients under specified conditions.

(b) "Basic requirements" means the needs essential to all persons; food, clothing, personal maintenance and necessary incidentals, shelter and household maintenance.

(33) "Resource" means an asset, tangible or intangible, owned by or available to a client which can be applied toward meeting financial need, either directly or by conversion into money or its equivalent. Any resource obtained on or after the first of the month in which eligibility is determined is called "income."

(a) "Exempt resource" is a resource which by policy is not considered in computing financial need.

(b) "Nonexempt resource" means a resource which is not exempt, and the value of which is used to determine financial need.

(34) "Restitution" means repayment to the state of assistance paid contrary to law.

(35) "Statements in support of application" means any form or document required under department regulations.

(36) "Suspension" means a temporary discontinuance of a grant payment.

(37) "Terminate" means discontinuance of payment or suspension status.

(38) "Transfer" means reassignment of a case record from one CSO to another in accordance with a client's change of residence.

(39) "Value" means the worth of an item in money or goods at a certain time.

(40) "Vendor payment" means an authorized payment to an individual, corporation or agency for goods furnished or services rendered to an individual eligible for public assistance.

(41) "Warrant" means the state treasurer's warrant issued in payment of a grant.

(42) "Warrant register" means the list of warrants issued specifying payee's name, amount of payment, warrant number, and for each AFDC payment the number of matchable persons whose need is being met by the grant.

(a) "Regular warrant register" means the list of regular grants paid.

(b) "Supplemental warrant register" means the list of initial, adjusting and one-time grants paid.

[Statutory Authority: RCW 43.17.060, 43.21C.120 and 43.20A.550. 91-01-098 (Order 3118), § 246-790-010, filed 12/18/90, effective 1/18/91.]

WAC 246-790-020 Rules--Applicability. (1) The rules for determining eligibility and amount of payment are based on law and are designed to permit the granting of necessary assistance considering the applicant's requirements, resources and ability to help himself or herself. The purpose is to assure the meeting of need on a modest, reasonable basis. The result of granting assistance according to these rules should be to ease the conditions individuals would face without such assistance and to increase opportunities for functioning effectively under arrangements adapted to the individual's particular circumstances.

(2) The rules are necessarily based on conditions considered to apply in the great majority of situations. Individual circumstances may exist where application of the rule seems to work in opposition to the objective desired. This may occur when the person's situation differs from that of the majority or when his or her circumstances are peculiar. In these cases, exceptions may be considered.

(3) An exception cannot be made to a specific provision of the law. However, individual case exception to a rule not specifically enunciated in the law can be authorized by the secretary or the secretary's designee when it appears to be in the best interest of overall economy and the individual's welfare.

(4) Exception decisions are not subject to the fair hearing procedures of chapter 246-08 WAC.

[Statutory Authority: RCW 43.17.060, 43.21C.120 and 43.20A.550. 91-01-098 (Order 3118), § 246-790-020, filed 12/18/90, effective 1/18/91.]

VENDOR PROGRAM

WAC 246-790-050 Description of WIC program. (1) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to serve as an adjunct to health care by providing nutritious food; nutrition education and counseling; health screening; and referral services to pregnant and breast-feeding women, infants, and children in certain high-risk categories.

(2) Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program and are hereby incorporated by reference. These regulations are designed to promote consistent and high quality services to clients, promote consistent application of procedures for eligibility and food issuance, and lessen the possibility of participant, food vendor, and local agency abuse of the WIC program. These regulations define the rights, responsibilities, and legal procedures of participants, vendors, and local agencies.

(3) The WIC program in the state of Washington is administered by the nutrition services section of the division of parent-child health services in the department of social and health services.

(4) As used in this chapter, the following definitions apply:

(a) "Department" means the department of social and health services;

(b) "Food company" means manufacturer of food items;

(c) "Food instrument" means check or voucher;

(d) "Food vendor" means the owner, chief executive officer, controller, or other person legally authorized to obligate a store location to a contract; and

(e) "Local WIC agency" means the clinic or agency where a participant receives WIC services.

[Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-050, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-005, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-005, filed 6/30/88.]

WAC 246-790-060 Authorized foods. (1) The department shall provide one or more of the following foods to eligible women, infants, and children:

(a) Cereals,

(b) Juices,

(c) Infant formula,

(d) Infant cereal,

(e) Milk,

(f) Eggs,

(g) Dry beans and peas,

(h) Peanut butter, and

(i) Cheese.

These foods shall meet nutritional standards established by federal regulations.

(i) The department shall approve specific brands of infant formula, juice, and cereal based on federal nutritional requirements. In addition, the department specifies juice provided to WIC clients must be unsweetened; and

(ii) The department shall designate specific types of domestic, pasteurized cheese for the WIC program.

(2) A copy of the authorized WIC food list shall be included in the annually revised state plan which is available for public comment and is submitted to the United States Department of Agriculture Food and Nutrition Services regional office.

(3) The following steps have been established by the department as the formal procedure for adding a food product to the WIC program:

(a) A food company or other entity, such as a local WIC clinic, shall submit a written request for authorization of a product;

(b) The food company representative shall furnish the state WIC office with:

(i) Package flats or labels, information on package sizes and prices, and a summary of current distribution; and

(ii) The food company's summary of current distribution shall be in writing and shall include, but not be limited to:

(A) Identification of the wholesaler carrying the product; and

(B) Assessment of when the new product replaces the old on store shelves when there is a change in the product formulation.

This information must be received ninety days or more before WIC food instrument revision deadlines.

(c) When the product meets federal and state requirements, the department shall verify product availability and price;

(d) The nutrition services work group of the division of parent-child health services shall make a recommendation based on the product's ingredients and value to the promotion of healthful and economic food buying practices;

(e) The department shall survey local WIC agency staff for their recommendation in regard to need and demand for the product;

(f) The department shall review data and recommendations and shall notify the food company of the department's decision;

(g) The department shall add the newly authorized food items to the WIC food instrument at the next scheduled printing.

(4) State WIC monitor staff shall determine if a food product considered for authorization is available to retail outlets, statewide, and has a history of availability for one year or more.

(5) The department reserves the right to require a food company to submit a statement guaranteeing a minimum period of time during which a food product will be available throughout the state of Washington.

(6) The department reserves the right to refuse any food product that appears in contradiction to the principles promoted by the WIC program's nutrition service component.

(7) The department reserves the right to limit the number of authorized foods within a food category.

(8) Food companies shall notify the department of any changes in product content, name, label design, or availability.

(a) If a food company fails to notify the department of the changes in writing, the WIC program shall revoke the product's authorization; and

(b) A food company shall notify the department of changes before a Washington state wholesaler receives the new product.

(9) A food company shall not use the term "WIC approved" without prior department approval.

[Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-060, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-015, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-015, filed 6/30/88.]

WAC 246-790-070 Food vendor participation. (1) The department shall authorize food vendors who may redeem WIC food instruments or otherwise provide supplemental foods to WIC participants. Unauthorized vendors who redeem WIC food instruments are subject to the penalties specified in WAC 388-19-035.

(2) Application procedure.

(a) Food vendors shall submit an application to the department, including a price list for authorized WIC food. Forms used in the application process are contained in the state plan which is submitted annually to the United States Department of Agriculture Food and Nutrition Services regional office.

(b) The department may require vendor applicants to provide information regarding gross food sales and inventory records for WIC-approved foods.

(c) The department shall conduct a documented on-site visit prior to, or at the time of, initial authorization of a new vendor, for the purpose of evaluating the inventory of WIC foods and providing training on rules and regulations of WIC transactions.

(d) The department shall issue contracts for a maximum period of two years. All contracts expire on March 31 of odd-numbered years. No new applications will be accepted after October 1 in even-numbered years, except in the case of an ownership change where there is a documented need for a location in order to solve client access problems. The department has the authority to limit acceptance of new applications to other specific times as well.

(3) The department shall authorize an appropriate number and distribution of food vendors to assure adequate participant convenience and access, and to assure the department can effectively manage review of these vendors. The department has the authority to limit the number of authorized food vendors in any given geographic area or statewide. Selection is based on the following conditions:

(a) The vendor applicant shall have requests from or the potential of serving six or more WIC participants.

(i) For vendors without prior contracts, the local WIC agency shall document six or more WIC participants requesting use of a location.

(ii) Vendors applying for re-authorization shall have a check redemption record averaging fifteen or more checks per month over a six-month period, documented by department statistics reports.

(iii) Exceptions may be made for:

(A) Pharmacies needed as suppliers of special infant formulas; or

(B) Retail grocery stores in isolated areas.

In either case, the need shall be documented by the local WIC agency.

(b) Food vendors shall stock representative items from all food categories on the authorized WIC food list that apply to the vendor's classification. Minimum quantities specified on the authorized WIC food list shall be stocked before a contract is offered to the food vendor. A food vendor seeking a waiver from the minimum formula stock requirement shall request the waiver in writing for each contracting period. No waivers shall be granted unless there is an insufficient number of authorized vendors in a given service area;

(c) Prices of individual food items shall not exceed one hundred twenty percent of the statewide average price[. The state WIC office shall have the prerogative to grant waivers to the price percentage requirement when client access is jeopardized];

(d) The food vendor shall possess a valid Washington state tax registration number;

(e) The food vendor shall comply with training sessions, monitor visits, and provide invoices and shelf prices upon request;

(f) The store shall be open for business eight or more hours per day, six days per week.

(4) The department shall give written notification of denial, stating the reason, and advising the food vendor of the vendor's right of appeal. The department may deny a food vendor authorization for reasons including, but not limited to the following:

(a) Redeeming WIC food instruments without authorization;

(b) Store which has had)) Changing ownership more than twice during a two-year contracting period;

(c) Failure to implement corrective action imposed by the department;

(d) Failure to complete payment of an imposed fine;

(e) Refusing to accept training from the WIC program; and

(f) Repeated department-documented noncompliance with program regulations.

[Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-070, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-020, filed 6/6/90, effective 7/7/90; 88-18-022 (Order 2681), § 388-19-020, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-020, filed 6/30/88.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-790-080 Food vendor contracts. (1) All participating food vendors shall enter into written contracts with the department. The contract shall be signed by the vendor's legal representative.

(2) When the food vendor obligates more than one store location, all participating store locations shall be listed by name and location on the contract. Individual store locations may be added, temporarily disqualified, or terminated by contract amendment without affecting the remaining store locations.

(3) The department shall have the authority to contract with a sole source for a specified WIC food product or food product category.

(4) WIC vendor rules. The food vendor contract shall contain the following rules:

(a) The food vendor shall stock sufficient quantities of authorized WIC foods to meet the needs of WIC customers;

(b) The food vendor shall redeem food instruments made payable only to that specific store or with the words "any authorized WIC vendor;"

(c) The food vendor shall accept food instruments from a WIC customer within thirty days of the issuance date and submit those instruments for payment within the time period stated on the food instrument;

(d) The food vendor shall require proof of identity of WIC customers by requesting identification. The WIC identification folder is provided for this purpose;

(e) The food vendor shall ensure both signatures on the WIC check match the signature on the identification;

(f) The food vendor shall not accept WIC food instruments altered in any way;

(g) The food vendor shall redeem WIC food instruments for only the supplemental foods specified on the food instrument;

(h) The food vendor shall provide supplemental foods at the current price or at less than the current price charged other customers;

(i) The food vendor shall not accept WIC checks exceeding the maximum amount allowable;

(j) The department has the right to demand refunds from the food vendors for documented overcharges;

(k) The department may deny payment to the food vendor for improperly handled food instruments or may demand refunds for payments already made on improperly handled food instruments. Examples of improperly handled food instruments are:

(i) A check presented to the vendor for redemption after the thirty–day valid period;

(ii) An altered check; and

(iii) A check exceeding the maximum allowable amount.

(l) The food vendor shall not seek restitution from WIC customers for food instruments not honored by the WIC program, nor shall the food vendor seek restitution through a collection agency;

(m) The food vendor shall not request cash or give change in a WIC transaction;

(n) The food vendor shall not issue refunds for returned WIC foods or allow exchanges of WIC foods;

(o) The food vendor shall not issue rain checks or any form of credit;

(p) The food vendor shall treat WIC customers with the same courtesy provided to other customers;

(q) The department shall hold the food vendor responsible for the actions of employees or agents of the vendor with regard to any WIC transaction;

(r) The manager of the store or an authorized representative such as head cashier shall agree to accept training on WIC program requirements and procedures. The department shall provide this training;

(s) The food vendor shall inform and train cashiers or other employees on WIC program rules and check cashing procedures;

(t) The department shall monitor the food vendor for compliance with WIC program rules;

(u) During the department monitoring visit of a food vendor, the food vendor shall provide access to food instruments negotiated the day of the review, at the request of the department reviewer;

(v) Food vendors shall provide department reviewers access to shelf price records;

(w) Each food vendor shall provide the department with a complete price list of authorized WIC foods not more than twelve times per year; and

(x) The food vendor shall notify the department of any store closure or change of ownership, store name, and/or location no later than the tenth of the month before the month during which the change is effective. Notices from the vendor shall be addressed to DSHS WIC Program, Mailstop LC–12C, Olympia, Washington 98504.

(5) Renewal of contract.

(a) Neither the department nor the food vendor is obligated to renew the food vendor contract. The department shall notify vendors in writing not less than fifteen days before the expiration of a contract not being renewed by the department.

(b) Food vendors shall observe time lines, such as deadlines for submitting price lists and returning properly signed contracts. Failure of vendors to do so may result in denial of authorization.

(6) Contract terminations.

(a) Either the department or the food vendor may terminate the contract by submitting a written notice to the other party thirty days in advance.

(b) The food vendor contract shall automatically be terminated without advance notice from the department in the event of a store closure or change in ownership.

[Statutory Authority: RCW 43.20A.550. 91–01–097 (Order 3117), recodified as § 246–790–080, filed 12/18/90, effective 1/18/91; 90–12–112 (Order 2960), § 388–19–025, filed 6/6/90, effective 7/7/90; 88–14–037 (Order 2638), § 388–19–025, filed 6/30/88.]

WAC 246-790-090 Food vendor monitoring. (1) The department shall identify high–risk vendors and ensure on–site monitoring, further investigation, and sanctioning of such vendors. Criteria for identifying high–risk vendors shall include, but not be limited to, such considerations as participant complaints and the amount or frequency of suspected overcharges or other improper handling of redeemed food instruments.

(2) The department shall conduct on–site monitoring visits to at least ten percent of authorized vendors per year. The department shall select the vendors on a representative basis, in order to survey the types and levels of abuse and errors among participating food vendors. Vendors shall take corrective action as directed by the department.

(3) The department shall submit a summary of the results of the monitoring of high–risk and representative food vendors and of the review of food instruments to USDA Food and Nutrition Service on an annual basis within four months after the end of the federal fiscal year.

(4) The department shall document the following for all on–site vendor monitoring visits:

(a) Names of vendor, reviewer, and, except for compliance buys, persons interviewed;

(b) Date of review;

(c) Nature of problem or problems detected or observation that the food vendor appears to be in compliance with program requirements;

(d) How the food vendor plans to correct deficiencies detected; and

(e) Signature of reviewer.

(5) Methods of on–site monitoring visits include, but are not limited to:

(a) Compliance purchases;

(b) Review of cashier check–out procedures;

(c) Review of inventory records;

(d) Review of the availability, prices, and expiration dates of authorized WIC foods; and

(e) Review of food instruments negotiated the day of the review.

(6) The department may conduct compliance purchases to collect evidence of improper vendor practices,

or arrange for this responsibility to be assumed by the proper state or local authorities.

(7) The department shall establish procedures to document the handling of complaints by participants against food vendors. The department shall deal with complaints of civil rights discrimination in accordance with 7 CFR 246.8(b).

[Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-090, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-030, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-030, filed 6/30/88.]

WAC 246-790-100 Food vendor sanctions. (1) The department may disqualify a food vendor for reasons of program abuse, and terminate the vendor's participation in the WIC program for a specified period of time. At the end of the disqualification period, the vendor shall be required to reapply for authorization.

(2) Food vendors may be subject to sanctions in addition to, or in lieu of, disqualification, such as monetary claims for improperly handled food instruments. Prior to disqualifying a food vendor, the department shall consider whether the disqualification would create undue hardships for WIC participants.

(3) The department shall set the period of disqualification from program participation at a minimum of one year and shall not exceed three years. The maximum period of disqualification shall be imposed only for flagrant or repeated program abuse. The department shall issue a warning letter documenting the infraction to the food vendor before a disqualification is imposed.

(4) The department shall disqualify a food vendor from the WIC program if that vendor is suspended or disqualified from another FNS program.

(5) The department shall recover funds due the WIC program and impose monetary sanctions of not less than one hundred dollars on food vendors for the offenses in subsection (5) of this section. The department shall deposit these funds into the WIC account in accordance with federal regulations.

Money shall be paid to the department within the time period specified in the notification of adverse action or the vendor shall be suspended from the WIC program for a period of at least one year. Offenses include:

(a) Providing cash, unauthorized food, nonfood items, or other items to WIC customers in lieu of or in addition to authorized WIC supplemental foods;

(b) Charging the WIC program for foods not received by the customer;

(c) Charging the WIC program more for authorized WIC supplemental foods than other customers are charged for the same food item;

(d) Providing rain checks or credit to customers in a WIC transaction;

(e) Charging WIC customers cash or giving change to customers in a WIC transaction; and

(f) Redeeming WIC checks without having authorization from the department.

Repeating any offense listed in subsection (5) of this section would subject a vendor to a one-year disqualification.

(6) A food vendor who fails to give the specified notice of a change in ownership, store name, and/or location shall be liable for resultant costs incurred by the WIC program. In addition, a food vendor who fails to furnish the state WIC office with written notice of a change in ownership before the effective date of sale shall be subject to a monetary sanction of not less than one hundred dollars.

(7) A food vendor's failure to maintain a sufficient stock of WIC authorized foods or to follow the appropriate WIC check cashing procedure may result in a one-year disqualification.

(8) Food vendors who have willfully misapplied, stolen, or fraudulently obtained program funds shall be subject to a fine of not more than one thousand dollars or imprisonment for not more than five years or both, if the value of the funds is one hundred dollars or more. If the value is less than one hundred dollars, the penalties are a fine of not more than one thousand dollars or imprisonment for not more than one year or both. The department shall refer these vendors to federal, state, or local authorities for prosecution under applicable statutes.

[Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-100, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-035, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-035, filed 6/30/88.]

WAC 246-790-110 Notice of adverse action to WIC food vendor--Denial of food vendor application, contract nonrenewal. (1) When the department denies a food vendor's application to participate in the WIC program or denies a contractor's application to renew the contract, the denial shall be in writing. The notice shall state the basis for the denial.

(2) When the department proposes to take an adverse action against a food vendor with whom the department has a contract, the department shall give the contractor a written notice. The notice shall:

(a) State the cause for the action;

(b) State the effective date of the action; and

(c) Be provided to the contractor not less than fifteen days in advance of the effective date of the action.

[Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-110, filed 12/18/90, effective 1/18/91; 88-14-037 (Order 2638), § 388-19-040, filed 6/30/88.]

WAC 246-790-120 WIC food vendor--Administrative review--Contract dispute resolution. (1) Administrative review.

(a) A food vendor whose application to participate in the WIC program is denied has the right to administrative review which is an informal meeting between the department and the vendor to discuss the reasons for the denial. Contracted food vendors dissatisfied with department decisions affecting the vendor's participation also may request an administrative review.

(b) A request for an administrative review shall be in writing and:

(i) State the issue raised;

(ii) State the grounds for contesting the aggrieving department action;

(iii) State the law and allegations of fact on which the appeal relies;

(iv) Contain the appellant's current address and telephone number, if any; and

(v) Have a copy of the adverse department notice attached.

(c) A request for an administrative review shall be made by personal service on the division of parent–child health services headquarters office or by certified mail addressed to the Division of Parent–Child Health Services, Mailstop LC–12C, Olympia, Washington 98504. The request shall be made within thirty days of the date the vendor received the notice of adverse action. When the request is mailed, it shall be treated as having been made on the date it was postmarked provided it is received by the division of parent–child health services properly addressed and with no postage due.

(d) The director of the division of parent–child health services, or the director's designee, shall conduct the administrative review. The time limit for making the determination is thirty days from the date the request for an administrative review was received by the office. The time shall be extended by as many days as the vendor requests, assents to, or causes a delay in the proceedings.

(e) Administrative review is the sole administrative remedy the department offers a food vendor WIC contract applicant. Contracted food vendors dissatisfied with administrative review decisions may request a contract dispute resolution.

(2) Contract dispute resolution.

(a) A WIC food vendor who is disqualified from participating in the program or who is aggrieved by any other adverse action the department takes which affects participation, has the right to a dispute resolution. This shall not apply to a nonrenewal of the contract.

(b) A request for a dispute resolution shall be in writing and:

(i) State the issue raised;

(ii) State the grounds for contesting the aggrieving department action;

(iii) State the law and allegations of fact on which the appeal relies;

(iv) Contain the contractor's current address and telephone number, if any; and

(v) Have a copy of the adverse department notice attached.

(c) A request for a dispute resolution shall be made by personal service on the office of contracts management in Olympia or by certified mail addressed to the Office of Contracts Management, Mailstop OB–22N, Olympia, Washington 98504. The request shall be made within thirty days of the date the contractor received the notice of adverse action. When the request is mailed, it shall be treated as having been made on the date it was postmarked provided it is received by the office of contracts management properly addressed and with no postage due.

(d) The time limit for making the determination is thirty days from the date the request for a dispute resolution was received by the office of contracts management. The time shall be extended by as many days as the contractor requests, assents to, or causes a delay in the proceedings.

(e) The contract dispute resolution is the sole administrative remedy the department offers a WIC contractor.

[Statutory Authority: RCW 43.20A.550. 91–01–097 (Order 3117), recodified as § 246–790–120, filed 12/18/90, effective 1/18/91; 90–12–112 (Order 2960), § 388–19–045, filed 6/6/90, effective 7/7/90; 88–18–022 (Order 2681), § 388–19–045, filed 8/30/88; 88–14–037 (Order 2638), § 388–19–045, filed 6/30/88.]

WAC 246-790-130 WIC contractor--Continued participation pending contract dispute resolution. (1) If the action being appealed is a temporary disqualification of a WIC authorized vendor, that vendor shall cease redeeming WIC checks effective on the date specified in the sanction notice. The vendor shall not accept WIC food instruments during the appeal period. Payment shall not be made for any food instruments accepted by a vendor during a period of disqualification.

(2) The department may in its discretion permit the contractor to continue participating in the WIC program pending the proceedings when implementing the action would unduly inconvenience WIC participants.

[Statutory Authority: RCW 43.20A.550. 91–01–097 (Order 3117), recodified as § 246–790–130, filed 12/18/90, effective 1/18/91; 88–18–022 (Order 2681), § 388–19–050, filed 8/30/88; 88–14–037 (Order 2638), § 388–19–050, filed 6/30/88.]

Chapter 246-800 WAC
GENERAL PROVISIONS--PROFESSIONALS

WAC

TRIPLICATE PRESCRIPTION FORM PROGRAM

TRIPLICATE PRESCRIPTION FORM PROGRAM

WAC 246-800-101 Scope and purpose of chapter. This chapter is intended to implement RCW 69.50.311. The purpose of this chapter is to establish a triplicate prescription program participation which may be imposed by the appropriate disciplinary authority upon licensed health care practitioners with prescription or dispensing authority. Participation in this triplicate prescription program may be required of licensees as a part of disciplinary action or board–supervision of the licensee's practice. The determination as to whether to impose participation in this program upon a licensee shall be within the sole discretion of the disciplinary authority.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–800–101, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86–10–036 (Order 197), § 308–250–010, filed 5/5/86.]

WAC 246-800-120 Official triplicate prescription forms. Any licensed health care practitioner upon whom participation in the triplicate prescription form program is imposed shall obtain official triplicate prescription forms from the Washington state department of licensing. The practitioner shall pay a fee for these forms that is equal to the cost to the department of the forms. The official triplicate prescriptions forms shall be utilized by the practitioner with respect to the drug or drugs specified by the disciplinary authority. The official triplicate prescriptions forms utilized in this program will be sequentially numbered. The practitioner shall account for all numbered prescriptions provided to him or her.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-020, filed 5/5/86.]

WAC 246-800-130 Distribution and retention of the triplicate prescription forms. The triplicate prescriptions utilized pursuant to this program shall be retained as follows:

(1) The original prescription shall be provided to the patient unless the drug is dispensed or administered to the patient by the practitioner, or if an emergency prescription is issued. In instances where the drug is dispensed or administered, the provisions of WAC 308-250-040 shall apply. In the case of an emergency prescription, the provisions of WAC 308-250-050 shall apply;

(2) One copy shall be transmitted to the department. These copies shall be transmitted to the department monthly unless otherwise directed by the disciplinary authority;

(3) One copy shall be retained by the health care practitioner and shall be available for inspection by an authorized representative of the department.

(4) Any official triplicate prescription forms improperly completed, damaged or otherwise not utilized shall be accounted for by the practitioner. An explanation and accounting for the forms not properly utilized, along with any improperly completed or damaged triplicate prescriptions forms shall be returned to the department along with the other copies to be submitted pursuant to this rule.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-030, filed 5/5/86.]

WAC 246-800-140 Drugs administered or dispensed by the health care practitioner. A health care practitioner participating in the triplicate prescription program shall complete a prescription form for all drugs specified by the disciplinary authority. If the drugs are administered or dispensed to the patient, the original shall be transmitted to the department along with the copy as required by WAC 308-250-030.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-040, filed 5/5/86.]

WAC 246-800-150 Emergency prescriptions. In an emergency, unless prohibited by the order of the disciplinary authority, a practitioner participating in this program may orally prescribe and a pharmacist may dispense a drug specified by the disciplinary authority to be included in the triplicate prescription program. For the purposes of this rule, "emergency" means that the immediate provision of the drug is necessary for proper treatment, that no alternative treatment is available and it is not possible for the practitioner to provide a written prescription for the drug. If such a drug is orally prescribed, the practitioner shall:

(1) Contemporaneously reduce the prescription to writing;

(2) Cause the original of the written prescription to be delivered to the pharmacy filling the prescription within 72 hours; and,

(3) Retain and transmit copies of the prescription as provided in WAC 308-250-030.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-050, filed 5/5/86.]

Chapter 246-802 WAC
ACUPUNCTURISTS

WAC

WAC 246-802-010 Definitions. For the purpose of administering chapter 18.06 RCW, the following terms shall be considered in the following manner:

(1) "Acupuncture school" is an academic institution which has the sole purpose of offering training in acupuncture.

(2) "Acupuncture program" is training in acupuncture offered by an academic institution which also offers

training in other areas of study. A program is an established area of study offered on a continuing basis.

(3) "Acupuncture apprenticeship" is training in acupuncture which is offered by a qualified acupuncture employer to an apprentice on the basis of an apprenticeship agreement between the employer and the apprentice. An apprenticeship is of limited duration and ceases at the time the parties to the apprenticeship agreement have performed their obligations under the agreement.

(4) "Acupuncture tutorial instruction" is training in acupuncture which is offered by an academic institution or qualified instructor on the basis of a tutorial agreement between the school or instructor and the student. A tutorial is of limited duration and ceases at the time the parties to the tutorial agreement have performed their obligations under the agreement.

(5) "Academic year" is three quarters or two semesters.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-130, filed 3/4/87.]

WAC 246-802-020 License renewal registration date and fee. (1) The annual license renewal date will coincide with the licensee's birth anniversary date.

(2) Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their next birth anniversary date.

(3) Licensees who fail to pay the license renewal fee within thirty days of the license expiration date will be subject to the late penalty fee as set forth in RCW 18-.06.120 and established in WAC 308-180-260.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-11-093 (Order 051), § 308-180-120, filed 5/18/90, effective 6/18/90; 88-07-031 (Order PM 713), § 308-180-120, filed 3/9/88; 86-10-038 (Order PL 592), § 308-180-120, filed 5/5/86.]

WAC 246-802-030 Approval of school, program, apprenticeship or tutorial instruction. The department will consider for approval any school, program, apprenticeship or tutorial instruction which meets the requirements outlined in chapter 18.06 RCW and which provides all or part of the courses required in RCW 18.06.050.

(1) A school or program may be approved by the director without formal application to the department provided that:

(a) The school or program is accredited or has candidacy status as a United States postsecondary school or program; or

(b) The school or program is accredited under the procedures of another country and these procedures satisfy accreditation standards used for postsecondary education in the United States; or

(c) The nonaccredited school or program is approved by or has candidacy status with the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine; or

(d) The nonaccredited school or program is approved by the Washington state board of medical examiners to prepare persons for the practice of acupuncture.

(2) Approval of any other school, program, apprenticeship or tutorial instruction may be requested on a form provided by the department.

(3) Application for approval of a school, program, apprenticeship or tutorial instruction shall be made by the authorized representative of the school or the administrator of the apprenticeship or tutorial agreement.

(4) An applicant may request approval of the school, program, apprenticeship or tutorial instruction as of the date of the application or retroactively to a specified date.

(5) The application for approval of a school, program, apprenticeship or tutorial instruction shall include documentation required by the department pertaining to educational administration, qualifications of instructors, didactic and/or clinical facilities, and content of offered training.

(6) An application fee must accompany the completed application.

(7) The department will evaluate the application and, if necessary, conduct a site inspection of the school, program, apprenticeship or tutorial instruction prior to approval by the department.

(8) Upon completion of the evaluation of the application, the department may grant or deny approval, or grant approval conditioned upon appropriate modification to the application.

(9) In the event the department denies an application or grants conditional approval, the authorized representative of the applicant school or program or the administrator of the applicant apprenticeship or tutorial instruction may request a review within ninety days of the department's adverse action. Should a request for review of an adverse action be made after ninety days following the department's action, the contesting party may obtain review only by submitting a new application.

(10) The authorized representative of an approved school or program or the administrator of an apprenticeship or tutorial agreement shall notify the department of significant changes with respect to educational administration, instructor qualifications, facilities, or content of training.

(11) The department may inspect an approved school, program, apprenticeship or tutorial instruction at reasonable intervals for compliance. Approval may be withdrawn if the department finds failure to comply with the requirements of law, administrative rules, or representations in the application.

(12) The authorized representative of a school or administrator of an agreement must immediately correct deficiencies which resulted in withdrawal of the department's approval.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-140, filed 3/4/87.]

WAC 246-802-040 Western sciences. The training in western sciences shall consist of forty-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These forty-five academic credits shall consist of the following:

(1) Anatomy;
(2) Physiology;
(3) Microbiology;
(4) Biochemistry;
(5) Pathology;
(6) Survey of western clinical sciences;
(7) Hygiene; and
(8) Cardio-pulmonary resuscitation (CPR).

Training in hygiene and CPR shall consist of a minimum of one academic credit hour or equivalent in each subject. Red Cross certification or documentation of equivalent training may be substituted for one academic credit hour in CPR.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-150, filed 6/6/90, effective 7/7/90; 87-06-050 (Order PM 641), § 308-180-150, filed 3/4/87.]

WAC 246-802-050 Acupuncture sciences. The training in acupuncture sciences shall consist of seventy-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These seventy-five academic credits shall include the following subjects:

(1) Fundamental principles of acupuncture;
(2) Acupuncture diagnosis;
(3) Acupuncture pathology;
(4) Acupuncture therapeutics;
(5) Acupuncture meridians and points; and
(6) Acupuncture techniques, including electroacupuncture.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-160, filed 3/4/87.]

WAC 246-802-060 Clinical training. (1) A minimum of one hundred hours or nine quarter credits of clinical training shall consist of observation which shall include case presentation and discussion.

(2) Supervised practice consists of at least four hundred separate patient treatments involving a minimum of one hundred patients. Twenty-nine quarter credits of supervised practice shall be completed over a minimum period of one academic year.

(a) A qualified instructor must observe and provide guidance to the student during the first one hundred patient treatments and be available within the clinical facility to provide consultation and assistance to the student for patient treatments performed subsequently. In the case of each and every treatment, the instructor must have knowledge of and approve the diagnosis and treatment plan prior to the initiation of treatment.

(b) "Patient treatment" shall include:

(i) Conducting a patient intake interview concerning the patient's past and present medical history;

(ii) Performing traditional acupuncture examination and diagnosis;

(iii) Discussion between the instructor and the student concerning the proposed diagnosis and treatment plan;

(iv) Applying acupuncture treatment principles and techniques (a minimum of three hundred sixty patient treatments involving point location, insertion and withdrawal of all needles must be performed); and

(v) Charting of patient conditions, evaluative discussions and findings, and concluding remarks.

(c) Supervised practice shall consist of a reasonable time per patient treatment and a reasonable distribution of patient treatment over one or more academic years so as to facilitate the student's learning experience. If the department is not satisfied that the time per patient treatment and distribution of treatments over one or more academic years facilitates the student's learning experience, it may require detailed documentation of the patient treatments.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-170, filed 3/4/87.]

WAC 246-802-070 Documents in foreign language. All documents submitted in a foreign language shall be accompanied by an accurate translation in English. Each translated document shall bear the affidavit of the translator certifying that the translator is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original, and sworn to before a notary public. Translation of any document relative to a person's application shall be at the expense of the applicant.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-190, filed 3/4/87.]

WAC 246-802-080 Sufficiency of documents. In all cases the departments' decision as to the sufficiency of the documentation shall be final. The department may request further proof of qualification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-200, filed 3/4/87.]

WAC 246-802-090 Examinations. (1) A written and practical examination in English shall be given twice yearly for qualified applicants at a time and place determined by the director.

(2) Applications and fees for examination or reexamination must be received by the department forty-five days in advance of the scheduled examination date.

(3) The passing score for the written examination is a converted score of seventy-five.

(4) The practical examination will consist of separate segments designed to test the applicant's knowledge of

diagnostic methods, acupuncture treatment and aseptic techniques.

(5) To pass the practical examination, candidates must successfully complete each segment of the examination.

(6) Applicants who fail either the written or the practical portion of the examination shall submit an appropriate fee for re-examination.

(7) Applicants who fail more than fifty percent of the segments of the practical examination will be required to be reexamined on all segments of the practical examination.

(8) Applicants who fail fifty percent or less of the segments of the practical examination will be reexamined only on the segments that did not receive a passing score. This provision applies only to the next regularly scheduled practical examination administration.

(9) If an applicant fails to successfully complete the practical examination within two years of passing the written examination, the director may require the applicant to retake the written examination.

(10) Application fees are nonrefundable.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-210, filed 6/6/90, effective 7/7/90; 88-07-031 (Order PM 713), § 308-180-210, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-210, filed 3/4/87.]

WAC 246-802-100 Consultation plan. Every certified acupuncturist shall develop a written plan for consultation, emergency transfer, and referral. The written consultation plan must be kept on file at the practitioner's place of business and be available on request by the department or its representative. The written consultation plan must include:

(1) The name, address, and telephone numbers of two consulting physicians;

(2) The name, address, and a telephone number of the nearest emergency room facility;

(3) An emergency transport mechanism (i.e., ambulance) with the name, address, and telephone number of the dispatcher nearest to the location of practice; and

(4) Confirmation from the physicians listed as to their agreement to consult with and accept referred patients from the applicant upon becoming a certified acupuncturist and establishing a place of practice.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-220, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-220, filed 3/4/87.]

WAC 246-802-110 Referral to other health care practitioners. When the acupuncturist sees patients with potentially serious disorders including but not limited to:

(1) Cardiac conditions including uncontrolled hypertension;

(2) Acute abdominal symptoms;

(3) Acute undiagnosed neurological changes;

(4) Unexplained weight loss or gain in excess of fifteen percent body weight within a three-month period;

(5) Suspected fracture or dislocation;

(6) Suspected systemic infection;

(7) Any serious undiagnosed hemorrhagic disorder; and

(8) Acute respiratory distress without previous history or diagnosis.

The acupuncturist shall provide the following as medically prudent:

(a) The acupuncturist shall immediately request a consultation or written diagnosis from a physician licensed under chapter 18.71 or 18.57 RCW for patients with potentially serious disorders. In the event the patient refuses to authorize such consultation or provide a recent diagnosis from such physician, acupuncture treatment shall not be continued.

(b) In emergency situations the acupuncturist shall provide life support and emergency transport to the nearest licensed medical facility.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-230, filed 3/4/87.]

WAC 246-802-120 Patient informed consent. The patient informed consent is to advise the patient of the credentials of the practitioner and the scope of practice of acupuncturists in the state of Washington. The following information must be furnished to each patient in writing prior to or at the time of the initial patient visit.

(1) Practitioner's qualifications, including:

(a) Education. Dates and location(s) of didactic and clinical training.

(b) License information, including:

(i) State license number;

(ii) Date of licensure;

(iii) Licensure in other states or jurisdiction.

(2) The "scope of practice" for an acupuncturist in the state of Washington includes but is not limited to the following list of techniques:

(a) Use of acupuncture needles to stimulate acupuncture points and meridians;

(b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;

(c) Moxibustion;

(d) Acupressure;

(e) Cupping;

(f) Dermal friction technique (gwa hsa);

(g) Infra-red;

(h) Sonopuncture;

(i) Lasarpuncture;

(j) Dietary advice based on traditional Chinese medical theory; and

(k) Point injection therapy (aquapuncture.)

(3) Side effects may include, but are not limited to, the following:

(a) Some pain following treatment in insertion area;

(b) Minor bruising;

(c) Infection;

(d) Needle sickness; and

(e) Broken needle.

(4) Patients with severe bleeding disorders or pace makers should inform practitioners prior to any treatment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-240, filed 3/4/87.]

WAC 246-802-130 Application exhibits required. Every application shall be accompanied by:

(1) The application fee;

(2) Verification of academic or educational study and training at a school or college which may include the following:

(a) Photostatic copy of diploma, certificate, or other certified documents and original copy of school transcript from a school or college evidencing completion of a program and a copy of the curriculum in the areas of study involved in the school or college forwarded directly from the issuing agency/organization; or

(b) Notarized affidavit or statement bearing the official school seal and signed by an officer of the school or training program certifying the applicant's satisfactory completion of the academic and clinical training and designating the subjects and hours; or

(c) If, for good cause shown, the school is no longer existent, an applicant may submit a sworn affidavit so stating and shall name the school, its address, dates of enrollment and curriculum completed, and such other information and documents as the department may deem necessary; or

(d) Certified copies of licenses issued by the applicants jurisdiction which must be forwarded directly to the department of licensing from the issuing licensing and/or translation agency rather than the applicant.

(3) Verification of clinical training. The applicant shall submit a certification signed by the instructor(s) under oath that the applicant completed a course of clinical training under the direction of the instructor which shall include:

(a) The location of the training site.

(b) The inclusive dates of training.

(c) That the supervised practice included a minimum of four hundred patient treatments involving a minimum of one hundred different patients.

(d) One hundred hours of observation including case presentation and discussion.

(4) Certified verification of successful completion of the national examination or receipt of the diplomate status from the National Commission for Certification of Acupuncturists.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-250, filed 6/6/90, effective 7/7/90; 88-07-031 (Order PM 713), § 308-180-250, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-250, filed 3/4/87.]

WAC 246-802-140 Advertising. (1) A person certified under chapter 18.06 RCW shall use the title certified acupuncturist or C.A. following their name in all forms of advertising, professional literature and billings. A certified acupuncturist may not represent that he or she holds a degree from an acupuncture school other than that degree which appears on his or her application for certification which has been verified in accordance with the director's requirements, unless the additional degree has also been verified in accordance with WAC 308-180-140.

(2) A certified acupuncturist may not use the title "doctor," "Dr.," or "Ph.D." on any advertising or other printed material unless the nature of the degree is clearly stated.

(3) A certified acupuncturist shall not engage in false, deceptive, or misleading advertising including but not limited to the following:

(a) Advertising which misrepresents the potential of acupuncture.

(b) Advertising of any service, technique, or procedure that is outside the scope of the certified acupuncturist as provided in RCW 18.06.010.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-270, filed 3/9/88.]

WAC 246-802-150 Examination appeal procedures. (1) Any candidate who takes the state written examination for licensure and does not pass may request informal review by the director of his or her examination results. This request must be in writing and must be received by the department of licensing, professional program management division within thirty days of the postmark on the notification of the examination results. The director will not set aside the examination results unless the candidate proves the challenged score was the result of fraud, coercion, arbitrariness, or manifest unfairness. The director will not consider any challenges to examination scores unless the total revised score could result in a passing score.

(2) The procedure for filing an informal review is as follows:

(a) Contact in writing the department of licensing office in Olympia for an appointment to appear personally to review incorrect answers on failed examinations.

(b) Candidate will be provided a form to complete in the department of licensing office in Olympia in defense of examination answers.

(c) The candidate must state the specific reason or reasons why the candidate feels the results of the examination should be changed.

(d) Candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the department.

(e) Candidate may not bring in any resource materials for use while completing the informal review form.

(f) Candidate will not be allowed to remove any notes or materials from the office upon leaving.

(g) The following procedure apply to an appeal of the results of the practical examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must, within thirty days of

the date on the notification of examination results, request in writing a breakdown of the candidate's scores in the various areas of the examination.

(ii) The candidate will be sent the breakdown and will also be provided a form to complete in defense of the candidate's examination performance. The candidate must complete the form and specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results should be modified. This form must be returned to the department within fifteen days of the date on the breakdown sent to the candidate.

(h) The acupuncture advisory committee will review and evaluate the comments submitted by the candidate on the forms provided for the informal review and make its recommendations to the director.

(i) The candidate will be notified in writing of the director's decision by the department.

(3) Any candidate who is not satisfied with the result of the examination review may request a formal hearing to be held before an administrative law judge pursuant to the Administrative Procedure Act. Such hearing must be requested within thirty days of the postmark of the result of the committee's review of the examination results. The request must state the specific reason or reasons why the candidate feels the results of the examination should be changed. The prior determination will not be set aside unless the candidate proves the challenged score was the result of fraud, coercion, arbitrariness, or manifest unfairness. The director will not consider any challenges to examination scores unless the total revised score could result in a passing score.

(4) The hearing will not be scheduled until after the candidate and the state's attorney have appeared before an administrative law judge for a prehearing conference to consider the following:

(a) The simplification of issues;

(b) The necessity of amendments to the notice of specific reasons for examination result change;

(c) The possibility of obtaining stipulations, admissions of fact, and documents;

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

(e) A schedule for completion of all discovery; and

(f) Such other matters as may aid in the disposition of the proceeding.

(5) The administrative law judge shall enter an order 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. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent order of the director.

(6) Candidates seeking formal appeal will receive at least twenty days advance notice of the time and place of the formal hearing. The hearing will be restricted to the specific reasons the candidate has identified as the basis for a change in the examination score.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-280, filed 3/9/88.]

WAC 246-802-160 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Acupuncturist" means a person certified under chapter 18.06 RCW.

(6) "Mentally or physically disabled acupuncturist" means an acupuncturist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice acupuncture with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-290, filed 6/30/89.]

WAC 246-802-170 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the acupuncturist being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-300, filed 6/30/89.]

WAC 246-802-180 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any acupuncturist's services are terminated or are restricted based on a determination that the acupuncturist has either committed an act or acts which may constitute unprofessional conduct or that the acupuncturist may be mentally or physically disabled.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-310, filed 6/30/89.]

WAC 246-802-190 Acupuncture associations or societies. The president or chief executive officer of any acupuncture association or society within this state shall report to the department when the association or society determines that an acupuncturist has committed unprofessional conduct or that an acupuncturist may not be able to practice acupuncture with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-320, filed 6/30/89.]

WAC 246-802-200 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that an acupuncturist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-330, filed 6/30/89.]

WAC 246-802-210 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to acupuncturists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured acupuncturist's incompetency or negligence in the practice of acupuncture. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the acupuncturist's alleged incompetence or negligence in the practice of acupuncture.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-340, filed 6/30/89.]

WAC 246-802-220 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed acupuncturists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-350, filed 6/30/89.]

WAC 246-802-230 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which an acupuncturist is employed to provide patient care services, to report to the department whenever such an acupuncturist has been judged to have demonstrated his/her incompetency or negligence in the practice of acupuncture, or has otherwise committed unprofessional conduct. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-360, filed 6/30/89.]

WAC 246-802-240 Cooperation with investigation. (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-370, filed 6/30/89.]

WAC 246-802-250 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of licenses. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 license expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-180-400, filed 11/2/88.]

WAC 246-802-990 Acupuncture fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application	$125.00
Written examination	125.00
Practical examination	250.00
Annual license renewal	450.00
Late renewal penalty	100.00
Duplicate license	15.00
Certification	25.00
Acupuncture training program application	500.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-039 (Order 084), § 308-180-260, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-180-260, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-15-030 (Order PM 735), § 308-180-260, filed 7/13/88; 87-18-031 (Order PM 667), § 308-180-260, filed 8/27/87.]

Chapter 246-810 WAC
COUNSELORS

WAC

COUNSELORS

WAC 246-810-010 Definitions. The following terms are defined within the meaning of this chapter.

(1) "Fee" as referred to in RCW 18.19.030 means compensation paid in exchange for counseling service whether or not the fee is paid on a contractual basis through a government agency or another third party, or is charged by a company, corporation, or any other type of firm, business, or individual provider.

(2) "Similarly regulated" means individuals who are currently registered, certified, or licensed under other laws of this state wherein disciplinary standards defining acts of unprofessional conduct apply to each individual under the regulation.

(3) "Therapeutic techniques" means the method of procedures used when assisting an individual with emotional, behavioral, or mental issues.

(4) "Treatment" means assisting or attempting to assist an individual and does not include the initial assessment/evaluation.

(5) "Counselor trainee" means any individual who is learning to be a counselor through on-the-job training while providing counseling services.

(6) "Student" means any individual enrolled in a college or university who is taking part in a counseling practicum for course credit.

(7) "Counselor intern" means any individual defined as a student.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-030, filed 5/11/88.]

WAC 246-810-020 Expiration of registration or certification. A registration or certification shall expire on the registered or certified practitioner's second birthdate following the date of original issue at which time it will be subject to renewal. Thereafter, the registration or certification will be renewable at two-year intervals, on or before the birthdate of the registered or certified practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-020, filed 12/27/90, effective 1/31/91. Statutory Authority: 1987 c 512 § 10. 87-21-011 (Order PM 686), § 308-190-020, filed 10/9/87.]

WAC 246-810-030 Client disclosure information. The term "counselor" as used in the wording of these rules includes all counselors, hypnotherapists, marriage and family therapists, mental health counselors, and social workers, whether registered or certified.

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

Firms, agencies, or businesses may supply generic information relative to a counselor's disclosure to the client, in a format which does not duplicate disclosure information provided when more than one counselor is involved in treatment.

The disclosure information must be printed in a format selected by the counselor. Whatever format is chosen must include all required disclosure information.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-040, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-040, filed 5/11/88.]

WAC 246-810-031 Required disclosure information. (1) The following information shall be provided to each counseling client:

(a) Name of firm, agency, business, or counselor's practice.

(b) Counselor's business address and telephone number.

(c) Washington state registration or certification number.

(d) The counselor's name and type of counseling they provide.

(e) The methods or techniques the counselor uses.

(f) The counselor's education, training, and experience.

(g) Client's cost per each counseling session and the course of treatment where known.

(h) The following language must appear on every client's disclosure statement:

"Counselors practicing counseling for a fee must be registered or certified with the department of licensing for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

(i) Counseling clients are to be informed of the purpose of the Counselor Credentialing Act. The purpose of the law regulating counselors is: (A) To provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

(j) Counseling clients are to be informed that they as individuals have the right to choose counselors who best suit their needs and purposes. (This subsection is not intended to provide new rights by superseding those adopted by previous statutes.)

(k) Counseling clients are to be informed of the extent of confidentiality provided by RCW 18.19.180 (1) through (6).

(l) Counseling clients are to be provided a list of or copy of the acts of unprofessional conduct in RCW 18-.130.180 with the name, address, and contact telephone within the department of licensing.

(2) Signatures are required of both the counselor providing the disclosure information and the client following a statement that the client had been provided a copy of the required disclosure information and the client has read and understands the information provided. The date of signature by each party is to be included at the time of signing.

(3) The department of licensing publishes a brochure for the education and assistance of the public. The department brochure may be photocopied and provided to each client as an option to satisfy the required disclosure information of subsection (1)(j) through (l) of this section.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-031, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-041, filed 6/30/89.]

WAC 246-810-032 Failure to provide client disclosure information. Failure to provide to the client any of the disclosure information as set forth in WAC 308-190-040 and as required by the law shall constitute an act of unprofessional conduct as defined in RCW 18.130.180(21).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-032, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-050, filed 5/11/88.]

WAC 246-810-040 Reporting of suspected abuse or neglect of a child, dependent adult, or a developmentally disabled person. As required by chapter 26.44 RCW, all hypnotherapists and counselors, registered or certified, shall report abuse or neglect of a child, dependent adult, or developmentally disabled person when they have reasonable cause to believe that such an incident has occurred.

The report shall be made to the local law enforcement agency or to the department of social and health services at the first opportunity, but no longer than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-042, filed 6/30/89.]

WAC 246-810-050 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Counselor" means a person registered pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled counselor" means a counselor who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-060, filed 6/30/89.]

WAC 246-810-060 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the registered counselors being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-070, filed 6/30/89.]

WAC 246-810-061 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any registered counselor's services are terminated or are restricted based upon a determination that the registered counselor has committed an act which may constitute unprofessional conduct or that the registered counselor may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-061, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-080, filed 6/30/89.]

WAC 246-810-062 Counselor associations or societies. The president or chief executive officer of any counselor association or society within this state shall report to the department when the association or society determines that a registered counselor has committed unprofessional conduct or that a registered counselor may not be able to practice counseling with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the registration holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-062, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-090, filed 6/30/89.]

WAC 246-810-063 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a registered counselor has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-063, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-100, filed 6/30/89.]

WAC 246-810-064 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to registered counselors shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured registered counselor's incompetency or negligence in the practice of counseling. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the counselor's alleged incompetence or negligence in the practice of counseling.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-064, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-110, filed 6/30/89.]

WAC 246-810-065 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of registered counselors, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-120, filed 6/30/89.]

WAC 246-810-066 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a registered counselor is employed to provide client care services, to report to the department whenever such a registered counselor has been judged to have demonstrated his/her incompetency or negligence in the practice of counseling, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled counselor. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-066, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-130, filed 6/30/89.]

WAC 246-810-070 Cooperation with investigation. (1) A registrant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the registrant or their attorney, whichever is first. If the registrant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the registrant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items.

A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the registrant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-140, filed 6/30/89.]

WAC 246-810-080 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for registration. Effective January 1, 1989 persons applying for registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of registration. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for registration renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 registration expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for registration, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-190-200, filed 11/2/88.]

CERTIFIED MARRIAGE AND FAMILY THERAPISTS

WAC 246-810-310 Definitions. Definitions within the meaning of this chapter as pertains to the certification of marriage and family therapists.

(1) "Shows evidence" is defined as the official transcript sent directly to the department of licensing by the approved college or university to include course catalogs and syllabi if requested by the department.

(2) "Approved school" and "approved graduate school" both mean any regionally accredited college or university.

(3) "Marriage and family assessment" includes the evaluation and diagnosis of individual, marital, family functioning, and psychopathology.

(4) "Treatment" is a process that is derived from a systemic or interactional theoretical orientation where psychotherapy is employed to improve the individual, marital, and family functioning.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 89-04-003 (Order PM 817), § 308-220-010, filed 1/19/89; 88-11-079 (Order PM 729), § 308-220-010, filed 5/18/88.]

WAC 246-810-320 Degree equivalents. The following are considered to establish equivalence to a master's or doctoral degree in marriage and family therapy from an approved school or an approved graduate school:

(1) A doctoral or master's degree in any of the behavioral sciences that shows evidence of fulfillment of the coursework requirements set out in WAC 308-220-040;

(2) A doctoral or master's degree in any of the behavioral sciences that shows evidence of partial fulfillment of the equivalent coursework requirements set out in WAC 308-220-040, plus supplemental coursework from either an AAMFT accredited postgraduate institution or from a regionally accredited college or university to satisfy the remaining equivalent coursework requirements set out in WAC 308-220-040; or

(3) A doctoral or master's degree in any of the behavioral sciences and proof of meeting requirements for receiving AAMFT clinical membership.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 89-04-003 (Order PM 817), § 308-220-030, filed 1/19/89; 88-11-079 (Order PM 729), § 308-220-030, filed 5/18/88.]

WAC 246-810-321 Program equivalency. The equivalent course of graduate study shall include courses in marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, research, professional ethics and law, supervised clinical practice and electives. A total of forty-five semester hours and sixty quarter hours are required in all nine areas of study. A minimum of twenty-seven semester hours or thirty-six quarter hours are required in the first five areas of study: Marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, and research. Distribution follows below:

(1) Marital and family systems.

(a) An applicant must take from two to four courses in marital and family systems. Course hours required are a minimum of six to twelve semester hours or eight to sixteen quarter hours.

(b) Marital and family systems is a fundamental introduction to the systems approach to intervention. The student should learn to think in systems terms on a number of levels across a wide variety of family structures, and regarding a diverse range of presenting problems. While the most intense focus may be on the nuclear family (in both its traditional and alternative forms), models should be taught which integrate information regarding the marital, sibling, and individual subsystems, as well as the family of origin and external societal influences. Developmental aspects of family functioning should also be considered of the family system, it also provides a theoretical basis for treatment strategy. Some material may be drawn from familiar sources such as family sociology, but it should be integrated with recent clinically-oriented systems concepts. Supplemental studies may include family simulation, the observation of well families, and study of the student's family of origin.

(2) Marital and family therapy.

(a) An applicant must take from two to four courses in marital and family therapy. Course hours required are a minimum of two to four semester hours or three to six quarter hours.

(b) Marital and family therapy is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each orientation. Major theoretical approaches to be surveyed might include strategic, structural, experiential, neoanalytical (e.g., object relations), communications, and behavioral. Applied studies should consider the range of technique associated with each orientation, as well as a variety of treatment structures, including individual, concurrent, collaborative, conjoint marital, marital group, transgenerational, and network therapies.

(3) Individual development.

(a) An applicant must take one course in individual development. Course hours required are a minimum of two to four semester hours or three to six quarter hours.

(b) A course in this area is intended to provide a knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the life span, and in personality theory. An attempt should be made to integrate this material with systems concepts. Several of the courses in this category may be required as prerequisites for some degree programs.

(4) Psychopathology.

(a) An applicant must take one course in psychopathology. Course hours required are a minimum of two to four semester hours and three to six quarter hours.

(b) Psychopathology is the assessment and diagnosis including familiarity with current diagnostic nomenclature, diagnostic categories and the development of treatment strategies.

(5) Human sexuality.

(a) An applicant must take one course in human sexuality. Course hours required are a minimum of two to four semester hours and three to six quarter hours.

(b) Human sexuality includes normal psycho-sexual development, sexual functioning and its physiological aspects and sexual dysfunction and its treatment.

(6) Research.

(a) An applicant must take one course in research methods. Course hours required are a minimum of three semester hours and four quarter hours.

(b) The research area is intended to provide assistance to students in becoming informed consumers of research in the marital and family therapy field. Familiarity with substantive findings, together with the ability to make critical judgments as to the adequacy of research reports, is expected.

(7) Professional ethics and law.

(a) An applicant must take one course in professional ethics and law. Course hours required are a minimum of three semester hours and four quarter hours.

(b) This area is intended to contribute to the development of a professional attitude and identity. Areas of study will include professional socialization and the role of the professional organization, licensure or certification legislation, legal responsibilities and liabilities, ethics and family law, confidentiality, independent practice and interprofessional cooperation.

(8) Supervised clinical practice.

(a) An applicant must have a minimum of one year of supervised clinical practice in marriage and family therapy under the supervision of a qualified marriage and family therapist. Course hours required are a minimum of nine semester hours and twelve quarter hours.

(b) A minimum of five hundred hours of direct contact is required during graduate school. The student shall be involved in direct systemic/interactional clinical work with individuals, couples, and families. This work will continue without interruption for the balance of the student's academic program or at least one calendar

year. A total of five hundred direct clinical hours shall be spread evenly throughout the calendar year with a minimum of one hundred hours of supervision (a minimum of fifty group hours and a minimum of fifty individuals).

(c) Applicants who have completed master's programs accredited by the AAMFT commission of accreditation will have met the five hundred hours of direct contact required during graduate school.

(9) Electives.

(a) An individual must take one course in an elective area. Course hours required are a minimum of three semester hours and four quarter hours.

(b) This area will vary with different institutions but is intended to provide supplemental and/or specialized supporting areas.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-321, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-040, filed 5/18/88.]

WAC 246-810-330 Supervision. Supervision means the oversight and responsibility for the supervisee's continuing clinical practice of marriage and family therapy for a minimum of one hour every other week. Supervision of marriage and family therapy is expected to have the following characteristics:

(1) It is face-to-face conversations with the supervisor, usually in periods of approximately one hour each.

(2) Marriage and family therapy supervision focuses on the raw data from a supervisee's continuing practice, as this is made directly available to the supervisor through such means as direct observation, cotherapy, written clinical notes and audio and video recordings.

(3) Marriage and family therapy supervision is a process clearly distinguishable from (if in some ways similar to) personal psychotherapy and is contracted in order to serve professional/vocational goals.

(4) Supervision from a family member is not acceptable.

(5) Peer supervision, a contradiction in terms, is not acceptable. Activities between clinical peers are not applicable for credit toward supervision.

(6) In order for a supervisee to receive credit, supervision may be done in a group of no more than six supervisees plus their supervisors for group credit and of no more than two supervisees for individual credit.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-050, filed 5/18/88.]

WAC 246-810-331 Supervisor qualifications. Marriage and family therapists qualified to supervise are those that document at least three years of post certification experience to include at least one year of experience in the provision of marriage and family therapy supervision. Documentation shall consist of two letters verifying supervision experience and sent directly to the department of licensing from an agency director, supervisor or certified family therapist, or:

Marital and family therapists certified prior to July 27, 1988, and who have three years of documented marital and family therapy practice, prior to July 27, 1988, will be recognized as a qualified supervisor, or:

An American Association of Marriage and Family Therapy approved supervisor.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-331, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-060, filed 5/18/88.]

WAC 246-810-332 Supervised postgraduate practice. Two years of supervised postgraduate practice is required to be eligible for certification examination. The two years would include at least two hundred hours of supervision with at least one hundred of the two hundred hours to be individual supervision. The two hundred hours of supervised practice represents one thousand hours of direct client contact.

Applicants who have completed a master's program accredited by the AAMFT commission on accreditation may be credited with one hundred hours of supervision toward the two hundred hour supervision requirement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-332, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-070, filed 5/18/88.]

WAC 246-810-340 Examination. Examinations will be given at least once annually as determined by the director. Applications must be complete and submitted at least ninety days in advance.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-020, filed 5/18/88.]

WAC 246-810-350 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Marriage and family therapist" means a person certified pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled marriage and family therapist" means a marriage and family therapist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice marriage and family counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-090, filed 6/30/89.]

WAC 246-810-360 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the certified marriage and family therapist being reported.

(c) The case number of any client/patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-100, filed 6/30/89.]

WAC 246-810-361 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any certified marriage and family therapist's services are terminated or are restricted based upon a determination that the certified marriage and family therapist has committed an act which may constitute unprofessional conduct or that the certified marriage and family therapist may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-361, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-110, filed 6/30/89.]

WAC 246-810-362 Marriage and family therapist associations or societies. The president or chief executive officer of any marriage and family therapist association or society within this state shall report to the department when the association or society determines that a certified marriage and family therapist has committed unprofessional conduct or that a certified marriage and family therapist may not be able to practice marriage and family therapy with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the holder of the certificate appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-362, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-120, filed 6/30/89.]

WAC 246-810-363 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified marriage and family therapist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-363, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-130, filed 6/30/89.]

WAC 246-810-364 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to certified marriage and family therapists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified marriage and family therapist's incompetency or negligence in the practice of marriage and family therapy. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the marriage and family therapist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-364, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-140, filed 6/30/89.]

WAC 246-810-365 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified marriage and family therapists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-365, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-150, filed 6/30/89.]

WAC 246-810-366 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of

Washington, under which a certified marriage and family therapist is employed to provide client care services, to report to the department whenever such a certified marriage and family therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of marriage and family therapy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified marriage and family therapist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-366, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-160, filed 6/30/89.]

WAC 246-810-370 Cooperation with investigation. (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee, certificant, or registrant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-170, filed 6/30/89.]

WAC 246-810-380 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-220-200, filed 11/2/88.]

CERTIFIED MENTAL HEALTH COUNSELORS

WAC 246-810-510 Definitions. (1) "Wellness model" is defined as focusing on a client's inherent strengths rather than pathology or restrictions on the clientele to be treated. "Wellness model" is an attitudinal rather than methodological intention.

(2) "Postgraduate supervision" is defined as consisting of a total of one hundred documented hours of individual

face–to–face case consultation with an approved supervisor, with no more than six hours per month to be allowed to accrue toward the total.

(3) "Postgraduate professional experience" is defined as consisting of face–to–face counseling service with an individual or with a group of individuals for at least fifty percent of counseling service hours per week for a full–time or part–time employee. The total number of counseling hours is two thousand or more documented hours accumulated over a minimum of twenty–four months but not more than forty–eight months.

(4) "Counseling practicum" is defined as mental health counseling that is supervised as a part of a course.

(5) "Counseling internship" is defined as supervised mental health counseling performed through counseling field placement.

(6) "Approved supervisor" shall include a certified mental health counselor, licensed psychologist, licensed psychiatrist, or other mental health care provider who meets or exceeds the requirements of certified mental health counselor; provided, the supervisor is not a blood or legal relative or cohabitant of the supervisee.

(7) "Related field" is defined as counseling, psychology, social work, nursing, education, or social sciences.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–810–510, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89–14–071 (Order PM 841), § 308–210–010, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88–11–025 (Order PM 730), § 308–210–010, filed 5/11/88.]

WAC 246–810–520 Approved schools. Approved schools are those colleges or universities which were accredited by Western Association of Schools and Colleges, Northwest Association of Schools and Colleges, or an essentially equivalent national or regional accrediting body recognized by the council on postsecondary accreditation at the time the applicant completed the required education.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–810–520, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88–11–025 (Order PM 730), § 308–210–020, filed 5/11/88.]

WAC 246–810–521 Mental health counselors—Education requirement prior to examination for certification. (1) To meet the education requirement imposed by RCW 18.19.120, an applicant must possess:

(a) A master's or doctoral degree in mental health counseling or related field from a regionally accredited college or university; or

(b) Have successfully completed at least thirty graduate semester hours or forty–five graduate quarter hours in the field of mental health counseling or the substantial equivalent in subject content.

(2) Subject content includes a core of study relating to counseling theories, counseling philosophy, counseling practicum, counseling internship, and should incorporate content in professional ethics and law and shall include at least five content areas (a) through (h) of this subsection and at least two additional content areas from the entire list:

(a) Assessment/diagnosis.

(b) Career development counseling.

(c) Counseling individuals.

(d) Counseling groups.

(e) Counseling couples and families.

(f) Developmental psychology (may be child, adolescent, adult or life span).

(g) Abnormal psychology/psychopathology.

(h) Research and evaluation.

(i) Multicultural concerns.

(j) Substance/chemical abuse.

(k) Physiological psychology.

(l) Organizational psychology.

(m) Mental health consultation.

(n) Developmentally disabled persons.

(o) Abusive relationships.

(p) Chronically mentally ill.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–810–521, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89–14–071 (Order PM 841), § 308–210–050, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88–11–025 (Order PM 730), § 308–210–050, filed 5/11/88.]

WAC 246–810–530 Mental health counselors—Professional experience requirement prior to examination for certification. (1) To meet the postgraduate professional experience and supervision requirements provided in RCW 18.19.120(1) an applicant with a master's or doctoral degree in mental health counseling or related field from a regionally accredited college or university must have accumulated:

(a) Twenty–four months of postgraduate professional experience as defined in WAC 308–210–010(3); and

(b) Postgraduate supervision as defined in WAC 308–210–010(2).

(2) To meet the postgraduate professional experience and supervision requirements provided in RCW 18.19.120(1) an applicant who has successfully completed at least thirty graduate semester hours or forty–five graduate quarter hours in the field of mental health counseling or the substantial equivalent in subject content as described in WAC 308–210–050(2) must have accumulated:

(a) Twenty–four months of professional experience as described in WAC 308–210–010(3), accumulated after obtaining a bachelor's degree and the required graduate hours; and

(b) Supervision as defined in WAC 308–210–010(2) which has been provided after obtaining a bachelor's degree and the required graduate hours.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–810–530, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89–14–071 (Order PM 841), § 308–210–045, filed 6/30/89.]

WAC 246–810–540 Examination for certified mental health counselors. (1) A written, multiple–choice certification examination on knowledge and application of mental health counseling will be administered at least once a year. Applications must be submitted at least ninety days prior to the examination date.

(2) Applicants who successfully complete and pass the National Board of Certified Counselors (NBCC) certification examination have met the examination requirement of RCW 18.19.120. Verification of successful completion and passage of the NBCC certification examination is to be provided directly to the department of licensing by the NBCC at the request of the applicant for Washington state certified mental health counselor.

(3) Applicants who successfully complete and pass the National Academy of Certified Clinical Mental Health Counselors (NACCMHC) certification examination have met the examination requirement of RCW 18.19-.120. Verification of successful completion and passage of the NACCMHC certification examination is to be provided directly to the department of licensing by the NACCMHC at the request of the applicant for Washington state certified mental health counselor.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-540, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-040, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-040, filed 5/11/88.]

WAC 246-810-541 Applicants with graduate degree by January 26, 1989. Applicants who have completed a master's or doctoral degree program in mental health counseling or a related field from a regionally accredited college or university by January 26, 1989, may qualify for examination without the postgraduate professional experience or postgraduate supervision required by WAC 308-210-045.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-541, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-046, filed 6/30/89.]

WAC 246-810-542 Examination waiver eligibility. In order to apply for certification without examination, an applicant must have submitted a written intent to become certified or have become registered by July 26, 1988. All education, experience, and supervision requirements must have been met by July 26, 1988.

(1) Graduate degree applicants.

(a) Graduate degree applicants must have a master's or doctoral degree in mental health counseling or in psychology, social work, nursing, education, or social sciences which includes the substantial equivalent in subject content to a graduate mental health counseling degree as defined in WAC 308-210-050; and

(b) Postgraduate professional experience and postgraduate supervision.

(2) Alternative training and experience equivalent applicants.

(a) Alternative training and experience equivalent applicants must have a minimum of a bachelor's degree in counseling, psychology, social work, nursing, education, or social sciences from a regionally accredited institution; and

(b) At least five years of documented experience employed in a mental health setting with two thousand hours of supervised face-to-face counseling; or

(c) A combination of supervised and unsupervised face-to-face counseling where two and one-half hours without supervision may be considered as replacement for one hour with supervision.

(3) Persons applying for certification as a mental health counselor during the initial certification period shall meet the requirement for supervised practice or shall be required to pass the certification examination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-542, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-030, filed 5/11/88.]

WAC 246-810-550 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Mental health counselor" means a person certified pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled mental health counselor" means a mental health counselor who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice mental health counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-550, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-080, filed 6/30/89.]

WAC 246-810-560 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone number of the certified mental health counselor being reported.

(c) The case number of any client/patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-560, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-090, filed 6/30/89.]

WAC 246-810-561 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any certified mental health counselor's services are terminated or are restricted based upon a determination that the certified mental health counselor has committed an act which may constitute unprofessional conduct or that the certified mental health counselor may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-561, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-100, filed 6/30/89.]

WAC 246-810-562 Mental health counselor associations or societies. The president or chief executive officer of any mental health counselor association or society within this state shall report to the department when the association or society determines that a certified mental health counselor has committed unprofessional conduct or that a certified mental health counselor may not be able to practice mental health counseling with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-562, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-110, filed 6/30/89.]

WAC 246-810-563 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified mental health counselor has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-563, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-120, filed 6/30/89.]

WAC 246-810-564 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to certified mental health counselors shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified mental health counselor's incompetency or negligence in the practice of mental health counseling. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the mental health counselor's alleged incompetence or negligence in the practice of mental health counseling.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-564, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-130, filed 6/30/89.]

WAC 246-810-565 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified mental health counselors, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-565, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-140, filed 6/30/89.]

WAC 246-810-566 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a certified mental health counselor is employed to provide patient/client care services, to report to the department whenever such a certified mental health counselor has been judged to have demonstrated his/her incompetency or negligence in the practice of mental health counseling, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified mental health counselor. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-566, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-150, filed 6/30/89.]

WAC 246-810-570 Cooperation with investigation. (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-570, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-160, filed 6/30/89.]

WAC 246-810-580 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-580, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-210-200, filed 11/2/88.]

CERTIFIED SOCIAL WORKERS

WAC 246-810-720 Accredited programs. Accredited graduate school of social work as provided in RCW 18.19.110, means a program accredited by the council of social work education. Program equivalency includes:

(1) Canadian graduate schools of social work that are approved by the Canadian council of social work; and

(2) Foreign curriculum which meets the requirements of the foreign equivalency determining service of the council on social work education. Obtaining such equivalency approval is the applicant's responsibility.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-010, filed 5/18/88.]

WAC 246-810-730 Supervision requirements. Three thousand two hundred hours of supervised social work practice is required.

(1) Within that practice, ninety hours of formal meetings with the supervisor to discuss social work practice related issues shall occur.

(2) Of the ninety hours, at least forty-five hours must be under the supervision of a person who is either a Washington state certified social worker, ACSW or social worker who can demonstrate equal qualifications to those required by the department. No more than forty-five hours may be under the supervision of a professional registered or licensed in the following categories: Psychiatrists, psychologists, psychiatric nurses, mental health counselors and marriage and family therapists; or a mental health professional from the above list who can demonstrate equal qualifications as required by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-040, filed 5/18/88.]

WAC 246-810-731 Education and supervision equivalency. Anyone with current Academy of Certified Social Workers (ACSW) status and proof of forty-five hours of master of social work supervision as provided in WAC 308-230-040(2) is considered to have met the education and supervision requirements for Washington state certification. Documentation of ACSW status for Washington state residents must be verified from the National Association of Social Workers (NASW). Verification must be sent directly to the department of licensing from the national office of NASW or any state chapter office of NASW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-731, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-030, filed 5/18/88.]

WAC 246-810-740 Examination required. The American Association of State Social Work Board's level C examination is approved for use as the state examination for certification of social workers.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-020, filed 5/18/88.]

WAC 246-810-741 Certification of persons credentialed out-of-state. Substantially equal, as referenced in RCW 18.19.160 means having the same qualifications as required by Washington state statute and rules. Certification of persons credentialed out-of-state through grandfathering provisions whereby proof of education, supervised practice experience, and/or examination was not required, is not considered substantially equal.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-741, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-050, filed 5/18/88.]

WAC 246-810-750 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Social worker" means a person licensed pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled social worker" means a social worker who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice social work with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-060, filed 6/30/89.]

WAC 246-810-760 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the certified social worker being reported.

(c) The case number of any patient/client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-760, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-070, filed 6/30/89.]

WAC 246-810-761 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any certified social worker's services are terminated or are restricted based upon a determination that the certified social worker has committed an act which may constitute unprofessional conduct or that the social worker may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-761, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-080, filed 6/30/89.]

WAC 246-810-762 Social worker associations or societies. The president or chief executive officer of any social worker association or society within this state shall report to the department when the association or society determines that a certified social worker has committed unprofessional conduct or that a certified social worker may not be able to practice social work with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-762, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-090, filed 6/30/89.]

WAC 246-810-763 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified social worker has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-763, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-100, filed 6/30/89.]

WAC 246-810-764 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to certified social workers shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified social worker's incompetency or negligence in the practice of social work. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the social worker's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-764, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-110, filed 6/30/89.]

WAC 246-810-765 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified social workers, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-765, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-120, filed 6/30/89.]

WAC 246-810-766 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a certified social worker is employed to provide client care services, to report to the department whenever such a certified social worker has been judged to have demonstrated his/her incompetency or negligence in the practice of social work, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified social worker. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-766, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-130, filed 6/30/89.]

WAC 246-810-770 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-770, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-140, filed 6/30/89.]

WAC 246-810-780 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-780, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-230-200, filed 11/2/88.]

FEES

WAC 246-810-990 Fees. The following fees shall be charged by the professional licensing division of the department of health:

Title	Fee
Certified mental health counselor:	
Application and certification	$125.00
Application assessment	6.00
Examination	145.00
Retake examination	120.00
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	62.00
Certification/verification	50.00
Certified social worker:	
Application and certification	105.00
Application assessment	5.00
Examination	140.00
Retake examination	120.00
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	62.00
Certification/verification	50.00
Certified marriage/family therapist:	
Application and certification	125.00
Application assessment	6.00
Written examination	140.00
Oral examination	140.00
Retake examination—Written	140.00
Retake examination—Oral	140.00
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	62.00
Certification/verification	50.00
Registered counselor:	
Application and registration	75.00
Application assessment	3.50
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	42.00
Certification/verification	50.00
Registered counselor–hypnotherapist:	
Application and registration	75.00
Application assessment	3.50
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	42.00
Certification/verification	50.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-039 (Order 084), § 308-190-010, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-190-010, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-033 (Order PM 669), § 308-190-010, filed 8/27/87.]

Chapter 246-815 WAC
DENTAL HYGIENISTS

WAC

WAC 246-815-020 Dental hygiene examination eligibility. (1) To be eligible to take the Washington dental hygiene examination, the applicant must meet the following requirements:

(a) The applicant must have successfully completed a dental hygiene education program approved by the secretary of the department of health pursuant to WAC 308-25-013.

(b) The applicant must have completed the AIDS prevention and information education required by WAC 308-25-300.

(c) The applicant must demonstrate, by affidavit, knowledge of Washington law pertaining to the practice of dental hygiene.

(d) The applicant must complete the required application materials and pay the required nonrefundable fee.

(2) Applications for the dental hygiene examination are available from the department of health, professional licensing services, dental hygiene program. The completed application must be received by the department of health sixty days prior to the examination. The application must include:

(a) The required nonrefundable examination fee.

(b) Either the national board IBM card reflecting a passing score or a notarized copy of the national board certificate.

(c) Two photographs of the applicant taken within one year preceding the application.

(3) An official transcript or certificate of completion constitutes proof of successful completion from an approved dental hygiene education program. Applicants who will successfully complete the dental hygiene education program within forty-five days preceding the examination for which they are applying may provide documentation of successful completion by inclusion of their names on a verified list of students successfully completing the program from the dean or director of the education program. No other proof of successful completion is acceptable. An applicant may complete the application and be scheduled for the examination, but will not be admitted to the examination if the department of health has not received the required proof of successful completion.

(4) By check-in on the first day of the examination, applicants must provide to the department of health documentary evidence of malpractice liability insurance covering their performance during the examination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-011, filed 11/13/90, effective 12/14/90.]

WAC 246-815-030 Education requirements for licensure applicants. (1) To be eligible for dental hygiene licensure, the applicant must have successfully completed a dental hygiene education program approved by the secretary of the department of health. The secretary adopts those standards of the American Dental Association Commission on Dental Accreditation relevant to the accreditation of dental hygiene schools, in effect in January, 1981. In implementing the adopted standards, the secretary approves those dental hygiene education programs which were accredited by the commission as of January 1981. *Provided*, That the accredited education program's curriculum includes:

(a) Didactic and clinical competency in the administration of injections of local anesthetic;

(b) Didactic and clinical competency in the administration of nitrous oxide analgesia;

(c) Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist; and

(d) Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.

(2) Dental hygiene education programs approved by the secretary of the department of health pursuant to the American Dental Association Commission on Dental Accreditation standards in effect in January, 1981, whose curriculum does not include the didactic and clinical competency enumerated in (1)(a)-(d) above will be accepted if the applicant has successfully completed an expanded functions education program(s) approved pursuant to WAC 308-25-072, 308-25-073 and 308-25-074.

(3) A form will be provided in the department of health licensure application packages for the purpose of education verification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-013, filed 11/13/90, effective 12/14/90.]

WAC 246-815-040 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of licenses. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 license expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-25-300, filed 11/2/88.]

WAC 246-815-050 Examination. (1) The dental hygiene examination will consist of both written and practical tests.

(a) Written tests—The written tests will include:

(i) Successful completion of the dental hygiene national board examination.

(ii) Washington state written test. All applicants must successfully complete a written test covering anesthesia, restorative dentistry, and other subjects related to dental hygiene practice.

(b) Practical tests—The practical tests will include:

(i) Patient evaluation test which will include a health history, extraoral and intraoral examination, periodontal charting and radiographs.

(ii) Prophylaxis test which will include a clinical demonstration of a prophylaxis to consist of the removal of deposits from and the polishing of the surfaces of the teeth.

(iii) Anesthesia test which will include applicants demonstrating the administration of a local anesthetic.

(iv) Restorative test which will include demonstrating the insertion, condensation, carving and polishing of amalgam restorations.

(2) Each applicant must furnish a patient for the patient evaluation test, prophylaxis test and anesthesia test. Patients must be at least eighteen years of age with a minimum of twenty-four teeth. A patient shall not be a dentist, dental student, or dental hygiene student. The state dental hygiene examining committee and the school of dentistry assume no responsibility regarding the work done on patients. Candidates will be required to furnish documentary evidence of malpractice and liability insurance for the examination.

(3) The committee may, at its discretion, give a test in any other phase of dental hygiene. Candidates will receive information concerning each examination.

(4) The applicant will comply with all written instructions provided by the department of health.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-015, filed 11/13/90, effective 12/14/90. Statutory Authority: RCW 18.29.031. 86-09-014 (Order PL 585), § 308-25-015, filed 4/7/86.]

WAC 246-815-060 Dismissal from examination. Any applicant whose conduct interferes with the evaluation of professional competency by the committee may be dismissed from the examination and all of his or her work will be rejected. Such conduct will include but not be limited to the following:

(a) Giving or receiving aid, either directly or indirectly, during the examination process.

(b) Failure to follow directions relative to the conduct of the examination, including termination of procedures.

(c) Endangering the life or health of a patient.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.031. 84-04-088 (Order PL 459), § 308-25-070, filed 2/1/84. Statutory Authority: RCW 43.24.020 and 43-.24.024. 82-06-043 (Order 672), § 308-25-070, filed 3/2/82.]

WAC 246-815-070 Examination results. (1) In order to pass the examination the applicant must:

(a) Submit proof of successful completion of the national board of dental hygiene examination;

(b) Successfully complete the patient evaluation practical test;

(c) Successfully complete the prophylaxis practical test;

(d) Successfully complete the anesthetic practical test;

(e) Successfully complete the restorative practical test; and,

(f) Successfully complete the Washington state written test.

(2) An applicant who passes at least three of the following tests may elect to retake only the tests failed: *Provided,* That if the applicant has not passed all tests at the next examination administration offered then the entire examination must be retaken. The tests are:

(a) Patient evaluation practical;

(b) Prophylaxis case practical;

(c) Anesthetic practical;

(d) Restorative practical; and,

(e) Washington state written test.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-035, filed 11/13/90, effective 12/14/90. Statutory Authority: RCW 18.29.031. 86-09-014 (Order PL 585), § 308-25-035, filed 4/7/86.]

WAC 246-815-080 Written examination review procedures. (1) Any candidate who takes the written examination phase of the dental hygiene examination and does not pass may request informal review by the examining committee of his or her examination results. The request for an informal review must be in writing, a form will be provided with the examination results, and must be received by the department within twenty days of the postmark date of notification of the examination results. The examining committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, bias, fraud or discrimination in the examination process.

(2) The procedure for filing an informal review is as follows:

(a) The request for an informal review must be in writing, a form will be provided with the examination results, and must be received by the department within twenty days of the postmark date of notification of the examination results. The department of health office will schedule in Olympia an appointment for the candidate to appear personally to review the questions missed and the answers selected by the candidate on the failed written portion of the examination.

(b) The candidate will be provided a form at the scheduled personal review in Olympia to request an informal review by the committee. On that form, the candidate must specifically identify the challenged portions(s) of the examination and must state the specific reason or reasons why the candidate believes the results of the examination should be changed.

(c) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the examining committee.

(d) The candidate may not bring in notes, texts, or other individuals except for an attorney, while completing the informal review form.

(e) The candidate will not be allowed to take any notes or materials from the office upon leaving.

(f) The examining committee will schedule a closed session meeting to review the examination, score sheets and the form completed by the candidate. Candidates are not permitted to attend.

(g) The candidate will be notified in writing of the results of the informal review.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before an administrative law judge. The hearing will be conducted under the Administrative Procedure Act, chapter 34.05 RCW and the rules adopted thereunder. The written request for a formal hearing must be received by the department of health within twenty days of the postmark date of the notification of the results of the informal review. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results of the examination should be changed. The final decision shall be made by the secretary of the department of health. The secretary will not modify the examination results unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, bias, fraud or discrimination in the examination process.

(4) Before the hearing is scheduled the parties shall attempt by informal means to resolve the following:

(a) The simplification of issues;

(b) Amendments, if any, to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate believes the results of the examination should be changed;

(c) The obtaining of stipulations, admission of facts and documents;

(d) The limitation of the number of witnesses;

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

If the parties are unable to resolve any of these issues informally, either party shall request a prehearing conference to be held before the administrative law judge.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments to the candidate's notice and the agreements reached by the parties as to any of the matters considered, including but not limited to the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least seven days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the basis for his or her challenge of the examination results unless amended

by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5). 90-12-068 (Order 064), § 308-25-037, filed 6/1/90, effective 7/2/90.]

WAC 246-815-090 Practical examination review procedures. (1) Any candidate who takes the practical examination for licensure as a dental hygienist and does not pass may request informal review by the examining committee of his or her examination results. This request must be in writing and must be received by the department within twenty days of the postmark date of the mailing of the practical examination score sheets. The examining committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination procedure, bias, fraud or discrimination in the examination process.

(2) The procedure for filing an informal review is as follows:

(a) Request, on the form provided with the examination results, a copy of the score sheets on the failed practical portion of the examination. This request must be in writing and must be received by the department within fifteen days of the postmark date of notification of the examination results.

(b) The candidate will be provided along with the copies of the failed grade sheets a form to complete on which the candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results of the examination should be changed. Such form must be returned to the department within twenty days of the postmark date of the mailing of the practical examination score sheets.

(c) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference, requests for special consideration, or any reexamination of the patient will not be considered by the examining committee. Patient difficulty will not be considered by the examining committee if the patient category selected by the candidate was accepted for the examination.

(d) The examining committee will schedule a closed session meeting to review the examination, score sheets, and form completed by the candidate for the purpose of informal review. Candidates are not permitted to attend.

(e) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before an administrative law judge. The hearing will be conducted under the Administrative Procedure Act, chapter 34.05 RCW and the rules adopted thereunder. The written request for a formal hearing must be received by the department of health within twenty days of the postmark date of the notification of the results of the informal review. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results of the examination should be changed. The final decision shall be made by the secretary of the department of health. The secretary will not modify the examination results unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, bias, fraud or discrimination in the examination process.

(4) Before the hearing is scheduled the parties shall attempt by informal means to resolve the following:

(a) The simplification of issues;

(b) Amendments, if any, to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate believes the results of the examination should be changed;

(c) The obtaining of stipulations, admission of facts, and documents;

(d) The limitation of the number of witnesses;

(e) A schedule for completion of all discovery; and

(f) Such other matters as may aid in the disposition of the proceeding.

If the parties are unable to resolve any of these issues informally, either party shall request a prehearing conference to be held before the administrative law judge.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments to the candidate's notice and the agreements reached by the parties as to any of the matters considered, including but not limited to the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least seven days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the basis for his or her challenge of the examination results unless amended by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate of consideration at the informal review unless amended by a prehearing order. Letters of reference, requests for special consideration or any reexamination of the patient will not be considered.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5). 90-12-068 (Order 064), § 308-25-038, filed 6/1/90, effective 7/2/90.]

WAC 246-815-100 Licensure by interstate endorsement of credentials. A license to practice as a dental hygienist in Washington may be issued pursuant to RCW 18.29.045 provided the applicant meets the following requirements:

(1) The applicant has successfully completed a dental hygiene education program which is approved by the secretary of the department of health pursuant to WAC 308-25-013.

(2) The applicant has been issued a valid, current, nonlimited license by successful completion of a dental hygiene examination in another state. The other state's current licensing standards must be substantively equivalent to the licensing standards in the state of Washington. The other state's examination must have included the following portions and minimum level of competency standards. Each portion must be independently graded and successfully completed:

(a) Written tests – the written tests which include:

(i) The National Board of Dental Hygiene examination.

(ii) A state written test covering local anesthesia, nitrous oxide analgesia, restorative dentistry and asepsis.

(b) Practical tests – all portions shall be graded anonymously by calibrated practicing dental hygienists or dental hygienists and dentists. The calibration process shall consist of training sessions which include components to evaluate and confirm each examiners ability to uniformly detect known errors on pregraded patients and dentoforms. Examiners will be calibrated to the established standard of minimum level of competency. The examination must have equivalent patient selection criteria for the patient evaluation, prophylaxis and anesthesia portions.

The current Washington state patient selection criteria for examination will be used as the basis of comparison at the time of application for licensure by interstate endorsement of credentials.

(i) Patient evaluation clinical competency test which includes a health history, extra–oral and intra–oral examination, periodontal charting and radiographs. The entire patient evaluation test shall be done on an approved patient of which the candidate has no previous knowledge.

(ii) Prophylaxis clinical competency test which includes a clinical demonstration of a prophylaxis to consist of the removal of deposits from and the polishing of the surfaces of the teeth.

(iii) Anesthesia clinical competency test which includes a clinical demonstration of the administration of a local anesthetic.

(iv) Restorative test which includes a clinical demonstration of the application of a matrix and a wedge, the insertion, condensation, and carving of amalgam on a prepared Class II dentoform tooth and polishing on a condensed, carved and unpolished MOD amalgam restoration on a molar dentoform tooth.

(3) The applicant holds a valid current license, and is currently engaged in practice as a dental hygienist in another state. Verification of licensure must be obtained from the state of licensure, and any fees for verification required by the state of licensure must be paid by the applicant.

(4) The applicant has not engaged in unprofessional conduct as defined in the Uniform Disciplinary Act in RCW 18.130.180 or is not an impaired practitioner under RCW 18.130.170 in the Uniform Disciplinary Act.

(5) The applicant has completed the AIDS prevention and information education required by WAC 308-25-300.

(6) The applicant demonstrates to the secretary, by affidavit, knowledge of Washington law pertaining to the practice of dental hygiene.

(7) The applicant completes the required application materials and pays the required nonrefundable application fee. Applications for licensure by interstate endorsement are available from the department of health, professional licensing services, dental hygiene program.

(8) Applicants shall request the state of licensure to submit to the Washington state department of health the current standards and criteria for the other states examination and licensing on a form provided in the licensure application package by the Washington state department of health.

(9) If the secretary of the department of health finds that the other state's licensing standards are substantively equivalent except for a portion(s) of the examination, the applicant may take that portion(s) to qualify for interstate endorsement. That portion(s) of the exam must be successfully completed to qualify for interstate endorsement and an additional nonrefundable examination fee as well as the licensure by interstate endorsement nonrefundable fee shall be required.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-041, filed 11/13/90, effective 12/14/90.]

WAC 246-815-110 Application procedures for approval of dental hygiene expanded functions education programs. (1) The representative of the education program must complete the required application materials and pay the required nonrefundable fee.

(2) Applications for approval of dental hygiene expanded functions education programs are available from the department of health, professional licensing services, dental hygiene program.

(3) The application shall include but is not limited to a self study guide which reflects WAC 308-25-073 and 308-25-074.

(4) The application may include a site visit and evaluation at the discretion of the secretary of the department of health.

(5) An approved dental hygiene expanded function education program shall report in writing all modifications of the approved program to the department of health and shall be required to pay the nonrefundable evaluation fee if the secretary of the department determines that the modification(s) substantially affects an area included in WAC 308-25-073.

(6) An approved dental hygiene expanded function education program shall apply for evaluation sixty days prior to the month and day of the initial approval date every four years and shall pay the required nonrefundable evaluation fee. *Provided,* That the approved dental hygiene expanded function education program has not

been required to be evaluated due to modifications within one year prior to the required four year evaluation date.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-072, filed 11/13/90, effective 12/14/90.]

WAC 246-815-120 Standards required for approval of dental hygiene expanded functions education programs. The standards for approval by the secretary of the department of health of dental hygiene expanded functions education programs shall include:

(1) Administration. Administrative structure must insure the attainment of program goals. Administration must include formal provisions for program planning, development, staffing, direction, coordination and evaluation.

(2) Curriculum. The curriculum must be defined in terms of program goals, general and specific instructional objectives, learning experiences designed to achieve goals and objectives and evaluation procedures to assess attainment of goals and objectives.

(a) Instructional objectives shall be defined in the cognitive, psychomotor and affective domains which are consistent with and contributory to the attainment of program goals.

(b) Written documentation of all aspects of the curriculum, including comprehensive course outlines, must be prepared by the faculty.

(c) There must be mechanisms for ongoing curriculum evaluation, revision and implementation.

(3) Admissions. Admission of dental hygiene students must be based upon specific written criteria, procedures and policies.

(a) The program administrator and faculty, in cooperation with appropriate college personnel, shall establish admission criteria procedures and policies that will be followed in accepting students.

(b) Civil rights and nondiscriminatory policies must be observed in admitting students.

(4) Faculty. The program shall be staffed by faculty who are well qualified in curricular subject matter, dental hygiene functions and educational methodology.

(5) Facilities. Physical facilities and equipment must be adequate to permit achievement of dental hygiene program objectives. Facilities shall effectively accommodate the number of students, faculty and staff and include appropriate provisions for safety.

(6) Learning resources. A wide range of printed materials and instructional aids and equipment shall be available for utilization by students and faculty.

(7) Students. Policies and procedures to protect and serve students must be established and implemented.

(a) Ethical standards and policies to protect the students as consumers and avenues for appeal and due process must be provided.

(b) Student records should accurately reflect work accomplished in the program and be maintained in a secure manner.

(8) Assess outcomes. The program must regularly evaluate the degree to which its goals are being met through a formal assessment of outcomes. Approved programs must design and implement their own outcome measures to determine the degree to which their stated goals and objectives are met.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-073, filed 11/13/90, effective 12/14/90.]

WAC 246-815-130 Curriculum requirements for expanded functions dental hygiene education programs approval. (1) Curriculum for expanded function dental hygiene education programs approved by the secretary of the department of health shall include:

(a) Instruction in the administration of injections of a local anesthetic.

(i) The basic curriculum shall require didactic and clinical competency.

(ii) Demonstration of clinical proficiency in each of the following functions:

Infiltration: ASA, MSA, Nasopalatine, greater palatine.

Block: Long buccal, mental, inferior alveolar and PSA.

(b) Instruction in the administration of nitrous oxide analgesia. The basic curriculum shall require didactic and clinical competency.

(c) Instruction in restorative dentistry and specifically how to place restorations into a cavity prepared by the dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration. The basic curriculum shall require didactic and clinical competency.

(2) Representatives of expanded function dental hygiene education programs may apply for approval of one or more of (1)(a)-(c) above. Approval of the specific expanded function(s) will be based on the applicable curriculum listed in (1)(a) - (c) above.

(3) It shall be the responsibility of the approved expanded functions education program to evaluate the students curriculum needs on an individual basis for successful completion of their approved program.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-130, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-074, filed 11/13/90, effective 12/14/90.]

WAC 246-815-140 Continuing education for dental hygienists. (1) Purposes. The secretary of the department of health in consultation with the dental hygiene examining committee has determined that the public health, safety and welfare will be served by requiring all holders of dental hygiene licenses granted under chapter 18.29 RCW to continue their education after receiving such licenses.

(2) Implementation. Notification of the continuing education requirements will be provided to licensees with renewal notices beginning January 1, 1991. Effective

January 1, 1992, renewal of any current license or reinstatement of any license on lapsed or disciplinary status shall require evidence of completion of continuing education which meets the requirements of subsection (3) & (4).

(3) Requirements. All dental hygiene licensees shall acquire 15 clock hours of continuing education, which shall include a non-expired CPR card, in each year prior to their license renewal date. One clock hour is defined as sixty minutes.

(4) Acceptable continuing education. Continuing education must be dental related education for professional development as a dental hygienist. The 15 clock hours shall be obtained through continuing education courses, correspondence courses, college credit courses, dental hygiene examination standardization/calibration workshops and dental hygiene examination item writer workshops.

(5) Documentation. The licensee shall:

(a) Certify on forms provided, that the minimum continuing education has been completed in the year prior to their renewal date.

(b) Keep records for two years documenting attendance or completion and description of the information addressed in the course.

(c) Be prepared to validate, through submission of the records in (5)(b), attendance or completion of the requisite number of clock hours.

(6) The department of health may conduct random compliance audits of continuing education records. If the department determines that the licensee has not obtained continuing education as defined in (3) and (4) above, then the license renewal or reinstatement may be denied pursuant to RCW 18.130.180.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-140, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-180, filed 11/13/90, effective 12/14/90.]

WAC 246-815-150 Renewal of licenses. The annual license renewal date for the licensed dental hygienists is hereby changed to coincide with the licensee's birthdate.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.020 and 43.24.024. 82-06-043 (Order 672), § 308-25-050, filed 3/2/82.]

WAC 246-815-160 Standards of dental hygiene conduct or practice. The purpose of defining standards of dental hygiene conduct or practice is to identify minimum responsibilities of the registered dental hygienist licensed in Washington in health care settings and as provided in the Dental Hygiene Practice Act, chapter 18.29 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW. The standards provide consumers with information about quality care and provides the director guidelines to evaluate safe and effective care. Upon entering the practice of dental hygiene, each individual assumes the responsibility, public trust, and a corresponding obligation to adhere to the standards of dental hygiene practice.

(1) Dental hygiene provision of care.

The dental hygienist shall:

(a) Accurately and systematically collect, permanently record, and update data on the general and oral health status of the client.

(b) Communicate collected data to the appropriate health care professional.

(c) Take into consideration the dental hygiene assessment, the client treatment goals, appropriate sequencing of procedures, and currently accepted scientific knowledge in developing a dental hygiene plan.

(i) The dental hygiene plan shall include preventative and therapeutic care to promote and maintain the clients' oral health.

(ii) Where appropriate, the dental hygiene plan shall be compatible with the treatment plan of other licensed health care professionals.

(d) Communicate the dental hygiene plan to the client and/or legal guardian.

The client and/or legal guardian or where appropriate other **health care professionals** are to be informed of the **progress** and **results** of dental hygiene care and clients' self-care.

(e) Continually re-evaluate client progress related to the attainment of their oral health goals. Implement additional dental hygiene treatment and client self-care as appropriate.

(2) Professional responsibilities.

The licensed dental hygienist shall have knowledge of the statutes and regulations governing dental hygiene practice and shall function within the legal scope of dental hygiene practice.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.076 and 18.130.050(12). 89-16-096 (Order PM 858), § 308-25-170, filed 8/2/89, effective 9/2/89.]

WAC 246-815-170 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Dental hygienist" means a person licensed pursuant to chapter 18.29 RCW.

(6) "Mentally or physically disabled dental hygienist" means a dental hygienist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dental hygiene with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-080, filed 6/30/89.]

WAC 246-815-180 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dental hygienist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-090, filed 6/30/89.]

WAC 246-815-190 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any dental hygienist's services are terminated or are restricted based on a determination that the dental hygienist has either committed an act or acts which may constitute unprofessional conduct or that the dental hygienist may be unable to practice with reasonable skill or safety to the client by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-100, filed 6/30/89.]

WAC 246-815-200 Dental hygienist associations or societies. The president or chief executive officer of any dental hygienist association or society within this state shall report to the department when an association or society determines that a dental hygienist has committed unprofessional conduct or that a dental hygienist may not be able to practice dental hygiene with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-110, filed 6/30/89.]

WAC 246-815-210 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dental hygienist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-120, filed 6/30/89.]

WAC 246-815-220 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dental hygienists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dental hygienist's incompetency or negligence in the practice of dental hygiene. Such organization or institution shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dental hygienist's alleged incompetence or negligence in the practice of dental hygiene.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-130, filed 6/30/89.]

WAC 246-815-230 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed dental hygienists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-140, filed 6/30/89.]

WAC 246-815-240 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dental hygienist is employed to provide client care services, to report to the department whenever such a dental hygienist has been judged to have demonstrated his/her incompetency or negligence in the practice of dental hygiene, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dental hygienist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-150, filed 6/30/89.]

WAC 246-815-250 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-160, filed 6/30/89.]

WAC 246-815-990 Dental hygiene fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application examination and reexamination	$200.00
Renewal	75.00
Late renewal penalty	60.00
Credentialing application	300.00
Duplicate license	15.00
Certification	35.00
Education program evaluation	200.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-25-065, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43-.24.086. 87-10-028 (Order PM 650), § 308-25-065, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-25-065, filed 8/10/83. Formerly WAC 308-25-060.]

Chapter 246-816 WAC

DENTISTS--DENTAL DISCIPLINARY BOARD

WAC

DENTISTS--LICENSING DISPLAY--REPORTS--RECORDS--INVENTORY REQUIREMENTS

WAC 246-816-020 Display of licenses. The license of any dentist, dental hygienist or other individual licensed pursuant to the laws of Washington to engage in any activity being performed in the premises under the

supervision or control of a licensed dentist, shall be displayed in a place visible to individuals receiving services in the premises, and readily available for inspection by any designee of the dental disciplinary board.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-020, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-100, filed 2/20/81.]

WAC 246-816-030 Maintenance and retention of patient records. Any dentist who treats patients in the state of Washington shall maintain complete treatment records regarding patients treated. These records shall include, but shall not be limited to x-rays, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the dentist for five years in an orderly, accessible file and shall be readily available for inspection by the dental disciplinary board or its authorized representative: *Provided*, That x-rays or copies of records may be forwarded to a second party upon the patient's or authorized agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-030, filed 12/27/90, effective 1/31/91; 82-07-043 (Order PL 392), § 308-37-110, filed 3/17/82; 81-06-013 (Order PL 373), § 308-37-110, filed 2/20/81.]

WAC 246-816-040 Report of patient injury or mortality. All licensees engaged in the practice of dentistry shall submit a complete report of any patient mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of said patient during, or as a direct result of dental procedures or anesthesia related thereto. This report shall be submitted to the dental disciplinary board within thirty days of the occurrence.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-040, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-120, filed 2/20/81.]

WAC 246-816-050 Recording requirements for all prescription drugs. An accurate record of [the] [any] medication[s] prescribed or dispensed will be clearly indicated on the patient history. This record shall include the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 83-04-050 (Order PL 423), § 308-37-130, filed 2/1/83; 81-06-013 (Order PL 373), § 308-37-130, filed 2/20/81.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-816-060 Recording requirement for scheduled drugs. When Schedule II, III, IV or V drugs as described in chapter 69.50 RCW are stocked by the dental office for dispensing to patients, an inventory control record must be kept in such a manner as to identify disposition of such medicines and such records shall be available for inspection.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 83-04-050 (Order PL 423), § 308-37-135, filed 2/1/83.]

WAC 246-816-070 Prescribing, dispensing or distributing drugs. No dentist shall prescribe, dispense or distribute any controlled substance or legend drug for other than dentally-related conditions.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-070, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-140, filed 2/20/81.]

WAC 246-816-080 Patient abandonment. The attending dentist, without reasonable cause, shall not neglect, ignore, abandon, or refuse to complete the current procedure for a patient. If the dentist chooses to withdraw responsibility to a patient of record, the dentist shall: (1) Advise the patient that termination of treatment is contemplated and that another dentist should be sought to complete the current procedure and for future care; and (2) advise the patient that the dentist will remain reasonably available under the circumstances for up to 15 days from the date of such notice to render emergency care related to that current procedure.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 84-21-072 (Order PL 490), § 308-37-150, filed 10/17/84; 84-05-070 (Order PL 460), § 308-37-150, filed 2/22/84.]

WAC 246-816-090 Representation of care, fees, and records. Dentists shall not represent the care being rendered to their patients or the fees being charged for providing such care in a false or misleading manner, nor alter patient records, such as but not limited to, misrepresenting dates of service or treatment codes.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-160, filed 2/19/85.]

WAC 246-816-100 Disclosure of provider services. In order that patients and the public are adequately informed of the provider of dental services, a dentist who is personally present operating as a dentist or personally overseeing the operations being performed in a dental office, over fifty percent of the time that such office is being operated, shall identify himself or herself in any representation to the public associated with such office or practice and shall provide readily visible signs designating his or her name at such respective office entrances or office buildings. Any representation that omits such a listing of dentists is misleading, deceptive, or improper conduct. Dentists who are present or overseeing operations under this rule less than fifty percent of the

time shall identify themselves to patients prior to services being initiated or rendered in any fashion. Every office shall have readily available a list of the names of dentists who are involved in such office less than fifty percent of the time.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-170, filed 2/19/85.]

WAC 246-816-110 Disclosure of membership affiliation. It shall be misleading, deceptive or improper conduct for any dentist to represent that he or she is a member of any dental association, society, organization, or any component thereof where such membership in fact does not exist.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-180, filed 2/19/85.]

WAC 246-816-120 Specialty representation. (1) It shall be misleading, deceptive or improper conduct for a dentist to represent or imply that he or she is a specialist or use any of the terms to designate a dental specialty such as:

(a) Endodontist
(b) Oral or maxillofacial surgeon
(c) Oral pathologist
(d) Orthodontist
(e) Pediatric dentist
(f) Periodontist
(g) Prosthodontist
(h) Public health

or any derivation of these specialties unless he or she is entitled to such specialty designation under the guidelines or requirements for specialties approved by the Commission on Dental Accreditation and the Council on Dental Education of the American Dental Association in effect on January 1, 1988, or such guidelines or requirements as subsequently amended and approved by the dental disciplinary board, or other such organization recognized by the board.

(2) A dentist not currently entitled to such specialty designation shall not represent that his or her practice is limited to providing services in a specialty area without clearly disclosing in the representation that he or she is a general dentist. A specialist who represents services in areas other than his or her specialty is considered a general dentist.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-120, filed 12/27/90, effective 1/31/91; 89-08-095 (Order PM 826), § 308-37-190, filed 4/5/89. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-190, filed 2/19/85.]

WAC 246-816-130 Maintenance of records. Every dentist who operates a dental office in the state of Washington must maintain a comprehensive written and dated record of all services rendered to his patients. In offices where more than one dentist is performing the services the records must specify the dentist who performed the services. Whenever requested to do so, by the director of licenses, or his authorized representative, the dentist shall supply documentary proof:

(1) That he is the owner or purchaser of the dental equipment and/or the office he occupies.

(2) That he is the lessee of the office and/or dental equipment.

(3) That he is, or is not, associated with other persons in the practice of dentistry, including prosthetic dentistry, and who, if any, the associates are.

(4) That he operates his office during specific hours per day and days per week, stipulating such hours and days.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-130, filed 12/27/90, effective 1/31/91; Order, § 1, filed 3/23/60.]

WAC 246-816-140 Prescriptions. Every dentist who operates a dental office in the state of Washington must write a valid prescription to the dental laboratory or dental technician with whom he or she intends to place an order for the making, repairing, altering or supplying of artificial restorations, substitutes or appliances to be worn in the human mouth. A separate prescription must be submitted to the dental laboratory or dental technician for each patient's requirements. Such prescriptions, to be valid, must be written in duplicate and contain the date, the name and address of the dental laboratory or the dental technician, the name and address of the patient, description of the basic work to be done, the signature of the dentist serving the patient for whom the work is being done and the dentist's license certificate number. The original prescription shall be referred to the dental laboratory or the dental technician and the carbon copy shall be retained for five years, by the dentist, in an orderly, accessible file and shall be readily available for inspection by the director of licenses or his authorized representative.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.040. 82-04-024 (Order PL 391), § 308-40-020, filed 1/26/82; Order, § 2, filed 3/23/60.]

WAC 246-816-150 A rule applicable to dental technicians. RCW 18.32.030 provides in part:

> "The following practices, acts and operations are excepted from the operation of the provisions of this chapter: . . . .
>
> "(6) The making, repairing, altering or supplying of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, fracture, injury to the jaws, teeth, lips, gums, cheeks, palate, or associated tissues or parts; providing the same are made, repaired, altered or supplied pursuant to the written instructions and order of a licensed dentist which may be accompanied by casts, models or impressions furnished by said dentist, and said prescriptions shall be retained and filed for a period of not less than three years and shall be available to

and subject to the examination of the director of licenses or his authorized representatives."

To acquire exemption from the law prohibiting the practice of dentistry, dental technicians must comply with the above-quoted provisions. The form of the required prescription is defined in the rules set forth above.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-150, filed 12/27/90, effective 1/31/91; Order, filed 3/23/60.]

DELEGATIONS OF DUTIES TO PERSONS NOT LICENSED AS DENTISTS

WAC 246-816-201 Purpose. The purpose of this chapter is to establish guidelines on delegation of duties to persons who are not licensed to practice dentistry. The dental laws of Washington state authorized the delegation of certain duties to nondentist personnel and prohibit the delegation of certain other duties. By statute, the duties that may be delegated to a person not licensed to practice dentistry may be performed only under the supervision of a licensed dentist. The degree of supervision required to assure that treatment is appropriate and does not jeopardize the systemic or oral health of the patient varies with, among other considerations, the nature of the procedure and the qualifications of the person to whom the duty is delegated. The dentist is ultimately responsible for the services performed in his or her office and this responsibility cannot be delegated. The board therefore, in order to promote the welfare of the state and to protect the health and well-being of the people of this state, finds that it is necessary to adopt the following definitions and regulations.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-201, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-100, filed 8/18/81.]

WAC 246-816-210 Definitions. (1) "Dental disciplinary board" shall mean the board created by RCW 18.32.560.

(2) "Dental examining board" shall mean the board created by RCW 18.32.035.

(3) "Director" shall mean the director of the department of licensing.

(4) "Close supervision" shall mean that a licensed dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. A dentist shall be physically present in the treatment facility while the procedures are performed. Close supervision does not require a dentist to be physically present in the operatory; however, an attending dentist must be in the treatment facility and be capable of responding immediately in the event of an emergency.

(5) "Treatment facility" means a dental office or connecting suite of offices, dental clinic, room or area with equipment to provide dental treatment, or the immediately adjacent rooms or areas. A treatment facility does not extend to any other area of a building in which the treatment facility is located.

(6) "General supervision" means supervision of dental procedures based on examination and diagnosis of the patient and subsequent instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist in the treatment facility during the performance of those procedures.

(7) "Unlicensed person" means a person who is neither a dentist duly licensed pursuant to the provisions of chapter 18.32 RCW nor a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW.

(8) "Oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes complete removal of calculus, soft deposits, plaque, stains and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

(9) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cap or brush and a polishing agent.

This procedure shall not be intended or interpreted as an oral prophylaxis as defined in WAC 308-38-110(8) a procedure specifically reserved to performance by a licensed dentist or dental hygienist. Coronal polishing may, however, be performed by dental assistants under close supervision as a portion of the oral prophylaxis. In all instances, however, a licensed dentist shall determine that the teeth need to be polished and are free of calculus or other extraneous material prior to performance of coronal polishing by a dental assistant.

(10) "Root planing" means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and/or deposits.

(11) "Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal pocket, not involving the reflection of a flap.

(12) "Debridement at the periodontal surgical site" means curettage and/or root planing after reflection of a flap by the supervising dentist. This does not include cutting of osseous tissues.

(13) "Luxation" is defined as an integral part of the surgical procedure of which the end result is extraction of a tooth. Luxation is not a distinct procedure in and of itself. It is the dislocation or displacement of a tooth or of the temporomandibular articulation.

(14) "Incising" is defined as part of the surgical procedure of which the end result is removal of oral tissue. Incising, or the making of an incision, is not a separate and distinct procedure in and of itself.

(15) "Elevating soft tissues" is defined as part of a surgical procedure involving the use of the periosteal elevator to raise flaps of soft tissues. Elevating soft tissue is not a separate and distinct procedure in and of itself.

(16) "Suturing" is defined as the readaption of soft tissue by means of stitches as a phase of an oral surgery procedure. Suturing is not a separate and distinct procedure in and of itself.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-210, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-110, filed 8/18/81.]

WAC 246-816-220 Acts that may be performed by unlicensed persons. A dentist may allow an unlicensed person to perform the following acts under the dentist's close supervision:

(1) Oral inspection, with no diagnosis.

(2) Patient education in oral hygiene.

(3) Place and remove the rubber dam.

(4) Hold in place and remove impression materials after the dentist has placed them.

(5) Take impressions solely for diagnostic and opposing models.

(6) Take impressions and wax bites solely for study casts.

(7) Remove the excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands.

(8) Perform coronal polish.

(9) Give flouride [fluoride] treatments.

(10) Place periodontal packs.

(11) Remove periodontal packs or sutures.

(12) Placement of a matrix and wedge for a silver restoration after the dentist has prepared the cavity.

(13) Place a temporary filling (as ZOE) after diagnosis and examination by the dentist.

(14) Apply tooth separators as for placement for Class III gold foil.

(15) Fabricate, place, and remove temporary crowns or temporary bridges.

(16) Pack and medicate extraction areas.

(17) Deliver a sedative drug capsule to patient.

(18) Place topical anesthetics.

(19) Placement of retraction cord.

(20) Polish restorations at a subsequent appointment.

(21) Select denture shade and mold.

(22) Acid etch.

(23) Apply sealants.

(24) Place dental x-ray film and expose and develop the films.

(25) Take intra-oral and extra-oral photographs.

(26) Take health histories.

(27) Take and record blood pressure and vital signs.

(28) Give preoperative and postoperative instructions.

(29) Assist in the administration of nitrous oxide analgesia or sedation, but shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist. Patients must never be left unattended while nitrous oxide-oxygen analgesia or sedation is administered to them. The dentist must be present at chairside during the entire administration of nitrous oxide and oxygen analgesia or sedation if any other central nervous system depressant has been given to the patient. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(30) Select orthodontic bands for size.

(31) Place and remove orthodontic separators.

(32) Prepare teeth for the bonding or orthodontic appliances.

(33) Fit and adjust headgear.

(34) Remove fixed orthodontic appliances.

(35) Remove and replace archwires and orthodontic wires.

(36) Take a facebow transfer for mounting study casts.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-220, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-120, filed 8/18/81.]

WAC 246-816-230 Acts that may not be performed by unlicensed persons. No dentist shall allow an unlicensed person who is in his or her employ or is acting under his or her supervision or direction to perform any of the following procedures.

(1) Any removal of or addition to the hard or soft natural tissue of the oral cavity.

(2) Any placing of permanent or semi-permanent restorations in natural teeth.

(3) Any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure.

(4) Any administration of general or injected local anesthetic of any nature in connection with a dental operation.

(5) Any oral prophylaxis, except coronal polishing as a part of oral prophylaxis as defined in WAC 308-38-110(9) and 308-38-120(8).

(6) Any scaling procedure.

(7) The taking of any impressions of the teeth or jaws, or the relationships of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliances, or prosthesis. Not prohibited are the taking of impressions solely for diagnostic and opposing models or taking wax bites solely for study casts.

(8) Intra-orally adjust occlusal of inlays, crowns, and bridges.

(9) Intra-orally finish margins of inlays, crowns, and bridges.

(10) Cement or recement, permanently, any cast restoration or stainless steel crown.

(11) Incise gingiva or other soft tissue.

(12) Elevate soft tissue flap.

(13) Luxate teeth.

(14) Curette to sever epithelial attachment.

(15) Suture.

(16) Establish occlusal vertical dimension for dentures.

(17) Try-in of dentures set in wax.

(18) Insertion and post-insertion adjustments of dentures.

(19) Endodontic treatment — open, extirpate pulp, ream and file canals, establish length of tooth, and fill root canal.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-230, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-130, filed 8/18/81.]

WAC 246-816-240 Acts that may be performed by licensed dental hygienists under general supervision. A

dentist may allow a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW to perform the following acts under the dentist's general supervision:

(1) Oral inspection and measuring of periodontal pockets, with no diagnosis.

(2) Patient education in oral hygiene.

(3) Take intra–oral and extra–oral radiographs.

(4) Apply topical preventive or prophylactic agents.

(5) Polish and smooth restorations.

(6) Oral prophylaxis and removal of deposits and stains from the surfaces of the teeth.

(7) Record health histories.

(8) Take and record blood pressure and vital signs.

(9) Perform sub–gingival and supra–gingival scaling.

(10) Perform root planing.

[Statutory Authority: RCW 18.32.640. 91–02–048 (Order 106B), recodified as § 246–816–240, filed 12/27/90, effective 1/31/91; 81–17–054 (Order PL 382), § 308–38–140, filed 8/18/81.]

WAC 246–816–250 Acts that may be performed by licensed dental hygienists under close supervision. In addition to the acts performed under section WAC 308–38–120, a dentist may allow a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW to perform the following acts under the dentist's close supervision:

(1) Perform soft–tissue curettage.

(2) Give injections of a local anesthetic.

(3) Place restorations into the cavity prepared by the dentist, and thereafter could carve, contour, and adjust contacts and occlusion of the restoration.

(4) Administer nitrous oxide analgesia.

(5) Apply sealants.

[Statutory Authority: RCW 18.32.640. 91–02–048 (Order 106B), recodified as § 246–816–250, filed 12/27/90, effective 1/31/91; 81–17–054 (Order PL 382), § 308–38–150, filed 8/18/81.]

WAC 246–816–260 Acts that may not be performed by dental hygienists. No dentist shall allow a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW who is in his or her employ or is acting under his or her supervision or direction to perform any of the following procedures:

(1) Any surgical removal of tissue of the oral cavity, except for soft–tissue curettage, as defined in WAC 308–38–110(11).

(2) Any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician.

(3) Any diagnosis for treatment or treatment planning.

(4) The taking of any impression of the teeth or jaw, or the relationship of the teeth or jaws, for the purpose of fabricating any intra–oral restoration, appliances, or prosthesis. Not prohibited are the taking of impressions solely for diagnostic and opposing models or taking wax bites solely for study casts.

(5) Intra–orally adjust occlusal of inlays, crowns, and bridges.

(6) Intra–orally finish margins of inlays, crowns, and bridges.

(7) Cement or recement, permanently, any cast restorations or stainless steel crowns.

(8) Incise gingiva or other soft tissue.

(9) Elevate soft tissue flap.

(10) Luxate teeth.

(11) Curette to sever epithelial attachment.

(12) Suture.

(13) Establish occlusal vertical dimension for dentures.

(14) Try–in of dentures set in wax.

(15) Insertion and post–insertion adjustments of dentures.

(16) Endodontic treatment—open, extirpate pulp, ream and file canals, establish length of tooth, and fill root canal.

[Statutory Authority: RCW 18.32.640. 91–02–048 (Order 106B), recodified as § 246–816–260, filed 12/27/90, effective 1/31/91; 81–17–054 (Order PL 382), § 308–38–160, filed 8/18/81.]

ADMINISTRATION OF ANESTHETIC AGENTS FOR DENTAL PROCEDURES

WAC 246–816–301 Purpose. The purpose of this chapter is to govern the administration of sedation and general anesthesia by dentists licensed in the state of Washington in settings other than hospitals as defined in WAC 248–18–001(29) and ambulatory surgical facilities as defined in WAC 248–19–220(5), pursuant to the board's authority in RCW 18.32.640(2).

[Statutory Authority: RCW 18.32.640. 91–02–048 (Order 106B), recodified as § 246–816–301, filed 12/27/90, effective 1/31/91; 90–18–042 (Order 088), § 308–39–100, filed 8/29/90, effective 10/1/90; 81–06–013 (Order PL 373), § 308–39–100, filed 2/20/81.]

WAC 246–816–310 Definitions. (1) Analgesia is the diminution of pain in the conscious patient.

(2) Local anesthesia is the elimination of sensations especially pain, in one part of the body by the topical application or regional injection of a drug.

(3) Conscious sedation is a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and/or verbal command, produced by a pharmacologic method, and that carries a margin of safety wide enough to render unintended loss of protective reflexes unlikely.

(4) General anesthesia (to include deep sedation) is a controlled state of depressed consciousness or unconsciousness, accompanied by partial or complete loss of protective reflexes, including the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or nonpharmacologic method, or combination thereof.

[Statutory Authority: RCW 18.32.640. 91–02–048 (Order 106B), recodified as § 246–816–310, filed 12/27/90, effective 1/31/91; 90–18–042 (Order 088), § 308–39–110, filed 8/29/90, effective 10/1/90. Statutory Authority: RCW 18.32.640(1). 82–16–087 (Order PL 403), § 308–39–110, filed 8/4/82. Statutory Authority: RCW 18.32.640. 81–06–013 (Order PL 373), § 308–39–110, filed 2/20/81.]

WAC 246-816-320 Basic life support requirements. Whenever a licensee administers local anesthesia, nitrous oxide sedation, conscious sedation, or general anesthesia (including deep sedation) in an in-office or out-patient setting, the dentist and his or her staff providing direct patient care must have a current basic life support (BLS) certification. New staff hired will be allowed thirty days from the date they are hired to obtain BLS certification.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-320, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-125, filed 8/29/90, effective 10/1/90.]

WAC 246-816-330 Local anesthesia. (1) Procedures for administration: Local anesthesia shall be administered only by a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW.

(2) Equipment and emergency medications: All offices in which local anesthesia is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain an appropriate medical history and patient evaluation. Any adverse reactions shall be indicated.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(3) Permit of authorization: Not required.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-330, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-130, filed 8/29/90, effective 10/1/90.]

WAC 246-816-340 Nitrous oxide/oxygen sedation. (1) Training requirements: In order to administer nitrous oxide sedation, a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction.

(2) Procedures for administration: Nitrous oxide shall be administered under the close supervision of a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW. When administering nitrous oxide sedation, a second individual shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide. The patient shall be continuously observed while nitrous oxide is administered.

(3) Equipment and emergency medications: All offices in which nitrous oxide sedation is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain an appropriate medical history and patient evaluation. A notation must be made in the chart if any nitrous oxide and oxygen is dispensed.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(4) Continuing education: A dentist who administers nitrous oxide sedation to patients must participate in seven hours of continuing education or equivalent every five years. The education must include instruction in one or more of the following areas: Sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) Permit of authorization: Not required.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-340, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-140, filed 8/29/90, effective 10/1/90.]

WAC 246-816-350 Conscious sedation with an oral agent. Conscious sedation with an oral agent includes the administration or prescription for a single oral sedative agent used alone or in combination with nitrous oxide sedation.

(1) Training requirements: In order to administer oral sedative agents, a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction in the fields of pharmacology and physiology of oral sedative medications. Dentists must possess a valid United States Department of Justice registration for the prescription of controlled substances.

(2) Procedures for administration: Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment. When nitrous oxide is administered concurrently, a second individual shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide. The patient shall be continuously observed while nitrous oxide is administered. Any adverse reactions shall be indicated in the records. If purposeful response of the patient to verbal command cannot be maintained under medication, periodic monitoring of pulse, respiration, and blood pressure or pulse oximetry shall be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness shall be recorded prior to dismissal of the patient.

(3) Equipment and emergency medications: All offices in which oral sedation is administered or prescribed must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Vital signs, dosage, and types of medications administered should be noted. If nitrous oxide–oxygen is used, proportions and duration of administration should be noted.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag–valve–mask combination with appropriate connectors capable of delivering positive pressure, oxygen–enriched patient ventilation.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(4) Continuing education: A dentist who administers or prescribes oral sedation for patients must participate in seven hours of continuing education or equivalent every five years. The education must include instruction in one or more of the following areas: Sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) Permit of authorization: Not required.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-350, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-150, filed 8/29/90, effective 10/1/90.]

WAC 246-816-360 Conscious sedation with parenteral or multiple oral agents. Conscious sedation with parenteral or multiple oral agents includes the prescription or administration of more than one oral agent to be used concurrently for the purposes of sedation either as a combined regimen or in association with nitrous oxide–oxygen. For purposes of this section, oral agents shall include any nonparenteral agents regardless of route of delivery. This would also include the parenteral administration of medications for the purpose of conscious sedation of dental patients.

(1) Training requirements: In order to administer conscious sedation with parenteral or multiple oral agents, the dentist must have successfully completed a postdoctoral course(s) of sixty clock hours or more which includes training in basic conscious sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, monitoring, and supervised experience in providing conscious sedation to fifteen or more patients.

(2) Procedures for administration: Multiple oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment. In the treatment setting, a patient receiving conscious parenteral sedation must have that sedation administered by a person qualified under this chapter. Only a dentist meeting the above criteria for administration of conscious parenteral sedation may utilize the services of a nurse licensed pursuant to chapter 18.88 RCW to administer conscious parenteral sedation under the close supervision of the dentist as defined in WAC 308-38-110(4). An intraveneous infusion should be maintained during the administration of a parenteral agent. The person administering the medications must be continuously assisted by at least one individual experienced in monitoring sedated patients.

In the treatment setting, a patient experiencing conscious sedation with parenteral or multiple oral agents should have visual and tactile observation as well as continual monitoring of pulse, respiration, and blood pressure and/or blood oxygen saturation. Unless prevented by the patient's physical or emotional condition, these vital sign parameters must be noted and recorded whenever possible prior to the procedure. In all cases these vital sign parameters must be noted and recorded at the conclusion of the procedure. Blood oxygen saturation must be continuously monitored and recorded at appropriate intervals throughout any period of time in which purposeful response of the patient to verbal command cannot be maintained. The patient's level of consciousness shall be recorded prior to the dismissal of the patient and individuals receiving these forms of sedation must be accompanied by a responsible individual upon departure from the treatment facility. When verbal contact cannot be maintained during the procedure, continuous monitoring of blood oxygen saturation is required.

(3) Equipment and emergency medications: All offices in which parenteral or multiple oral sedation is administered or prescribed must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Dosage and forms of medications dispensed shall be noted.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag–valve–mask combination with appropriate connectors capable of delivering positive pressure, oxygen–enriched patient ventilation and oral and nasal pharyngeal airways of appropriate size.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(iv) An emergency drug kit with minimum contents of:

–Sterile needles, syringes, and tourniquet
–Narcotic antagonist
–A and B adrenergic stimulant
–Vasopressor
–Coronary vasodilator
–Antihistamine
–Parasympatholytic
–Intravenous fluids, tubing, and infusion set
–Sedative antagonists for drugs used if available.

(4) Continuing education: A dentist who administers conscious parenteral or multi–agent oral sedation must participate in eighteen hours of continuing education or equivalent every three years. The education must include instruction in one or more of the following areas: Venipuncture, intravenous sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient

monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) Permit of authorization: Required.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-360, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-160, filed 8/29/90, effective 10/1/90.]

WAC 246-816-370 General anesthesia (including deep sedation). Deep sedation and general anesthesia must be administered by an individual qualified to do so under this chapter.

(1) Training requirements for dentists: In order to administer deep sedation or general anesthesia, the dentist must have current and documented proficiency in advanced cardiac life support. One method of demonstrating such proficiency is to hold a valid and current ACLS certificate or equivalent. Additionally, a dentist must meet one or more of the following criteria:

(a) Have completed a minimum of one year's advanced training in anesthesiology or related academic subjects, or its equivalent beyond the undergraduate dental school level, in a training program as outlined in Part 2 of Teaching the Comprehensive Control of Pain and Anxiety in an Advanced Education Program, published by the American Dental Association, Council on Dental Education, dated May, 1987.

(b) Is a fellow of the American Dental Society of Anesthesiology.

(c) Is a diplomate of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery pursuant to the July 1, 1989, standards.

(d) Is a fellow of the American Association of Oral and Maxillofacial Surgeons.

Only a dentist meeting the above criteria for administration of deep sedation or general anesthesia may utilize the services of a nurse licensed pursuant to chapter 18.88 RCW to administer deep sedation or general anesthesia under the close supervision of the dentist as defined in WAC 308-38-110(4).

(2) Training requirements for monitoring personnel: In addition to those individuals necessary to assist the practitioner in performing the procedure, a trained individual must be present to monitor the patient's cardiac and respiratory functions. The individual monitoring patients receiving deep sedation or general anesthesia must have received a minimum of fourteen hours of documented training in a course specifically designed to include instruction and practical experience in use of all equipment required in WAC 308-39-170. This must include, but not be limited to, the following equipment:

(a) Sphygmomanometer
(b) Pulse oximeter
(c) Electrocardiogram
(d) Bag-valve-mask resuscitation equipment
(e) Oral and nasopharyngeal airways
(f) Defibrillator
(g) Intravenous fluid administration set.

A course, or its equivalent, may be presented by an individual qualified under WAC 308-39-170 or sponsored by an accredited school, medical or dental association or society, or dental speciality association.

(3) Procedures for administration: Patients receiving deep sedation or general anesthesia must have continual monitoring of their heart rate, blood pressure, and respiration. In so doing, the licensee must utilize electrocardiographic monitoring and pulse oximetry. The patient's blood pressure, heart rate, and respiration shall be recorded at least every five minutes. During deep sedation or general anesthesia, the person administering the anesthesia and the person monitoring the patient, may not leave the immediate area.

During the recovery phase, the patient must be monitored continually by an individual trained to monitor patients recovering from general anesthesia or deep sedation. A discharge entry shall be made in the patient's record indicating the patient's condition upon discharge and the responsible party to whom the patient was discharged.

(4) Equipment and emergency medications: All offices in which general anesthesia (including deep sedation) is administered must comply with the following record-keeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Anesthesia records shall be recorded during the procedure in a timely manner and must include: Blood pressure, heart rate, respiration, blood oxygen saturation, drugs administered including amounts and time administered, length of procedure, any complications of anesthesia.

(b) Office facilities and equipment shall include:

(i) An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient.

(ii) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the administration of basic life support.

(iii) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit conclusion of any operation underway at the time of general power failure.

(iv) Suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities. A backup suction device must be available.

(v) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate portable backup system.

(vi) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theater.

(vii) Ancillary equipment which must include the following:

(A) Laryngoscope complete with adequate selection of blades, spare batteries, and bulb.

(B) Endotracheal tubes and appropriate connectors.

(C) Oral airways.

(D) Tonsillar or pharyngeal suction tip adaptable to all office outlets.

(E) Endotracheal tube forceps.

(F) Sphygmomanometer and stethoscope.

(G) Adequate equipment to establish an intravenous infusion.

(H) Pulse oximeter.

(I) Electrocardiographic monitor.

(J) Synchronized defibrillator available on premises.

(c) Drugs. Emergency drugs of the following types shall be maintained:

(i) Vasopressor.

(ii) Corticosteroid.

(iii) Bronchodilator.

(iv) Muscle relaxant.

(v) Intravenous medications for treatment of cardiac arrest.

(vi) Narcotic antagonist. Sedative antagonist, if available.

(vii) Antihistaminic.

(viii) Anticholinergic.

(ix) Antiarrhythmic.

(x) Coronary artery vasodilator.

(xi) Antihypertensive.

(xii) Anticonvulsant.

(5) Continuing education: A dentist granted a permit to administer general anesthesia (including deep sedation) under this chapter, must participate in eighteen hours of continuing education every three years. A dentist granted a permit must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years. The education must be provided by organizations approved by the dental disciplinary board and must be in one or more of the following areas: General anesthesia, conscious sedation, physical evaluation, medical emergencies, monitoring and use of monitoring equipment, pharmacology of drugs and agents used in sedation and anesthesia, or basic life support (BLS), or advanced cardiac life support (ACLS).

(6) Permit of authorization: Required.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-370, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-170, filed 8/29/90, effective 10/1/90.]

WAC 246-816-380 Mandatory reporting of death or significant complication. If a death or other life-threatening complication or permanent injury which may be a result of the administration of nitrous oxide, conscious sedation, deep sedation or general anesthesia, the dentist involved must submit a written report to the board within thirty days of the incident.

The written report must include the following:

(1) Name, age, and address of the patient.

(2) Name of the dentist and other personnel present during the incident.

(3) Address of the facility or office where the incident took place.

(4) Description of the type of sedation or anesthetic being utilized at the time of the incident.

(5) Dosages, if any, of drugs administered to the patient.

(6) A narrative description of the incident including approximate times and evolution of symptoms.

(7) Additional information which the board may require or request.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-380, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-180, filed 8/29/90, effective 10/1/90.]

WAC 246-816-390 Applications--Permits--Renewals for the administration of conscious sedation with multiple oral or parenteral agents or general anesthesia (including deep sedation). (1) In order to administer conscious sedation with parenteral or multiple oral agents or general anesthesia (including deep sedation), a dentist must first meet the requirements of this chapter (except for the effective date of the educational requirements in WAC 308-38-200), possess and maintain a current license pursuant to chapter 18.32 RCW and obtain a permit of authorization from the board through the department of health. Application forms for permits, which may be obtained from the department, shall be fully completed and any application fee paid.

(2) In order to renew a permit of authorization, which shall be valid for three years from the date of issuance, a permit holder shall fully and timely complete a renewal application form and:

(a) Demonstrate continuing compliance with this chapter.

(b) Produce satisfactory evidence of eighteen hours of continuing education as required by this chapter. The dentist must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years as required by this chapter.

(c) Pay any applicable renewal fee.

(3) Prior to the issuance or renewal of a permit for the use of general anesthesia, the board may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, licentiate, and the procedures utilized by such licentiate. Every person issued a permit under this article shall have an onsite inspection at least once in every five-year period. An onsite inspection performed by a public or private organization may be accepted by the board in satisfaction of the requirements of this section.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-390, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-190, filed 8/29/90, effective 10/1/90.]

WAC 246-816-400 Application of chapter 18.130 RCW. The provisions of the Uniform Disciplinary Act, chapter 18.130 RCW, apply to the permits of authorization that may be issued and renewed under this chapter.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-400, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-200, filed 8/29/90, effective 10/1/90.]

WAC 246-816-410 Effective date. With the exception of the educational requirements in WAC 308-39-150(1), 308-39-160(1), and 308-39-170(1), the rules in this chapter shall become effective on October 1, 1990. Educational requirements in WAC 308-39-150(1), 308-39-160(1), and 308-39-170(1) must be met by October 1, 1991. A person may be issued a temporary permit until they can supply proof of meeting the educational requirements; however, proof must be supplied by October 1, 1991. Failure to do so will result in the immediate cancellation of this permit.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-410, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-210, filed 8/29/90, effective 10/1/90.]

SUBSTANCE ABUSE MONITORING PROGRAMS

WAC 246-816-501 Intent. It is the intent of the legislature that the dental disciplinary board seek ways to identify and support the rehabilitation of dentists where practice or competency may be impaired due to the abuse of drugs including alcohol. The legislature intends that these dentists be treated so that they can return to or continue to practice dentistry in a way which safeguards the public. The legislature specifically intends that the dental disciplinary board establish an alternate program to the traditional administrative proceedings against such dentists.

In lieu of disciplinary action under RCW 18.130.160 and if the dental disciplinary board determines that the unprofessional conduct may be the result of substance abuse, the dental disciplinary board may refer the license holder to a voluntary substance abuse monitoring program approved by the dental disciplinary board.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-501, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534. 90-16-099 (Order 076), § 308-25-290, filed 8/1/90, effective 9/1/90.]

WAC 246-816-510 Terms used in WAC 308-25-320 through 308-25-330. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in the Washington Administrative Code which enters into a contract with dentists who have substance abuse problems regarding the required components of the dentist's recovery activity and oversees the dentist's compliance with these requirements. Substance abuse monitoring programs may provide evaluation and/or treatment to participating dentists.

(2) "Contract" is a comprehensive, structured agreement between the recovering dentist and the approved monitoring program wherein the dentist consents to comply with the monitoring program and the required components for the dentist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 18.130.175.

(4) "Substance abuse" means the impairment, as determined by the board, of a dentist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the dentist or the dentist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

(6) "Dentist support group" is a group of dentists and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(7) "Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in bodily fluids collected under observation which are performed at irregular intervals not known in advance by the person to be tested.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-510, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534. 90-16-099 (Order 076), § 308-25-310, filed 8/1/90, effective 9/1/90.]

WAC 246-816-520 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the recovery of dentists. The board will enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide evaluations and/or treatment to the participating dentists.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of dentistry as defined in this chapter to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Dentists' support groups;

(e) The dentists' work environment; and

(f) The ability of the dentist to practice with reasonable skill and safety.

(3) An approved monitoring program will enter into a contract with the dentist and the board to oversee the dentist's compliance with the requirements of the program.

(4) An approved monitoring program staff will evaluate and recommend to the board, on an individual basis,

whether a dentist will be prohibited from engaging in the practice of dentistry for a period of time and restrictions, if any, on the dentist's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program will be responsible for providing feedback to the dentist as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any dentist who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the board.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and/or limitations on the practice of dentistry for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual dental participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

(12) An approved monitoring program shall enter into a written contract with the board and submit monthly billing statements supported by documentation.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-520, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534. 90-16-099 (Order 076), § 308-25-320, filed 8/1/90, effective 9/1/90.]

WAC 246-816-530 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the dentist may accept board referral into an approved substance abuse monitoring program.

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency.

(b) The dentist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to the following:

(i) The dentist will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(ii) The dentist will submit to random drug screening as specified by the approved monitoring program.

(iii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the board if the dentist does not comply with the requirements of this contract.

(iv) The dentist will undergo intensive substance abuse treatment in an approved treatment facility.

(v) The dentist must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The dentist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(vii) The dentist will attend dentists' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The dentist will comply with specified practice conditions and restrictions as defined by the contract.

(ix) Except for (b)(i) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing comments on individual contracts.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(d) The dentist may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the dentist does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A dentist who is not being investigated by the board or subject to current disciplinary action, not currently being monitored by the board for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency.

(b) The dentist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which may include, but not be limited to the following:

(i) The dentist will undergo approved substance abuse treatment in an approved treatment facility.

(ii) The dentist will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The dentist must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The dentist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The dentist will submit to random observed drug screening as specified by the approved monitoring program.

(vi) The dentist will attend dentists' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The dentist will comply with practice conditions and restrictions as defined by the contract.

(viii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the board if the dentist does not comply with the requirements of this contract.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(3) Treatment and pretreatment records shall be confidential as provided by law.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-530, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534. 90-16-099 (Order 076), § 308-25-330, filed 8/1/90, effective 9/1/90.]

FEES

WAC 246-816-990 Dental anesthesia permit fees. The following shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Permit application	$ 50.00
Permit renewal	50.00
Duplicate permit	15.00
Certification of permit	25.00
Late renewal fee	125.00
On-site inspection fee	To be determined by future rule adoption

There will be no charge other than the application fee for a temporary permit as allowed in this chapter.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-816-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-040 (Order 086), § 308-39-220, filed 8/29/90, effective 10/1/90.]

Chapter 246-818 WAC
DENTISTS--BOARD OF DENTAL EXAMINERS

WAC

WAC 246-818-020 Examination eligibility and application. (1) To be eligible for the dental examination, the applicant must be a graduate from a dental school approved by the Washington state board of dental examiners. The board of dental examiners adopts those standards of the American Dental Association's Commission on Accreditation which were relevant to accreditation of dental schools and current in January 1981 and has approved all and only those dental schools which were accredited by the commission as of January 1981. Other dental schools which apply for board approval and which meet these adopted standards to the board's satisfaction will be approved, but it is the responsibility of a school to apply for approval and of a student to ascertain whether or not a school has been approved by the board.

(2) To be eligible for the dental examination the applicant must provide certification of the successful completion of the National Dental Examination Parts I and II.

(3) Applications for the examination may be secured from the state of Washington department of licensing. The application must be completed in every respect, and reach the state of Washington department of licensing at least sixty days prior to the examination.

(4) The only acceptable proof of graduation from an approved dental school is an official transcript from such school, or a verified list of graduating students from the dean of the dental school. The verified list of students will only be acceptable from applicants who have graduated within forty-five days of the examination for which they are applying. An applicant may complete his/her other application requirements and be scheduled for the examination before he/she has graduated, but no applicant will be admitted to the examination unless the official transcript or the verified list from the dean has been received by the department of licensing on or before the first day of the examination.

(5) In case of applicant having previously been in practice, the board requires a sworn statement covering history of practice for a five-year period immediately preceding application for this examination. This statement must accompany the application when returning it to the department of licensing.

(6) Upon establishing examination eligibility, the department of licensing will mail to each applicant examination forms, instructions and schedule. It is imperative that the applicant bring this information to the examination as it will be used by the board throughout the practical examination.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-020, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-101, filed 6/22/88. Statutory Authority: RCW 18.32.040. 82-04-024 (Order PL 391), § 308-40-101, filed 1/26/82. Statutory Authority: RCW 18.29.030 and 18.32.040. 81-08-043 (Order PL 374), § 308-40-101, filed 3/31/81; 80-05-063 (Order PL 342), § 308-40-101, filed 4/22/80. Statutory Authority: RCW 18.32-.040. 79-04-011 (Order 295, Resolution No. 295), § 308-40-101, filed 3/13/79.]

WAC 246-818-030 Examination content. (1) The examination will consist of:

(a) Theory: National board only accepted, except as provided in (c) of this subsection.

(b) Practical/practice: The content of the practical/practice section shall consist of procedures or subjects as determined by the board.

(c) The board may, at its discretion, give an examination in any other subject under (a) or (b) of this subsection, whether in written and/or practical form. The applicant will receive information concerning such examination.

(2) Each applicant must furnish his or her own patient for all phases, as may be required, of the practical/practice examination. Patients must be at least eighteen years of age, and shall not be a dentist, dental student, dental hygienist or dental hygiene student. The state board of dental examiners and the school of dentistry assume no responsibility regarding work done on patients. Candidates will be required to furnish documentary evidence of malpractice and liability insurance prior to the first day of the examination.

(3) An assistant will be permitted to assist the applicant at the chair. Dentists or undergraduate dental students, hygienists, undergraduate hygienists are not acceptable as assistants. Assistants must complete a form of eligibility.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-030, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040(4) and 18.32.120. 89-06-075 (Order PM 819), § 308-40-102, filed 3/1/89. Statutory Authority: RCW 18-.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-102, filed 6/22/88. Statutory Authority: RCW 18.32.040. 87-09-097 (Order PM 649), § 308-40-102, filed 4/22/87; 86-08-046 (Order PL 583), § 308-40-102, filed 3/27/86; 84-07-050 (Order PL 462), § 308-40-102, filed 3/21/84; 83-08-021 (Order PL 431), § 308-40-102, filed 3/29/83; 82-04-024 (Order PL 391), § 308-40-102, filed 1/26/82; 79-04-011 (Order 295, Resolution No. 295), § 308-40-102, filed 3/13/79.]

WAC 246-818-040 Dismissal from examination. Any applicant whose conduct interferes with the evaluation of professional competency by the board may be dismissed from the examination and all work will be rejected. Such conduct shall include but not be limited to the following:

(a) Presentation of purported carious lesions which are artificially created, whether or not the applicant created them.

(b) Presentation of radiographs which have been mislabeled, altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the applicant.

(c) Giving or receiving aid, either directly or indirectly, during the examination process.

(d) Failure to follow directions relative to the conduct of the examination, including termination of treatment procedures.

(e) Gross disregard for and/or mutilation of the hard or soft tissues.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-040, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-103, filed 6/22/88. Statutory Authority: RCW 18.32.040. 82-04-024 (Order PL 391), § 308-40-103, filed 1/26/82.]

WAC 246-818-050 Examination results. (1) In order to pass the examination, the applicant must pass the theory section and the practical section of the examination.

(2) Failure on two or more phases of the practical section under WAC 308-40-102 (1)(b) will require reexamination on the entire examination. An applicant who fails only one phase will be required to be reexamined only on the phase failed: *Provided,* That if the applicant who has failed only one phase has not taken and passed the failed phase by the next examination administration offered, then the entire practical section must be retaken.

(3) Applicants who fail the examination, or a phase of the examination, as provided in subsection (2) of this section may apply for reexamination by completing an application and submitting the appropriate fee to the division of professional licensing.

(4) An applicant who fails to appear for examination at the designated time and place shall forfeit the examination fee, unless he or she has notified the department of licensing at least thirty days prior to the scheduled examination of his or her inability to appear. If an applicant notifies the department thirty days or more prior to the designated examination date that he or she will not be appearing, the examination fee will be carried over only to the next regularly scheduled examination. Examination fees are nonrefundable.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-050, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.640. 89-01-083 (Order PM 809), § 308-40-104, filed 12/20/88. Statutory Authority: RCW 18.32.040. 85-16-113 (Order PL 547), § 308-40-104, filed 8/7/85; 84-11-025 (Order PL 467), § 308-40-104, filed 5/11/84; 82-04-024 (Order PL 391), § 308-40-104, filed 1/26/82.]

WAC 246-818-060 Practical examination review procedures. (1) Any candidate who takes the practical examination for licensure as a dentist and does not pass may request informal review by the examining board of his or her examination results. This request must be in writing and must be received by the department within twenty days of the postmark of notification of the examination results. The examining board will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination procedure, or bias, prejudice, or discrimination in the examination process.

(2) The procedure for filing an informal review is as follows:

(a) Contact the department of licensing office in Olympia to request that copies of the score sheets on the failed practical portion of the examination be provided.

(b) The candidate will be provided a form to complete in defense of examination performance. Such form must be returned to the department within fifteen days.

(c) The candidate must specifically identify the challenged portion(s) of the examination and must state the

specific reason or reasons why the candidate feels the results of the examination should be changed.

(d) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference, requests for special consideration, or reexamination of the patient will not be considered by the examining board.

(e) The examining board will schedule a closed session meeting to review the examination, score sheets, and form completed by the candidate for the purpose of informal review.

(f) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before the examining board, pursuant to the Administrative Procedure Act. Such written request for hearing must be received by the department of licensing within twenty days of the postmark of the notification of the results of the board's informal review of the examination results. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed. The examining board will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination procedure, or bias, prejudice, or discrimination in the examination process.

(4) Before the hearing is scheduled the parties shall attempt by informal means to resolve the following:

(a) The simplification of issues;

(b) Amendments to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate feels the results of the examination should be changed;

(c) The possibility of obtaining stipulations, admission of facts, and documents;

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

(e) A schedule for completion of all discovery; and

(f) Such other matters as may aid in the disposition of the proceeding.

If the parties are unable to resolve any of these issues informally, either party shall request a prehearing conference to be held before an administrative law judge or a board member, as decided by the board.

(5) In the event there is a prehearing conference, the administrative law judge or board member shall enter an order which sets forth the actions taken at the conference, the amendments allowed to the pleading, and the agreements made by the parties of their qualified representatives as to any of the matters considered, including the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least twenty days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the basis for his or her challenge of the examination results unless amended by a prehearing order. The board will not consider reexamination of the patient. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-060, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.32.120. 89-13-052 (Order PM 834), § 308-40-105, filed 6/19/89. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-105, filed 6/22/88. Statutory Authority: RCW 18.32.040. 87-09-097 (Order PM 649), § 308-40-105, filed 4/22/87; 82-04-024 (Order PL 391), § 308-40-105, filed 1/26/82. Statutory Authority: RCW 18.29-.030 and 18.32.040. 80-18-009 (Order 363), § 308-40-105, filed 11/24/80; 80-05-063 (Order PL 342), § 308-40-105, filed 4/22/80.]

WAC 246-818-070 Written examination review procedures. (1) Any candidate who takes the written examination phase of the dental examination and does not pass may request informal review by the examining board of his or her examination results. This request must be in writing and must be received by the department within twenty days of the postmark of notification of the examination results. The examining board will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(2) The procedure for filing an informal review is as follows:

(a) The department of licensing office will schedule in Olympia an appointment to appear personally to review the score sheets on the failed written portion of the examination.

(b) The candidate will be provided a form to complete in the department of licensing office in Olympia in defense of examination performance.

(c) The candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason or reasons why the candidate feels the results of the examination should be changed.

(d) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the examining board.

(e) The candidate may not bring in notes, texts, or other individuals except for an attorney, for use while completing the informal review form.

(f) The candidate will not be allowed to take any notes or materials from the office upon leaving.

(g) The examining board will schedule a closed session meeting to review the examination, score sheets and form completed by the candidate for the purpose of informal review.

(h) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before the examining board, pursuant to the administrative procedure act. Such written request for hearing must be received by the department of licensing within twenty days

of the postmark of the notification of the results of the board's informal review of the examination results. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed. The examining board will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(4) Before the hearing is scheduled the parties shall attempt by informal means to resolve the following:

(a) The simplification of issues;

(b) Amendments to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate feels the results of the examination should be changed;

(c) The possibility of obtaining stipulations, admission of facts and documents;

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

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

If the parties are unable to resolve any of these issues informally, either party shall request a prehearing conference to be held before an administrative law judge or a board member, as decided by the board.

(5) In the event there is a prehearing conference, the administrative law judge or board member shall enter an order which sets forth the actions taken at the conference, the amendments allowed to the pleading and the agreements made by the parties of their qualified representatives as to any of the matters considered, including the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least twenty days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the basis for his or her challenge of the examination results unless amended by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-070, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.32.120. 89-13-052 (Order PM 834), § 308-40-106, filed 6/19/89.]

WAC 246-818-080 Application for licensure--AIDS education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective May 1, 1990 persons applying for licensure shall submit, in addition to the other licensure requirements, evidence to show compliance with the education requirements of subsection (3).

The board will accept courses taken since January 1, 1986 which fulfill the requirements of the hours and topics listed in subsection (3).

(3) AIDS education and training. Acceptable education and training. The board will accept formal lecture-type education and training that is consistent with the topical outline available from the Office on AIDS. Such education and training shall be a minimum of seven clock hours. As an alternative to formal lectures, the board will also accept education and training obtained through videos and/or self-study materials: *Provided*, That such videos and/or self-study materials must include a written examination that is graded by the provider of the materials.

All education and training shall include the subjects of prevention, transmission and treatment of AIDS.

(4) Documentation. The applicant shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1986;

(b) Keep records for two years documenting attendance and description of the learning;

(c) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-080, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 90-08-011, § 308-40-107, filed 3/26/90, effective 4/26/90.]

WAC 246-818-090 Graduates of nonaccredited schools. The following requirements apply to persons who are graduates of dental schools or colleges not accredited by the American Dental Association Commission on Accreditation.

(1) A person who has issued to him or her a degree of doctor of dental medicine or doctor of dental surgery by a nonaccredited dental school listed by the World Health Organization, or by a nonaccredited dental school approved by the board of examiners, shall be eligible to take the examination given by the board in the theory and practice of the science of dentistry upon furnishing all of the following:

(a) Certified copies of dental school diplomas.

(b) Official dental school transcripts.

(c) Proof of identification by an appropriate governmental agency; provided, however, that alternate arrangements may be made for political refugees.

(d) Effective February 1, 1985, satisfactory evidence of the successful completion of at least two additional predoctoral or postdoctoral academic years of dental school education at a dental school approved pursuant to WAC 308-40-101(1) and a certification by the dean of that school that the candidate has achieved the same level of didactic and clinical competence as expected of a graduate of that school.

(2) Upon completion of the requirements in (1), an applicant under this section will be allowed to take the examination pursuant to WAC 308-40-102 and will be subject to the applicable provisions of WAC 308-40-101: *Provided, however,* That individuals who had fulfilled the requirements for application prior to the requirement of (1)(d) and who have applied by January 31, 1985, may be allowed one opportunity to pass the clinical (practical) examination in 1985.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-090, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040. 84-23-062 (Order PL 496), § 308-40-110, filed 11/21/84; 83-08-021 (Order PL 431), § 308-40-110, filed 3/29/83; 82-04-024 (Order PL 391), § 308-40-110, filed 1/26/82; Order PL 253, § 308-40-110, filed 7/13/76; Order PL 194, § 308-40-110, filed 7/2/75.]

WAC 246-818-100 Licenses--Persons licensed or qualified out-of-state who are faculty at school of dentistry--Conditions. (1) Definitions.

(a) Facility is defined as the building housing the School of Dentistry on the University of Washington campus, and other buildings, designated by the dean of the dental school and approved by the board.

(b) Clinics situated away from the School of Dentistry on the University of Washington campus, must be recommended by the dean in writing and approved by the board. The recommendation must list the rational for including each location as a University of Washington School of Dentistry facility.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-100, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.035 and 18.32.195. 90-11-083 (Order 057), § 308-40-115, filed 5/17/90, effective 6/17/90.]

WAC 246-818-110 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Implementation.

(a) Renewal of license. Effective with the renewal period beginning July 1, 1989 and ending June 30, 1990, all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3).

(b) Reinstatement of licenses. Effective July 1, 1989 and ending June 30, 1990, all persons making application for reinstatement of a license on lapsed or disciplinary status shall show evidence of compliance with the education requirements of subsection (3).

(c) Licenses on disciplinary status. Effective July 1, 1989 and ending June 30, 1990, all persons whose license is currently suspended or revoked shall submit evidence to show compliance with the education requirements of subsection (3).

(3) AIDS education and training.

(a) Acceptable education and training. The board will accept formal lecture-type education and training that is consistent with the topical outline available from the office on AIDS. Such education and training shall be a minimum of seven clock hours. As an alternative to formal lectures, the board will also accept education and training obtained through videos and/or self-study materials: *Provided,* That such videos and/or self-study materials must include a written examination that is graded by the provider of the materials.

All education and training shall include the subjects of prevention, transmission and treatment of AIDS, and information on the Washington State AIDS Omnibus Bill, and may include the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues including confidentiality; and psychosocial issues to include special population considerations.

(b) Documentation. The licensee shall:

(i) Certify, on forms provided, that the minimum education has been completed after January 1, 1986;

(ii) Keep records for two years documenting attendance or description of the learning and any examination scores and/or copy of the examination: *Provided,* That persons whose license is on lapsed or disciplinary status must keep such records for two years following reinstatement of the license;

(iii) Be prepared to validate, through submission of these records, that attendance or learning has taken place or that an examination was taken.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-110, filed 12/6/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 89-11-053 (Order PM 837), § 308-40-140, filed 5/17/89.]

WAC 246-818-120 Licensure without examination for dentists--Eligibility. The Washington board of dental examiners may grant licensure without an examination to dentists licensed in other states who:

(1) Have graduated from an educational program approved by the board of dental examiners; provided that graduates of non-accredited schools must meet the requirements of WAC 308-40-110.

(2) Have successfully completed Parts I and II of the National Dental Board examination.

(3) Have been issued a license, registration or certificate to practice dentistry, without restrictions, in another state by successful completion of an examination, if the other state's current licensing standards are substantively equivalent to the licensing standards of the state of Washington. The board of dental examiners will determine if the other state's current licensing standards are substantively equivalent to licensing standards in this state, pursuant to WAC 308-40-152.

(4) Are currently engaged in the practice of dentistry in another state pursuant to WAC 308-40-151(11).

(5) Have completed the AIDS education requirement defined in WAC 308-40-107.

(6) Are certified as having been licensed by the state board(s) of dentistry in all the state(s) in which the applicant has held a dental license.

(7) Have completed the jurisprudence requirement as determined by the Washington board of dental examiners.

(8) Participate in a personal interview with the board, if requested by the Washington board of dental examiners.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-120, filed 12/6/90, effective 1/31/91; 90-18-038 (Order 085), § 308-40-150, filed 8/28/90, effective 9/28/90.]

WAC 246-818-130 Licensure without examination for dentists--Application procedure. The applicant is responsible for obtaining and furnishing to the Washington board of dental examiners all materials required by the board to establish eligibility for a license without examination. Any fees for verification of requirements must be paid by the applicant.

A license issued based on the succeeding criteria, may be revoked upon evidence of misinformation or substantial omission.

The following must be submitted to the board:

(1) A completed application for licensure without examination to include the payment of the required application fee. The application must be signed and notarized. All information must be completed and received within 180 days of receipt of the initial application. Only completed applications will be reviewed by the board. Completed applications will be acted on at the next scheduled board meeting; provided that the board may extend application reviews to the following meeting or meetings if required by the number of completed applications or the board's other business.

(2) A statement by the applicant as to whether he/she has been the subject of any disciplinary action in the state(s) of licensure and whether he/she has engaged in unprofessional conduct as defined in RCW 18.130.180.

(3) A statement by the applicant that he/she is not an impaired practitioner as defined in RCW 18.130.170.

(4) A certification by the state board(s) of dentistry (or equivalent authority) that, based on successful completion of an examination, the applicant was issued a license, registration, certificate or privilege to practice dentistry, without restrictions, and whether he/she has been the subject of final or pending disciplinary action.

(5) Documentation to substantiate that standards defined in WAC 308-40-152 have been met.

(6) A certification from each state or jurisdiction where the applicant holds or has held a license to practice dentistry and whether he/she has been the subject of final or pending disciplinary action.

(7) An official dental school transcript showing the degree and date of graduation. This transcript shall be mailed from the school directly to the board.

(8) The national board scores certified by the Joint Commission on National Dental Examinations.

(9) A current photograph duly identified and attested.

(10) Proof of completion of AIDS education as required by WAC 308-40-107.

(11) Proof that the applicant is currently engaged in the practice of dentistry in another state, and has been for at least five years, as demonstrated by the following information:

(a) Address of practice location(s);

(b) Length of time at the location(s);

(c) Certification of a minimum of twenty hours per week in dental practice, as defined by RCW 18.32.020;

(d) Malpractice insurance carrier(s) and years when insured;

(e) Federal or state tax numbers;

(f) DEA number if any; and

(g) A copy of the applicant's current dental license.

Dentists serving in the United States federal services as described in RCW 18.32.030(2), for the period of such service, need not provide (a) through (f) above, but must provide documentation from their commanding officer regarding length of service, duties and responsibilities and a copy of their current license. Such dental service, including service within the state of Washington, shall be credited toward the dental practice requirement.

Dentists employed by a teaching institution, for the period of such dental practice, need not provide (a) through (f) above, but must provide documentation from the dean or appropriate administrator of the institution regarding the length and terms of employment and their duties and responsibilities, and a copy of their current license. Such dental practice, including practice within the state of Washington, shall be credited toward the dental practice requirement.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-130, filed 12/6/90, effective 1/31/91; 90-18-038 (Order 085), § 308-40-151, filed 8/28/90, effective 9/28/90.]

WAC 246-818-140 Licensure without examination for dentists--Licensing examination standards. An applicant is deemed to have met Washington state examination standards if either (1) or (2) below is met:

(1) The state in which the applicant received a license, following successful completion of an examination, currently administers an examination, which includes all components listed in (a) and at least three of the components listed in (b) below.

(2) The applicant provides documentation that he/she has successfully completed an examination in another state which included all of the components listed in (a) and at least three of the components listed in (b) below.

(a) The applicant must have successfully completed an examination which included/includes the following components:

(i.) Oral diagnosis and treatment planning, written or clinical test.

(ii.) Class II amalgam test on a live patient.

(iii.) Class II cast gold test, up to and including a 3/4 crown, on a live patient.

(iv.) Periodontal test on a live patient to include a documentation and patient evaluation as well as scaling and root planing of at least one quadrant.

(v.) Use of a rubber dam during grading of restorative tests.

(vi.) Removable prosthodontics written or clinical test.

(b) The examination included/includes at least three of the following characteristics or components:

(i.) Calibration of examiners.
(ii.) Lab work completed by candidate and graded.
(iii.) Anonymity of candidates and examiners.
(iv.) Endodontic test.
(v.) Gold foil test.
(vi.) Other clinical procedures.

The board will publish a list of states or regional licensing examinations which on the date of publication of the list are considered to be substantively equivalent to the Washington state dental licensing examination. The list will be periodically updated and available upon request.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-140, filed 12/6/90, effective 1/31/91; 90-18-038 (Order 085), § 308-40-152, filed 8/28/90, effective 9/28/90.]

WAC 246-818-150 Renewal of licenses. (1) Under the annual birthdate license renewal system, the late payment penalty provision will be applied as follows:

(a) Before the expiration date of the individual's license, as a courtesy, a notice for renewal of license will be mailed to last address on file to every person holding a current license. The licensee must return such notice along with current renewal fees prior to the expiration of said license. Should the licensee fail to renew his or her license prior to the expiration date then the individual is subject to the statutory penalty fee. If the licensee fails to renew his or her license within three years from expiration date thereof, such individual must apply for licensing under the statutory conditions then in force.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-150, filed 12/6/90, effective 1/31/91. Statutory Authority: 1989 c 202 § 22. 90-05-039 (Order 036), § 308-40-135, filed 2/14/90, effective 3/1/90.]

WAC 246-818-990 Dentist fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application (examination and reexamination)	$650.00
Partial retake	250.00
Renewal	215.00
Impaired dentist assessment	15.00
Late renewal penalty	150.00
Credentialing application	1400.00
Duplicate license	15.00
Certification	50.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-818-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-40-125, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43-.24.086. 87-18-031 (Order PM 667), § 308-40-125, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-40-125, filed 8/10/83. Formerly WAC 308-40-120.]

Chapter 246-822 WAC
DIETICIANS OR NUTRITIONISTS

WAC

WAC 246-822-010 Definitions. (1) "Accredited college or university" means a college or university accredited by a national or regional accrediting body recognized by the council on postsecondary education at the time the applicant completed the required education.

(2) "Continuous preprofessional experience" means a minimum of 900 hours of supervised competency-based practice in the field of dietetics accumulated over a maximum of thirty-six months. This competency-based practice should include, but not be limited to the following:

(a) Assuring that food service operations meet the food and nutrition needs of clients and target markets.

(b) Utilization of food, nutrition, and social services in community programs.

(c) Providing nutrition care through systematic assessment, planning, intervention, and evaluation of groups and individuals.

(d) Providing nutrition counseling and education to individuals and groups for health promotion, health maintenance, and rehabilitation.

(e) Applying current research information and methods to dietetic practice.

(f) Utilizing computer and other technology in the practice of dietetics.

(g) Integrating food and nutrition services in the health care delivery system.

(h) Promoting positive relationships with others who impact on dietetic service.

(i) Coordinating nutrition care with food service systems.

(j) Participating in the management of cost-effective nutrition care systems.

(k) Utilizing menu as the focal point for control of the food service system.

(l) Participating in the management of food service systems, including procurement, food production, distribution, and service.

(m) Participating in the management of human, financial, material, physical, and operational resources.

(n) Providing education and training to other professionals and supportive personnel.

(o) Engaging in activities that promote improved nutrition status of the public and advance the profession of dietetics.

(p) Recognizing the impact of political, legislative, and economic factors on dietetic practice.

(q) Utilizing effective communication skills in the practice of dietetics.

(r) Participating in the management of a quality assurance program.

(3) "Supervision" means the oversight and responsibility for the dietitian's or nutritionist's continued practice by a qualified supervisor. Methods of supervision may include face-to-face conversations, direct observation, or review of written notes or tapes.

(4) "Qualified supervisor" means a dietitian who is certified under this chapter or who is qualified for certification under this chapter.

(5) "Coordinated undergraduate program" means supervised dietetic practice that is part of a course of study.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-115, filed 8/16/89, effective 9/16/89.]

WAC 246-822-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9649
Olympia, Washington 98504-8001

(5) "Dietitian or nutritionist" means a person certified pursuant to chapter 277, Laws of 1988.

(6) "Mentally or physically disabled dietitian or nutritionist" means a dietitian or nutritionist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dietetics or general nutrition services with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-010, filed 6/30/89.]

WAC 246-822-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dietitian or nutritionist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-020, filed 6/30/89.]

WAC 246-822-040 Health care institutions. The chief administrator or executive officer or designee of any hospital or nursing home shall report to the department when any dietitian or nutritionist's services are terminated or are restricted based on a determination that the dietitian or nutritionist has either committed an act or acts which may constitute unprofessional conduct or that the dietitian or nutritionist may be unable to practice with reasonable skill or safety to clients by reason of a physical or mental condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-030, filed 6/30/89.]

WAC 246-822-050 Dietitian or nutritionist associations or societies. The president or chief executive officer of any dietitian or nutritionist association or society within this state shall report to the department when the association or society determines that a dietitian or nutritionist has committed unprofessional conduct or that a dietitian or nutritionist may not be able to practice dietetics or general nutrition services with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-040, filed 6/30/89.]

WAC 246-822-060 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dietitian or nutritionist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-050, filed 6/30/89.]

WAC 246-822-070 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dietitians or nutritionists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dietitian or nutritionist's incompetency or negligence in the practice of dietetics or general nutrition services. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dietitian or nutritionist's alleged incompetence or negligence in the practice of dietetics or general nutrition services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-060, filed 6/30/89.]

WAC 246-822-080 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of dietitians or nutritionists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-070, filed 6/30/89.]

WAC 246-822-090 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dietitian or nutritionist is employed to provide patient care services, to report to the department whenever such a dietitian or nutritionist has been judged to have demonstrated his/her incompetency or negligence in the practice of dietetics or general nutrition services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dietitian or nutritionist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-080, filed 6/30/89.]

WAC 246-822-100 Cooperation with investigation. (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-090, filed 6/30/89.]

WAC 246-822-110 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four

clock hours for dietitians and seven clock hours for nutritionists and shall include, but is not limited to, the following: Etiology and epidemiology; infection control guidelines; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-177-100, filed 11/2/88.]

WAC 246-822-120 Application requirements. (1) Individuals applying for certification as a certified dietitian must submit:

(a) A completed application form with fee;

(b) Verification of AIDS education and training as set forth in WAC 308-177-100; and

(c) Verification of current registration status with the commission on dietetic registration.

(2) Individuals applying for certification as a certified dietitian who have not passed the required written examination or who are not registered with the commission on dietetic registration must:

(a) Provide transcripts forwarded directly from the issuing college or university showing completion of a baccalaureate degree or higher in a major course of study in human nutrition, foods and nutrition, dietetics, or food management;

(b) Provide evidence of completion of a continuous preprofessional experience or coordinated undergraduate program in dietetics under the supervision of a qualified supervisor;

(c) Take and pass the required written examination; and

(d) Provide verification of AIDS education and training as set forth in WAC 308-177-100.

(3) Individuals applying for certification as a certified nutritionist must submit:

(a) A completed application form with fee; and

(b) Documentation that the applicant meets the application requirements for certified dietitians, as set forth in subsection (1) or (2) of this section; or

(c) Transcripts forwarded directly from the issuing college or university showing completion of a masters or doctorate degree in one of the following subject areas: Human nutrition, nutrition education, foods and nutrition, or public health nutrition; and

(d) Verification of AIDS education and training as set forth in WAC 308-177-100.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-120, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-120, filed 1/11/89.]

WAC 246-822-130 Nutritionist minimum core curriculum. Training for certified nutritionist should include coursework at the collegiate level or equivalent in the following areas:

(1) Basic science – Which should include courses in one or more of the following:

(a) Physiology.

(b) Biochemistry.

(2) Foods – Which should include courses in one or more of the following:

(a) Selection.

(b) Composition.

(c) Food science.

(3) Nutritional science.

(4) Applied nutrition – Which should include courses in one or more of the following:

(a) Diet therapy.

(b) Nutrition of the life cycle.

(c) Cultural/anthropological nutrition.

(d) Public health nutrition.

(5) Counseling/education – Which should include courses in one or more of the following:

(a) Psychological counseling.

(b) Educational psychology.

(c) Communication.

(d) Psychology.

(e) Education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-130, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-130, filed 1/11/89.]

WAC 246-822-140 Certification renewal registration date. (1) The annual certification renewal date will coincide with the individual's birth anniversary date.

(2) Failure to pay the renewal fee on or before the expiration date will invalidate the certification. An individual may reinstate the certificate by written application to the department, payment of a single late renewal penalty fee and payment of all delinquent renewal fees.

(3) Dietitians and nutritionists who fail to renew their certifications for a period of three years will be required to reapply.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-03-035 (Order PM 814), § 308-177-140, filed 1/11/89.]

WAC 246-822-150 Examinations. (1) A written examination will be given at least once annually to qualified applicants at a time and place determined by the director.

(2) Applications must be received sixty days in advance of the scheduled examination.

(3) Applicants who fail the examination shall submit the appropriate fee for reexamination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-160, filed 8/16/89, effective 9/16/89.]

WAC 246-822-160 Foreign degree equivalency. Applicants who obtained their education outside of the United States and its territories must have their academic degree(s) validated as substantially equivalent to the baccalaureate, master's, or doctorate degree conferred by a regionally accredited college or university recognized by the council on postsecondary education at the time the applicant completed the required degree.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-180, filed 8/16/89, effective 9/16/89.]

WAC 246-822-170 Certification for dietitians—Grandfathering. An individual may be certified as a certified dietitian if he or she provides evidence of meeting criteria for registration with the commission on dietetic registration on June 9, 1988, and provides documentation of completion of the AIDS education requirements as set forth in WAC 308-177-100.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-190, filed 8/16/89, effective 9/16/89.]

WAC 246-822-990 Dietitian and nutritionist fees. The following fees shall be charged by the professional licensing division of the department of health:

Title	Fee
Application	$85.00
Renewal	75.00
Late renewal	25.00
Certification	25.00
Duplicate	15.00
Reexamination	75.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-177-110, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-110, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-110, filed 1/11/89.]

Chapter 246-824 WAC
DISPENSING OPTICIANS

WAC

WAC 246-824-010 Definitions. For the purpose of administering and recording apprenticeship training, in accordance with the conditions specified by RCW 18-.34.070 (5)(a), one year shall be defined as 2,000 hours of training under supervision of a licensed physician, optometrist or dispensing optician. This definition will not be used to extend the limit of apprenticeship training as specified in RCW 18.34.030.

(1) No apprentice shall engage in the work of dispensing optician except in the course and scope of apprenticeship training under the direct supervision of a duly licensed physician, optometrist, or dispensing optician. In those situations where the apprentice or the supervisor rotates within the same eye care organization or business operation, the provisions of WAC 308-26-010(2) (as amended February 23, 1976) will apply.

(2) "Direct supervision" shall mean that the supervising optometrist, physician, or dispensing optician shall:

(a) Inspect a substantial portion of the apprentice's work;

(b) Be physically present on the premises where the apprentice is working and available for consultation with the apprentice a minimum of 80% of the time claimed as apprenticeship training. Thus, of the 2,000 training hours in one year of apprenticeship, the supervisor must be on the premises simultaneously with the apprentice for 1,600 hours, and have available at each location where an apprentice is working a monthly log with verification by initial of both the licensed supervisor and the apprentice to be shown upon request made by the state; and

(c) Except that in the case of the fitting or adjusting of contact lenses, "direct supervision" shall require that the supervising optician, optometrist, or physician inspect all of the apprentice's work and be physically present on the premises at all times.

Provided, however, That if the supervisor is absent for extended periods of time, the apprentice shall be supervised by another licensed physician, optometrist, or dispensing optician, and provided further that "direct supervision" shall not require that the supervisor while on the premises inspect all of the apprentice's work, nor shall it require that the supervisor and apprentice be constantly in the same room.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.04.040. 78-07-073 (Order PL-289), § 308-26-005, filed 6/30/78; Order PL-106, § 308-26-005, filed 2/2/71.]

WAC 246-824-020 Registration of apprentices. (1) Registration of an apprentice shall be requested by the physician, optometrist or dispensing optician who intends to provide the training for and direct supervision of the apprentice's work, on a form provided by the director.

(2) Separate registrations shall be required if an individual receives his apprenticeship training from more than one licensee.

(3) In determining whether or not an individual has completed his apprenticeship, within the minimum of three years or the maximum of six years, only the apprenticeship training received subsequent to the date that the apprentice was formally registered with the director will be considered: *Provided*, That an individual who has been registered in an apprentice-type program by an agency of the state of Washington, which program has been approved by the director, and who has been trained and directly supervised by a licensed physician, optometrist, or dispensing optician while in such program, may have all such training considered toward fulfillment of his apprenticeship, whether such training occurred before or after his formal registration with the director: *Provided, further*, That this exemption is not to be construed or applied in any manner which would except any person from any provision of RCW 18.34.030: *Provided, further*, That before such training may be considered toward fulfillment of his apprenticeship, formal registration of the individual must be requested by the physician, optometrist, or dispensing optician who has trained and supervised the individual, in retrospective accordance with subsections (1), (2) and (4) of this section, on a form provided by the director.

(4) The licensee initially requesting the registration of an apprentice shall notify the director whenever he terminates the apprenticeship training, unless such termination is concluded by reason of the apprentice becoming licensed as a dispensing optician.

(5) After registration, the apprentice shall notify the director, in writing and within thirty days, of any name or address change.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-020, filed 12/27/90, effective 1/31/91; Order PL 241, § 308-26-010, filed 2/26/76; Order PL-106, § 308-26-010, filed 2/2/71.]

WAC 246-824-030 Comments. In order to facilitate comments on the apprentice's performance, the name, business address and business telephone number of the departmental supervisor or the supervising optician, optometrist or physician shall be posted in public view on the premises where the apprentice works.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.04.040. 78-07-073 (Order PL-289), § 308-26-011, filed 6/30/78.]

WAC 246-824-040 Application for examination. (1) An individual shall make application for examination, in accordance with RCW 18.34.070, on an application form prepared and provided by the director.

(2) The apprenticeship training requirement shall be supported with certification by the licensed individual (or individuals) who provided such training.

(3) Examination fees are not refundable. If an applicant is unable to attend his scheduled examination, and so notifies the director in writing at least 7 days prior to the scheduled examination date, the applicant will be rescheduled at no additional charge. Otherwise, the fee will be forfeited. (Emergencies considered.)

(4) If an applicant takes the examination and fails to obtain a satisfactory grade, he may retake the examination if he pays the statutory examination fee.

(5) Applications and fees for examination must be submitted to the division of professional licensing, department of licensing, at least sixty days prior to the scheduled examination. Failure to meet the deadline will result in the applicant not being scheduled until the next scheduled examination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.080. 84-08-019 (Order PL 464), § 308-26-015, filed 3/27/84; Order PL-106, § 308-26-015, filed 2/2/71.]

WAC 246-824-050 Approval of prescribed courses in opticianry. The director, pursuant to RCW 18.34.070, hereby adopts the accreditation standards of the American Board of Opticianry of the National Academy of Opticianry, "Essentials of an Accredited Educational Program for Ophthalmic Dispensers," in effect as of March 4, 1979. The director approves all and only those institutions accredited by, and in good standing with, the American Board of Opticianry of the National Academy of Opticianry in accordance with these accreditation standards as of March 4, 1979. Other institutions which apply for the director's approval and which meet the standards to the director's satisfaction may be approved, but it is the responsibility of a school to apply for approval and of a student to ascertain whether or not a school has been approved by the director.

The director reserves the right to withdraw approval of any course in opticianry which ceases to meet the approval of the director or the American Board of Opticianry of the National Academy of Opticianry after notifying the school in writing and granting it an opportunity to contest the director's proposed withdrawal.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.070(5). 80-01-070 (Order 327), § 308-26-016, filed 12/21/79.]

WAC 246-824-060 Dispensing optician examination. (1) Every qualified applicant shall pass an examination with a score of at least seventy percent in each of the three examination sections: Written contact lenses, written basic optical concepts to include anatomy and physiology, and practical. Subject to subsection (2), any applicant obtaining a score of less than 70% in any section will only be required to retake the section(s) in which a grade of less than 70% was obtained.

(2) Applicants failing an examination section may retake the section(s) failed at the next scheduled examination. Failure to pass the entire examination after three consecutive regularly scheduled examinations (emergencies may be considered) shall require reexamination on all three sections.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.080. 84-08-019 (Order PL 464), § 308-26-017, filed 3/27/84. Statutory Authority: RCW 18.34-.080. 82-11-056 (Order PL 397), § 308-26-017, filed 5/13/82.]

WAC 246-824-070 Examination appeal procedures. (1) Any candidate who takes the state examination for licensure and does not pass may request informal review by the dispensing optician examining committee of his or her examination results. This request must be in writing and must be received by the department within thirty days of the postmark of notification of the examination results. The committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The committee will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(2) The procedure for filing an informal review is as follows:

(a) Contact the department of licensing office in Olympia for an appointment to appear personally to review incorrect answers on the written portion of failed examination, and score sheets on the failed practical portion of the examination.

(b) The candidate will be provided a form to complete in the department of licensing office in Olympia in defense of examination answers.

(c) The candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason or reasons why the candidate feels the results of the examination should be changed.

(d) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the examining committee.

(e) The candidate may not bring in notes or texts for use while completing the informal review form.

(f) The candidate will not be allowed to take any notes or materials from the office upon leaving.

(g) The examining committee will schedule a closed session meeting to review the examinations, score sheets and forms completed by the candidate for the purpose of informal review.

(h) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before the dispensing optician examining committee pursuant to the administrative procedures act. Such written request for hearing must be received by the department of licensing within twenty days of the postmark of the result of the committee's informal review of the examination results. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed. The examining committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The committee will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(4) Before the hearing is scheduled either party may request a prehearing conference before an administrative law judge to consider the following:

(a) The simplification of issues;

(b) Amendments to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate feels the results of the examination should be changed;

(c) The possibility of obtaining stipulations, admission of facts and documents;

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

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments allowed to the pleading and the agreements made by the parties of their qualified representatives as to any of the matters considered, including the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least twenty days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the bases for his or her challenge of the examination results unless amended by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.060. 87-22-019 (Order PM 688), § 308-26-025, filed 10/27/87.]

WAC 246-824-080 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Dispensing optician" means a person licensed pursuant to chapter 18.34 RCW.

(6) "Mentally or physically disabled dispensing optician" means a dispensing optician who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dispensing with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-055, filed 6/30/89.]

WAC 246-824-090 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dispensing optician being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-065, filed 6/30/89.]

WAC 246-824-100 Health care institutions. The chief administrator or executive officer of any hospital or nursing home or their designee shall report to the department when any dispensing optician's services are terminated or are restricted based on a determination that the dispensing optician has either committed an act or acts which may constitute unprofessional conduct or that the dispensing optician may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-075, filed 6/30/89.]

WAC 246-824-110 Dispensing optician associations or societies. The president or chief executive officer of any dispensing optician association or society within this state shall report to the department when the association or society determines that a dispensing optician has committed unprofessional conduct or that a dispensing optician may not be able to practice dispensing of optical goods with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-085, filed 6/30/89.]

WAC 246-824-120 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dispensing optician has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-095, filed 6/30/89.]

WAC 246-824-130 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dispensing opticians shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dispensing optician's incompetency or negligence in the practice of opticianry. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dispensing optician's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-105, filed 6/30/89.]

WAC 246-824-140 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed dispensing opticians, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-115, filed 6/30/89.]

WAC 246-824-150 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dispensing optician is employed to provide client care services, to report to the department whenever such a dispensing optician has been judged to have demonstrated his/her incompetency or negligence in the practice of opticianry, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dispensing optician. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-125, filed 6/30/89.]

WAC 246-824-160 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-135, filed 6/30/89.]

WAC 246-824-170 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of licenses. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 license expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; infection control guidelines; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-26-200, filed 11/2/88.]

WAC 246-824-990 Dispensing optician fees. The following fees shall be charged by the professional licensing division of the department of licensing:

Title of Fee	Fee
Optician:	
Full examination (or reexamination)	$200.00
Reexamination—Practical only	30.00
Reexamination—Written (basic) only	25.00
Reexamination—Written (contact lens) only	25.00
Renewal	125.00

Title of Fee	Fee
Late renewal penalty	75.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-26-045, filed 5/1/87.]

Chapter 246-826 WAC
HEALTH CARE ASSISTANTS

WAC

WAC 246-826-020 Delegation of functions to health care assistants. The authority to perform the functions authorized in chapter 18.135 RCW may only be personally delegated from one individual (the delegator) to another individual (the delegatee). The delegator can only delegate those functions that he or she can order within the scope of his or her license. A licensee who is performing a function at or under the direction of another may not further delegate that function. Functions may not be delegated unless a completed and current certification/delegation form is on file with the department of licensing.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-010, filed 2/25/85.]

WAC 246-826-030 Supervision of health care assistants. A health care assistant may be supervised by either the practitioner who delegated the act or by a practitioner who could order the act under his or her own license. The practitioner who is supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections. The supervising practitioner need not be present during procedures to withdraw blood.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-020, filed 2/25/85.]

WAC 246-826-040 Certification of health care assistants. Health care assistants' certification is valid for two years. The delegating practitioner or health care facility is responsible for certifying or recertifying health care assistants. An updated form must be submitted if a health care assistant is to be delegated functions by a practitioner other than the delegating practitioner indicated on his or her delegation/certification form.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-030, filed 2/25/85.]

WAC 246-826-050 Recertification of health care assistants. Updated certification/delegation forms must be submitted within two years from the date of the most recent certification/delegation form on file with the department of licensing. Recertification forms are available from the department of licensing. The department of licensing will not send renewal forms or notifications of necessity to renew certification. It shall be the responsibility of every health care facility and every health care practitioner who certifies health care assistants to submit a recertification form and fees on or before each certification expiration date.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-040, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-040, filed 2/25/85.]

WAC 246-826-060 Department of licensing responsibilities. The department of licensing will maintain files with regard to certification of health care assistants and delegation of functions. Department of licensing will not approve training programs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-050, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-050, filed 2/25/85.]

WAC 246-826-070 Maintenance of listing of drugs and functions authorized. Each delegator must maintain a list of the specific medications/diagnostic agents and the route of administration of each that he or she has authorized for injection. Both the delegator and the delegatee shall sign the above list, indicating the date of each signature. The signed list shall be available for review by the director of the department of licensing or his designee.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-060, filed 2/25/85.]

WAC 246-826-080 Medication and diagnostic agent list. The list of specific medications, diagnostic agents, and the route of administration of each that has

been authorized for injection pursuant to RCW 18.135-.065 shall be submitted to the director within sixty days of initial certification registration and again with every recertification registration. If any changes occur which alter the list, a new list with the delegator and delegatee's signatures must be submitted to the department within thirty days of the change. All submitted lists will be maintained in the department of licensing filed under the name of the certifying practitioner or facility and shall be available for review.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-065, filed 11/12/87.]

WAC 246-826-090 Decertification or disciplinary actions. Any proceeding taken pursuant to these rules or chapter 18.135 RCW by the department of licensing, by the licensing authority of health care facilities or by the disciplinary board of the delegating or supervising health care practitioner shall be pursuant to the provisions of the Administrative Procedure Act, chapter 34.04 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-070, filed 2/25/85.]

WAC 246-826-100 Health care assistant classification. Effective September 1, 1988, there shall be six categories of health care assistants:

(1) Category A assistants may perform venous and capillary invasive procedures for blood withdrawal.

(2) Category B assistants may perform arterial invasive procedures for blood withdrawal.

(3) Category C assistants may perform intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests.

(4) Category D assistants may perform intravenous injections for diagnostic agents.

(5) Category E assistants may perform intradermal, subcutaneous and intramuscular injections for therapeutic agents.

(6) Category F assistants may perform intravenous injections for therapeutic agents.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-075, filed 11/12/87.]

WAC 246-826-110 Qualified trainer. Qualified trainers for health care assistant trainees are:

(1) Delegator with a minimum of two years of current experience (within the last five years) in the appropriate category in which they are providing the training.

(2) Delegatee from the appropriate category of health care assistants who has a minimum of two years experience obtained within the last five years in the appropriate procedures.

(3) Licensed nurses who meet the educational and experiential criteria for the appropriate category.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-085, filed 11/12/87.]

WAC 246-826-120 Provision of health care assistants training. The training of health care assistants may be provided either:

(1) Under a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization, who shall ascertain the proficiency of the health care assistant; or under a registered nurse, physician's assistant, osteopathic physician's assistant, health care assistant, or LPN acting under the direction of a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization who shall be responsible for determining the content of the training and for ascertaining the proficiency of the health care assistant; or

(2) In a training program provided by a postsecondary institution registered with the Washington state council for post secondary education, or a community college approved by the Washington state board for community college education, or a vocational education program approved by the superintendent of public instruction, or in a private vocational school registered with the Washington state commission on vocational education, or in a program or post-secondary institution accredited by an accrediting agency recognized by the U.S. Department of Education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-090, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-090, filed 2/25/85.]

WAC 246-826-130 Category A minimum requirements. Effective September 1, 1988, Category A assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform venous and capillary invasive procedures for blood withdrawal:

(a) High school education or its equivalent;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category A assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities – to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process, including forms used, accessing process, and collection patterns;

(e) Materials to be used;

(f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks;

(g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category A assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum entry level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-095, filed 11/12/87.]

WAC 246-826-140 Category B minimum requirements. Effective September 1, 1988, Category B assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform arterial invasive procedures for blood withdrawal:

(a) Minimum high school education or its equivalent with additional education to include but not be limited to anatomy, physiology, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category B assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities – to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process, including forms used, accessing process, and collection patterns;

(e) Materials to be used;

(f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks, arterial puncture, line draws, and use of local anesthetic agents;

(g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category B assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-100, filed 11/12/87.]

WAC 246-826-150 Category C minimum requirements. Effective September 1, 1988, Category C assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intradermal (including skin tests), subcutaneous, and intramuscular injections for diagnostic agents:

(a) One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language;

(c) Possess a basic knowledge of mathematics; and

(d) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category C assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities – to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category C assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-105, filed 11/12/87.]

WAC 246-826-160 Category D minimum requirements. Effective September 1, 1988, Category D assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for diagnostic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, mathematics, chemistry, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category D assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities – to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category D assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-110, filed 11/12/87.]

WAC 246-826-170 Category E minimum requirements. Effective September 1, 1988, Category E assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intramuscular, intradermal (including skin tests), and subcutaneous injections for therapeutic agents:

(a) One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category E assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities – to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category E assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-115, filed 11/12/87.]

WAC 246-826-180 Category F minimum requirements. Effective September 1, 1988, Category F assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for therapeutic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, chemistry, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category F assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities – to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category F assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-120, filed 11/12/87.]

WAC 246-826-190 Grandfather clause. Currently certified health care assistants performing any of the practices authorized in RCW 18.135.010 may continue

to be certified or recertified by demonstrating proficiency in the appropriate classification to a delegator as defined in RCW 18.135.020. Retraining or completion of a training program shall not be necessary if the health care assistant is able to so demonstrate. Eligibility for recertification by individuals certified under the provisions of this section shall not be restricted by change of employment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-125, filed 11/12/87.]

WAC 246-826-200 Hospital or nursing home drug injection. (1) Class C, D, E, or F health care assistants working in a hospital or nursing home may administer the following types of drugs by injection as authorized and directed by a delegator and as permitted by the category of certification of the health care assistant:

Antihistamines
Antiinfective agents
Antineoplastic agents
Autonomic drugs
Blood derivatives
Blood formation and coagulation
Cardiovascular drugs
CNS agents
Diagnostic agents
Electrolytic, caloric and water balance
Enzymes
Gastrointestinal drugs
Gold compounds
Heavy metal antagonists
Hormones/synthetic substitutes
Local anesthetics
Oxytocics
Radioactive agents
Serums toxoids, vaccines
Skin and mucous membrane agents
Smooth muscle relaxants
Vitamins
Unclassified therapeutic agents

(2) The schedule of drugs in subsection (1) of this section shall not include any controlled substances as defined in RCW 69.50.101 (1)(d), any experimental drug and any cancer chemotherapy agent unless a delegator is physically present in the immediate area where the drug is administered.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-130, filed 11/12/87.]

WAC 246-826-210 Intravenous medications flow restrictions. (1) Category D and F assistants will be permitted to interrupt an IV, administer an injection, and restart at the same rate.

(2) Line draws may be performed by a Category B assistant only if the IV is stopped and restarted by a licensed practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-135, filed 11/12/87.]

WAC 246-826-230 AIDS prevention and information education requirements--Health care assistants. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989, persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section.

(3) 1989 renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989, all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section. Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) of this section with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) of this section on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989, will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

(5) Temporary emergency waiver of seven hours training requirement. The secretary may waive the minimum seven clock hour requirement of subsection (4)(a) of this section if evidence is provided which documents compliance with AIDS training curriculum content. Certificates issued under this provision will be effective for one hundred twenty days only.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 90-14-131 (Order 069), § 308-175-200, filed 7/5/90, effective 8/5/90; 88-22-076 (Order PM 785), § 308-175-200, filed 11/2/88.]

WAC 246-826-990 Health care assistant fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Initial certification	$25.00
Continuing certification	$25.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-175-140, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18-.135.030. 87-23-022 (Order PM 689), § 308-175-140, filed 11/12/87.]

Chapter 246-830 WAC
MASSAGE PRACTITIONERS

WAC

WAC 246-830-020 Applications. Application forms for licensure shall be prepared by the director and shall provide for the statement of all information required for the license in question. An applicant shall be required to furnish to the director a current photograph of passport size, approximately two inches by two inches, with the original application and satisfactory evidence to establish that all requirements for the license have been fulfilled by the applicant, including the requirement that the applicant be of good moral character and is not in violation of chapter 18.130 RCW.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-020, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-010, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-010, filed 12/13/84. Statutory Authority: RCW 18.108.020. 81-11-005 (Order PL 379), § 308-51-010, filed 5/11/81; Order PL 255, § 308-51-010, filed 8/20/76; Order PL 231, § 308-51-010, filed 10/30/75.]

WAC 246-830-030 Reciprocity. The board, at its discretion, and subject to the laws pertaining to the licensing of massage practitioners may endorse a massage practitioner license issued by the proper authorities of any other state, territory, or foreign jurisdiction upon payment of the application fee and initial license fee and submission of evidence satisfactory to the board:

(1) That such other state, territory, or foreign jurisdiction maintains a system and standard of education and examination for massage practitioners which is substantially equivalent to that required in Washington;

(2) That such applicant provides proof, in a manner approved by the department, that the education and examination requirements of the alternative state, territory, or foreign jurisdiction are equivalent to that of Washington;

(3) That such applicant successfully demonstrates, to the satisfaction of the board, a working knowledge of Washington laws pertaining to the practice of massage;

(4) That such applicant has not had any disciplinary action taken against himself/herself including a license revocation or suspension in any state, territory, or foreign jurisdiction in which the applicant has received a massage practitioner's license or reciprocal endorsement;

(5) That such applicant, after meeting the preceding requirements, must submit the application fee, initial license fee and is subject to annual renewal fees and late penalty fees.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-030, filed 12/17/90, effective 1/31/91; 88-19-048 (Order PM 770), § 308-51-021, filed 9/14/88.]

WAC 246-830-040 Equipment and sanitation. (1) All practitioners utilizing hydrotherapies including but not limited to cabinet, vapor or steam baths, whirlpool, hot tub or tub baths shall have available adequate shower facilities.

(2) All cabinets, showers, tubs, basins, massage or steam tables, hydrotherapy equipment, and all other fixed equipment used shall be thoroughly cleansed and shall be rendered free from harmful organisms by the application of an accepted bactericidal agent.

(3) Combs, brushes, shower caps, mechanical, massage and hydrotherapy instruments, or bathing devices that come in contact with the body shall be sterilized or disinfected by modern and approved methods and instruments. Devices, equipment or parts thereof having been used on one person shall be sterilized or disinfected before being used on another person.

(4) Impervious material shall cover, full length, all massage tables or pads, directly under fresh sheets and linens or disposable paper sheets.

(5) All single service materials and clean linen such as sheets, towels, gowns, pillow cases and all other linens used in the practice of massage, shall be furnished by the practitioner for the use of each client. Linens shall be stored in a sanitary manner.

(6) All towels and linens used for one person shall be laundered or cleaned before they are used by any other person.

(7) All soiled linens shall be immediately placed in a covered receptacle.

(8) Soap and clean towels shall be provided by the practitioner for use by clients and employees.

(9) All equipment shall be clean, well maintained and in good repair.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-040, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-050, filed 5/10/88; Order PL 231, § 308-51-050, filed 10/30/75.]

WAC 246-830-050 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of licenses. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 license expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; infection control guidelines; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-51-320, filed 11/2/88.]

EXAMINATION

WAC 246-830-201 Scope of examination. (1) The examination for a massage practitioner's license shall, except as noted in subsection (2) of this section, consist of written questions as well as a practical demonstration of massage therapy.

(2) An applicant handicapped by blindness will not be subject to a written examination. A blind applicant will be asked questions orally to appropriately test the range and depth of his/her knowledge of the subjects shown in subsection (3) of this section.

(3) Questions will be sufficient in number to satisfy the board of massage that the applicant has been given an adequate opportunity to express his or her knowledge relating to subjects as stated in RCW 18.108.073(2).

(4) The practical demonstration of massage will be conducted before the examiner(s) and the applicant will be required to perform massage therapy. The following will be evaluated:

(a) Professional manner,

(b) Lubrication,

(c) Overall demonstration of work: Pressure, rhythm, smoothness, organization,

(d) Interaction with client,

(e) Effleurage,

(f) Petrissage,

(g) Friction,

(h) Vibration,

(i) Tapotement,

(j) Joint demonstration and Swedish gymnastics,

(k) Specific muscle demonstration,
(l) Client endangerment,
(m) Draping and turning,
(n) Treatment of various conditions.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-201, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-100, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-100, filed 12/13/84. Statutory Authority: RCW 18.108.020. 80-01-018 (Order PL 329, Resolution No. 12/79), § 308-51-100, filed 12/13/79; Order PL 248, § 308-51-100, filed 5/25/76.]

WAC 246-830-220 Grading of examinations. Each applicant must obtain a grade of 70 or better on each portion of the examination before being considered by the board to be technically qualified for licensing as a massage practitioner.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-220, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-110, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-110, filed 12/13/84. Statutory Authority: RCW 18.108.020. 79-10-042 (Order 314, Resolution No. 9/79), § 308-51-110, filed 9/13/79; Order PL 248, § 308-51-110, filed 5/25/76.]

WAC 246-830-230 Frequency and location of examinations. (1) The board will normally conduct examinations twice a year.

(2) Written examinations will be conducted prior to the practical examinations. Applicants will be required to pass the written examination and the practical examination.

(3) Written and practical examinations will be conducted at a location within the state as determined by the secretary.

(4) A notification will be sent to the residential address of record of each examination applicant at least fifteen days prior to each applicant's scheduled examination dates. Such notification will contain appropriate instructions or information and will reflect the time, date and location at which the applicant is expected to appear for examination. Examination fees are nonrefundable. Should an applicant fail to appear for examination at the designated time and place, he/she shall forfeit the examination fee unless he/she has notified the division of professional licensing of his/her inability to appear for the scheduled examination. Notification must reach the department of health at least five days before the designated time. With the required five days notice, a candidate may request to be rescheduled for examination any time within two years of the time he/she submitted his/her original application.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-230, filed 12/17/90, effective 1/31/91; 90-13-005 (Order 053), § 308-51-120, filed 6/7/90, effective 7/8/90. Statutory Authority: RCW 18.108.020. 83-23-077 (Order PL 448), § 308-51-120, filed 11/18/83; 80-01-017 (Order PL 330, Resolution No. 12/79), § 308-51-120, filed 12/13/79; Order PL 248, § 308-51-120, filed 5/25/76.]

WAC 246-830-240 Examination appeal procedures. (1) Any candidate who takes the state examination for licensure and does not pass either the written examination or the practical examination, may request review of the results of either examination by the Washington state board of massage.

(a) The board will not modify examination results unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice or discrimination in the examination process.

(b) The board will not consider any challenges to examination scores unless the total of the potentially revised score would result in issuance of a license.

(2) The procedure for requesting an informal review of examination results is as follows:

(a) The request must be in writing and must be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(b) The following procedures apply to an appeal of the results of the written examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must appear personally in the department office in Olympia for an examination review session. The candidate must contact the department to make an appointment for the exam review session.

(ii) The candidate's incorrect answers will be available during the review session. The candidate will be given a form to complete in defense of the examination answers. The candidate must specifically identify the challenged questions on the examination and must state the specific reason(s) why the candidate believes the results should be modified.

(iii) The candidate will be allowed one-half the time originally allotted to take the examination for this review session.

(iv) The candidate may not bring in any resource material for use while completing the informal review form.

(v) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(c) The following procedures apply to an appeal of the results of the practical examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must, within thirty days of the date on the letter of notification of exam results, request in writing a breakdown of the candidate's scores in the various areas of the examination.

(ii) The candidate will be sent the breakdown and will also be provided a form to complete in defense of the candidate's examination performance. The candidate must complete the form and specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results should be modified. This form must be returned to the department within fifteen days of the date on the letter of breakdown sent to the candidate.

(d) The board will schedule a closed session meeting to review the examinations, score sheets and forms completed by the candidate. The candidate will be notified in writing of the board decision.

(i) The candidate will be identified only by candidate number for the purpose of this review.

(ii) Letters of referral or requests for special consideration will not be read or considered by the board.

(e) Any candidate who is not satisfied with the results of the informal examination review may request a formal hearing before the board to challenge the examination results.

(3) The procedures for requesting a formal hearing are as follows:

(a) The candidate must complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing must be received by the department within twenty days of the date on the notice of the results of the board's informal review.

(c) The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Candidates will receive at least twenty days notice of the time and place of the formal hearing.

(e) The hearing will be restricted to the specific portion(s) of the examination the candidate has identified in the request for formal hearing.

(f) The formal hearing will be conducted pursuant to the Administrative Procedure Act, chapter 34.04 RCW.

(g) The candidate will be notified in writing of the board decision.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-240, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-125, filed 5/10/88. Statutory Authority: RCW 18.108.020. 87-21-049 (Order PM 685), § 308-51-125, filed 10/15/87.]

WAC 246-830-250 Reexamination. An applicant who has failed to pass either or both portions of the examination may apply for reexamination, provided the required reexamination fee(s) is submitted and current application requirements are met. An applicant must successfully complete both portions of the examination prior to licensure. If an applicant fails to successfully pass either portion of the examination within two years of the date of the original examination, he/she must retake the entire examination.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-250, filed 12/17/90, effective 1/31/91; 90-13-005 (Order 053), § 308-51-130, filed 6/7/90, effective 7/8/90. Statutory Authority: RCW 18.108.020. 80-04-012 (Order PL 336), § 308-51-130, filed 3/10/80; Order PL 248, § 308-51-130, filed 5/25/76.]

WAC 246-830-260 Special examination. An applicant who states that the applicant cannot read or speak the English language with sufficient facility to take the written or practical examination may elect one of the following options:

(1) To have the examination read in English; or

(2) Take the examination with the assistance of a translator.

The applicant must notify the department of the applicant's need for a translator at the time of filing an application to take the massage exam.

The translator shall not define or translate from English to the requested language any medical terms, conditions, or treatments.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-260, filed 12/17/90, effective 1/31/91; 88-19-048 (Order PM 770), § 308-51-140, filed 9/14/88; 88-11-011 (Order PM 725), § 308-51-140, filed 5/10/88; Order PL 248, § 308-51-140, filed 5/25/76.]

WAC 246-830-270 Reexamination for assurance of competency. (1) An applicant for licensure who has been previously licensed shall retake both the practical and written portions of the examination and achieve passing scores before relicensure under any one of the following circumstances:

(a) The applicant has been unlicensed voluntarily for more than thirty-six calendar months; or

(b) The applicants license has been revoked or suspended by reason of a disciplinary action by the director of the department of licensing.

(2) The director may require reexamination in any disciplinary order, based upon findings and conclusions relative to the competency of a licensee to practice massage before issuing an unconditional license.

(3) Whenever reexamination is required, the licensee shall pay the appropriate fees set forth in WAC 308-51-210.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-270, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-220, filed 5/10/88.]

EDUCATION

WAC 246-830-401 Scope and purpose. (1) The minimum educational requirements for licensure to practice massage therapy in Washington is successful completion of a course of study from a massage school or program approved by the board.

(2) The purpose of this chapter is to provide a set of standards and procedures by which massage schools or programs may obtain approval by the board in order that graduates of those schools or programs may be permitted to take examinations for licensure.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-401, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-030, filed 6/9/88.]

WAC 246-830-410 Definitions. For the purpose of administering chapter 18.108 RCW, the following terms shall be considered in the following manner:

(1) A massage school is an institution which has the sole purpose of offering training in massage therapy.

(2) A massage program is training in massage therapy offered by an academic institution which also offers training in other areas of study. A program is an established area of study offered on a continuing basis.

(3) An apprentice is defined, for purposes of this chapter, as one who has successfully completed:

(a) One hundred thirty hours of instruction in anatomy, physiology, and kinesiology including palpation, range of motion and physics of joint function. There must be a minimum of forty hours of kinesiology.

(b) Fifty hours of instruction in pathology, including indications and contraindications to massage therapy and palpations.

(c) Certification in American Red Cross first aid and American Heart Association CPR or the equivalent.

The above courses must be successfully completed within five years immediately preceding entry into an apprenticeship agreement. The apprentice then shall receive complete training in:

(i) Hydrotherapy (fifteen hours);

(ii) Theory and practice of massage therapy (two hundred fifty hours) at a minimum to include Swedish and deep tissue techniques, remedial gymnastics, body mechanics of the practitioner, and medical treatments. A maximum of fifty of these hours may include time spent in a student clinic; and

(iii) Clinical practices (fifty-five hours), at a minimum to include hygiene, recordkeeping, medical terminology, professional ethics, business management, human behavior, client interaction, and state and local laws. Training in hydrotherapy, theory and practice of massage therapy, and clinical practices shall be completed in no less than six months or longer than two years from the date of entry into an apprenticeship program.

(4) A massage apprenticeship is training in massage therapy which is offered by a qualified massage practitioner to an apprentice on the basis of an apprenticeship agreement between the massage practitioner and the apprentice. Such agreement shall comply with the educational standards as set forth in this chapter. A qualified massage practitioner is defined as a person that shall have not less than three years full-time experience in the practice of massage immediately preceding the function as an apprenticeship trainer of massage therapy in an apprenticeship agreement and shall be licensed under this chapter and currently engaged in the practice of massage.

Hereinafter, qualified massage practitioner is referred to as apprenticeship trainer, and apprenticeship program is referred to as program.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-410, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-010, filed 6/9/88.]

WAC 246-830-420 Approval of school, program, or apprenticeship program. The board may accept proof of AMTA, (American Massage Therapy Association), approval of a school or program in lieu of the requirements contained in this chapter. Approval in this manner may be requested on a form provided by the department. The board will consider for approval any school, program, or apprenticeship program which meets the requirements as outlined in this chapter.

(1) Approval of any other school or program may be requested on a form provided by the department.

(2) Application for approval of a school or program, shall be made by the authorized representative of the school or the administrator of the apprenticeship agreement.

(3) The authorized representative of the school or the administrator of the apprenticeship program may request approval of the school or program, as of the date of the application or retroactively to a specified date.

(4) The application for approval of a school or program shall include, but not be limited to, documentation required by the board pertaining to: Syllabus, qualifications of instructors, facilities, outline of curriculum plan specifying all subjects and length in hours such subjects are taught, class objectives, and a sample copy of one of each of the following exams: Anatomy, physiology, and massage therapy.

(5) Any school or program that is required to be licensed by private vocational education (see chapter 28C.10 RCW or Title 28B RCW), or any other statute, must complete these requirements before being considered by the board for approval.

(6) The board will evaluate the application and, if necessary, conduct a site inspection of the school or program, prior to granting approval by the board.

(7) Upon completion of the evaluation of the application, the board may grant or deny approval or grant approval conditioned upon appropriate modification to the application.

(8) In the event the department denies an application or grants conditional approval, the authorized representative of the applicant's school or program may request a review within thirty days of the board's adverse decision/action. Should a request for review of an adverse action be made after thirty days following the board's action, the contesting party may obtain review only by submitting a new application.

(9) The authorized representative of an approved school or program or the administrator of an apprenticeship agreement shall notify the board of significant changes with respect to information provided on the application within sixty days.

(10) The board may inspect or review an approved school or program at reasonable intervals for compliance. Approval may be withdrawn if the board finds failure to comply with the requirements of law, administrative rules, or representations in the application.

(11) The authorized representative of a school or administrator of an agreement must immediately correct the deficiencies which resulted in withdrawal of the board's approval.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-420, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-020, filed 6/9/88.]

WAC 246-830-430 Training. The training in massage therapy shall consist of a minimum of five hundred hours. An hour of training is defined as fifty minutes of actual instructional time. Certification in American Red Cross first aid and American Heart Association CPR or the equivalent shall be required. This requirement is in addition to the five hundred hours of training in massage therapy. These five hundred hours are not to be completed in less than six months and shall consist of the following:

(1) One hundred thirty hours of anatomy, physiology, and kinesiology including palpation, range of motion, and physics of joint function. There must be a minimum of forty hours of kinesiology.

(2) Fifty hours of pathology including indications and contraindications to massage therapy and palpations.

(3) Two hundred fifty hours of theory and practice of massage therapy, at a minimum to include Swedish and deep tissue techniques, remedial gymnastics, body mechanics of the practitioner, and medical treatments. A maximum of fifty of these hours may include time spent in a student clinic.

(4) Fifteen hours of hydrotherapy.

(5) Fifty-five hours of clinical practices, at a minimum to include hygiene, recordkeeping, medical terminology, professional ethics, business management, human behavior, client interaction, and state and local laws.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-430, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-040, filed 6/9/88.]

WAC 246-830-440 Curriculum--Academic standards--Faculty--Student clinic. (1) The curriculum of the school or program shall be designed and presented to meet or exceed the requirement of five hundred hours.

(2) Academic standards. The school or apprenticeship trainer shall regularly evaluate the quality of its instruction and have a clearly defined set of standards of competence required of its students. Promotion to each successive phase of the program and graduation shall be dependent on mastery of the knowledge and skills presented in the program.

(3) Faculty. Apprenticeship trainers and faculty members shall be qualified by training and experience to give effective instruction in the subject(s) taught. The apprenticeship trainer and faculty should develop and evaluate the curriculum instructional methods and facilities; student discipline, welfare, and counseling; assist in the establishment of administrative and educational policies, and scholarly and professional growth. Schools or programs shall not discriminate on the basis of sex, race, age, color, religion, physical handicap, or national or ethnic origin in the recruitment and hiring of faculty.

(4) Student clinic (optional program). The clinical facilities shall be adequate in size, number, and resources to provide for student practice of massage therapy on the general public. There shall be properly equipped rooms for consultations, massage therapy, and equipment as required in the practice of massage. A faculty member who is a licensed massage practitioner and adequately experienced in massage therapy must be present in the clinic at all times the clinic is open and in direct supervision of, and have final decision in, the massage therapy which is rendered to clients by students.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-440, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-050, filed 6/9/88.]

WAC 246-830-450 Health, sanitation, and facility standards. All programs will have adequate facilities and equipment available for students learning massage therapy. All facility equipment will be maintained in accordance with local rules and ordinances in addition to those imposed by chapter 308-51 WAC. Instructional and practice equipment shall be similar to that found in common occupational practice. An adequate reference library, appropriate to the subjects being taught, shall be available.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-450, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-060, filed 6/9/88.]

DISCIPLINARY

WAC 246-830-610 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Massage practitioner" means an individual licensed under chapter 18.108 RCW.

(6) "Mentally or physically disabled massage practitioner" means a massage practitioner who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice massage therapy with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-230, filed 6/30/89.]

WAC 246-830-620 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the massage practitioner being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-620, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-240, filed 6/30/89.]

WAC 246-830-630 Health care institutions. The chief administrator or executive officer of any hospital or nursing home or their designee shall report to the department when any massage practitioner's services are terminated or are restricted based on a determination that the massage practitioner has either committed an act or acts which may constitute unprofessional conduct or that the massage practitioner may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-630, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-250, filed 6/30/89.]

WAC 246-830-640 Massage practitioner associations or societies. The president or chief executive officer of any massage practitioner association or society within this state shall report to the department when the association or society determines that a massage practitioner has committed unprofessional conduct or that a massage practitioner may not be able to practice massage therapy with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-640, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-260, filed 6/30/89.]

WAC 246-830-650 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a massage practitioner has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-650, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-270, filed 6/30/89.]

WAC 246-830-660 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to massage practitioners shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured massage practitioner's incompetency or negligence in the practice of massage. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the massage practitioner's alleged incompetence or negligence in the practice of massage therapy.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-660, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-280, filed 6/30/89.]

WAC 246-830-670 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed massage practitioners, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-670, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-290, filed 6/30/89.]

WAC 246-830-680 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a massage practitioner is employed to provide client care services, to report to the department whenever such a massage practitioner has been judged to have demonstrated his/her incompetency or negligence in the practice of massage therapy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled massage practitioner. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-680, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-300, filed 6/30/89.]

WAC 246-830-690 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-690, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-310, filed 6/30/89.]

FEES

WAC 246-830-990 Massage fees. The following fees shall be charged by the professional licensing division of the department of licensing:

Title of Fee	Fee
[Massage practitioner:]	
Written examination and reexamination	$ 60.00
Practical examination and reexamination	80.00
Reciprocity	50.00
Initial License	80.00
Renewal	70.00
Late Renewal Penalty	75.00
Certification	25.00
Duplicate License	15.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 88-24-042 (Order PM 788), § 308-51-210, filed 12/6/88; 87-18-031 (Order PM 667), § 308-51-210, filed 8/27/87.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

Chapter 246-834 WAC
MIDWIVES

WAC

WAC 246-834-010 Definitions. (1) Preceptor. A preceptor is a licensed or legally practicing obstetric practitioner who assumes responsibility for supervising the practical (clinical obstetric) experience of a student midwife. The preceptor shall be physically present whenever the student is managing a birth, and shall evaluate in writing the student's overall performance.

(2) Supervision means the observation and evaluation of a student midwife's practical performance. A supervisor need not be physically present in nonbirth situations. However, when a student midwife undertakes managing a birth, the supervisor must be physically present.

(3) Survey visit is an information gathering and observational visit intended to provide the basis for the director's assessment of a school's compliance with all aspects of chapter 18.50 RCW.

(4) Nursing education as used in these rules means completion of courses for credit in a school that is approved to train persons for licensure as registered nurses or licensed practical nurses, or courses in other formal training programs which include instruction in basic nursing skills.

(5) Practical midwifery experience as used in these rules means performance in midwifery functions, prior to obtaining a license, that is verified by affidavit, testimony or other sworn written documentation that verifies that the experience and its documentation is equivalent to that required of regularly enrolled midwifery students.

(6) Health care provider as used in RCW 18.50.108 means any licensed physician who is engaged in active clinical obstetrical practice.

(7) Academic director as used in these rules means the individual who is responsible for planning, organizing and implementing all aspects of the curriculum of a midwifery education program.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-050, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-050, filed 9/21/82.]

WAC 246-834-060 Application for licensing examination. (1) All applicants shall file a completed, notarized application, with the application fee specified in WAC 308-115-400, at least 45 days prior to the examination.

(2) Applicants shall request that the school of midwifery send an official transcript directly to the department of licensing, division of professional licensing.

(3) Those who have properly applied to take the midwifery licensing examination and have met all qualifications will be notified of their eligibility to be examined. Upon notification of eligibility, the examination fee specified in WAC 308-115-400 must be submitted. Only applicants so notified will be admitted to the examination.

(4) No fees submitted and processed by the department will be subject to refund.

(5) All applicants shall take the current state licensing examination for midwives.

(6) The minimum passing score on the licensing examination is 75 percent.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-060, filed 9/21/82.]

WAC 246-834-065 Application for examination--Out-of-state education. (1) A midwife not licensed in the state of Washington may sit for the licensing examination without completing the required coursework or the midwife-in-training program provided the midwife meets the following requirements:

(a) Has completed a program preparing candidates to practice as a midwife provided such program is equivalent to the minimum course requirements of approved midwifery programs in Washington at the time of applicant's program completion. Proof of equivalency shall be submitted by the applicant with the application.

(b) The transcript of the applicant's completed midwifery program verifies that:

(i) All courses were completed with a grade of C (pass) or better; and

(ii) At least fifteen managed births were completed under the preceptorship of an experienced midwife approved by the candidate's educational program.

(c) If managed births completed under the preceptorship in (1)(b)(ii) are less than fifty, then affidavits of births the applicant has managed must be submitted in a sufficient number to prove that the applicant has managed a total of at least fifty births.

(2) The applicant shall submit to the department:

(i) A complete notarized application with the required fee. The fee is nonrefundable.

(ii) Notarized copies of educational preparation or an official transcript verifying educational preparation or an official transcript verifying educational preparation to practice midwifery.

(iii) Affidavits of managed births as required in (1)(c).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 89-16-037 (Order PM 856), § 308-115-065, filed 7/25/89, effective 8/25/89.]

WAC 246-834-070 Release of examination results. (1) Applicants shall be notified of examination results. All notices shall be by mail.

(2) Applicants who pass shall receive the results of the examination and instructions for obtaining a license to practice as a midwife.

(3) Applicants who fail shall receive notice of their eligibility to be reexamined, and of the procedure for applying for reexamination.

(4) Each accredited school of midwifery shall receive a statistical report of the test results of applicants who graduated from that school.

(5) Results of the examination will not be released to anyone except as provided above unless release is authorized by the applicant in writing.

(6) The applicant's examination results will be maintained by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-070, filed 9/21/82.]

WAC 246-834-080 Failures. (1) An applicant who has failed the examination may be reexamined if he/she

(a) Applies to the department at least 30 days prior to the next scheduled examination, and

(b) Pays any required fee as specified in WAC 308-115-400.

(2) If an applicant fails his/her first examination, no additional fee will be required if the candidate is reexamined within one year. Applicants shall pay an examination fee determined by the director for examinations taken after the first reexamination.

(3) Applicants who fail the second retest shall be required to submit evidence to the director of completion of an individualized program of study prior to being permitted to be reexamined.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-080, filed 9/21/82.]

WAC 246-834-090 Purpose of accreditation of midwifery educational programs. The director provides for accreditation of midwifery educational programs for the following reasons:

(1) To ensure that only qualified midwives will be licensed to practice in the state of Washington.

(2) To ensure the safe practice of midwifery by setting minimum standards for midwifery educational programs that prepare persons for licensure as midwives.

(3) To ensure that each midwifery educational program has flexibility to develop and implement its program of study and that it is based on minimum standards for accredited schools of midwifery provided herein.

(4) To ensure that standards for each accredited midwifery program promote self evaluation.

(5) To assure the graduates of accredited schools of their eligibility for taking the licensing examination for midwives.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-090, filed 9/21/82.]

WAC 246-834-100 Philosophy, purpose and objectives of an accredited midwifery educational program. The philosophy, purpose and objectives of an accredited midwifery educational program shall be stated clearly and shall be in written form.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-100, filed 9/21/82.]

WAC 246-834-110 Advisory body. Each institution that offers a midwifery educational program shall appoint an advisory body composed of health professionals, midwives and public members. The group should have a minimum of five members and should meet regularly. Functions of the advisory body shall include but not be limited to the following:

(1) Promoting communication between the community and the school;

(2) Making recommendations on the curriculum, student selection and faculty;

(3) Informing the school about needs in midwifery education and practices; and

(4) Being informed about the school's finances.

In institutions whose advisory bodies are provided for by statute, or rule as in the case of public community colleges, universities and vocational-technical institutes, it can be presumed that the advisory body provided for meets these requirements.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-110, filed 9/21/82.]

WAC 246-834-120 Learning sites. (1) Learning sites utilized by accredited midwifery educational programs shall:

(a) Include a variety of sites in addition to the school that may be used for student experience. These may include, but need not be limited to, hospitals, clinics, offices of health professionals and health centers.

(b) Provide learning experiences of sufficient number and variety that students can achieve the course/curriculum objectives and requirements of the statute.

(2) Written agreements shall be maintained between the school and any supervising clinicians and faculty. Such agreements shall be reviewed periodically by the parties and shall state the responsibilities and privileges of each party.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-120, filed 9/21/82.]

WAC 246-834-130 Staffing and teacher qualifications. At the time of application for accreditation pursuant to WAC 308-115-180, the school shall provide proof of the following:

(1) That the academic director for the midwifery program is either (a) a midwife licensed under chapter 18-.50 RCW or (b) a nurse midwife (ARNP) licensed under chapter 18.88 RCW or (c) has been educated in a midwifery program having standards comparable to standards in Washington and has experience in legal midwifery clinical practice.

(2) That the clinical faculty and preceptors either (a) hold a current license in the jurisdiction where they practice and demonstrate expertise in the subject area to be taught, or (b) are legally engaged in an active clinical practice and demonstrate expertise in the subject area to be taught.

(3) That each member of the faculty either (a) holds a certificate or degree in midwifery or the subject area to be taught, or (b) has no less than three years of experience in the subject area to be taught.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.045. 86-16-012 (Order PM 608), § 308-115-130, filed 7/25/86. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-130, filed 9/21/82.]

WAC 246-834-140 Curriculum. (1) The basic curriculum shall be at least three academic years, and shall consist of both didactic and clinical instruction sufficient to meet the educational standards of the school and of chapter 18.50 RCW. However, the school may shorten the length of time for the program after consideration of the student's documented education and experience in the required subjects, if the applicant is a registered nurse under chapter 18.88 RCW, a licensed practical nurse under chapter 18.78 RCW, or has had previous nursing education or practical midwifery experience. The midwifery training shall not be reduced to a period of less than two academic years. Each student must undertake the care of not less than fifty women in each of the prenatal, intrapartum and early postpartum periods. The care of up to thirty five women in each of the periods may be undertaken as a part of previous nursing education or practical midwifery experience as defined in WAC 308-115-050(5). No less than fifteen women must be cared for in each period while enrolled in the school from which the student graduates. The student need not see the same women throughout each of the periods. A candidate for licensure must observe an additional fifty women in the intrapartum period in order to qualify for licensure. Up to thirty five of these observations may be as a part of previous nursing education or practical midwifery experience as defined in WAC 308-115-050(5). No less than fifteen women must be observed in the intrapartum period while enrolled in the school from which the student graduates.

(2) Each school must ensure that the students receive instructions in the following instruction area:

(a) Instruction in basic sciences (including biology, physiology, microbiology, anatomy with emphasis on female reproductive anatomy, genetics and embryology)

normal and abnormal obstetrics and gynecology, family planning techniques, childbirth education, nutrition both during pregnancy and lactation, breast feeding, neonatology, epidemiology, community care, and medicolegal aspects of midwifery.

(b) Instruction in basic nursing skills and clinical skills, including but not limited to vital signs, perineal prep, enema, catheterization, aseptic techniques, administration of medications both orally and by injection, local infiltration for anesthesia, venipuncture, administration of intravenous fluids, infant and adult resuscitation, and charting.

(c) Clinical practice in midwifery which includes care of women in the prenatal, intrapartal and early postpartum periods, in compliance with RCW 18.50.040.

(3) Provision shall be made for systematic, periodic evaluation of the curriculum.

(4) Any proposed major curriculum revision shall be presented to the director at least three months prior to implementation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 87-21-011 (Order PM 686), § 308-115-140, filed 10/9/87; 85-23-044 (Order PL 566), § 308-115-140, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-140, filed 9/21/82.]

WAC 246-834-150 Students. (1) Written policies and procedures for selection, admission, promotion, graduation and withdrawal of students shall be available.

(2) Courses completed prior to enrollment in the midwifery school should have been completed within ten years of enrollment and must be documented by official transcript in order for reduction of basic requirements to be considered.

(3) Students who seek admission by transfer from another midwifery educational program shall meet the equivalent of the school's current standards for those regularly enrolled. The school may grant credit for the care of up to thirty five women in each of the periods undertaken as a part of previous midwifery education. No less than fifteen women must be cared for in each period while enrolled in the school from which the student graduates. The student need not see the same women throughout each of the periods. A candidate for licensure must observe an additional fifty women in the intrapartum period in order to qualify for licensure. Up to thirty five of these observations may be as a part of previous midwifery education. No less than fifteen women must be observed in the intrapartum period while enrolled in the school from which the student graduates.

(4) Individuals may request advanced placement on the basis of their previous practical midwifery experience as specified in RCW 18.50.040(2) and WAC 308-115-050(5) but in no case shall a school grant credit for more than thirty-five of the fifty required managed births. At least fifteen of the managed births must be undertaken while enrolled in the school granting advanced placement.

(5) Each school shall maintain a comprehensive system of student records.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-150, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-150, filed 9/21/82.]

WAC 246-834-160 Student midwife permit. (1) A permit may be issued to any individual who has:

(a) Successfully completed an accredited midwifery program as specified in RCW 18.50.040 (2)(a) and (b); and

(b) Undertaken the care of not less than fifty women in each of the prenatal, intrapartum and early postpartum periods as required by RCW 18.50.040 (2)(c) and by these rules; and

(c) Satisfactorily completed the licensing examination required by RCW 18.50.060; and

(d) Filed a completed application for student midwife permit accompanied by a nonrefundable fee as specified in WAC 308-115-400.

(2) The student midwife permit authorizes the individuals to practice and observe fifty women in the intrapartum period under the supervision of a licensed midwife, licensed physicians or CRN (nurse midwife).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-160, filed 9/21/82.]

WAC 246-834-170 Reports to the director of department of licensing by accredited midwifery educational programs. (1) An annual report on the program and its progress for the period July 1 to June 30 shall be submitted to the department by each midwifery educational program on forms supplied by the department.

(2) Written notification shall be sent to the department regarding major changes relating to, but not limited to, the following:

(a) Change in the administrator or academic director.

(b) Organizational change.

(c) Changes in extended learning sites.

The information submitted to the department of licensing shall include the reason for the proposed change.

(3) The director may require submission of additional reports.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-170, filed 9/21/82.]

WAC 246-834-180 Application for accreditation. Applicants for accreditation as midwifery educational programs shall:

(1) Apply for accreditation using a form provided by the director.

(2) Comply with the department's accreditation procedures and obtain accreditation before its first class graduates, in order for these graduates to be eligible to take the state licensing examination.

The accreditation will be based on, but not limited to, the quality of the curriculum and the qualifications of the faculty and preceptors.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.045. 86-16-012 (Order PM 608), § 308-115-180, filed 7/25/86. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-180, filed 9/21/82.]

WAC 246-834-190 School survey visits. The director's designee shall make survey visits to midwifery educational programs:

(1) At least annually during the first three years of operation, and

(2) At least every two years after the new school's first three years of operation or more often at the discretion of the director.

(3) The cost of a survey visit to a midwifery educational program outside the state of Washington shall be borne by the program requesting accreditation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-190, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-190, filed 9/21/82.]

WAC 246-834-200 Appeal of department of licensing decisions. A school of midwifery aggrieved by a department decision affecting its accreditation may appeal the decision pursuant to chapter 18.50 RCW and the Administrative Procedure Act, chapter 34.04 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-200, filed 9/21/82.]

WAC 246-834-210 Closure of an accredited school of midwifery. (1) When an organization decides to discontinue its school of midwifery, written notification of the planned closure should be sent to the department.

(2) A school in the process of closing shall remain accredited until the students who are enrolled at the time the department receives the notice of planned closure have been graduated, provided that the minimum standards are maintained by the school.

(3) When a closing midwifery school's last students graduate, its accreditation shall terminate.

(4) A closing midwifery school shall provide for safe storage of vital school records and should confer with the director concerning the matter.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-210, filed 9/21/82.]

WAC 246-834-220 Credit toward educational requirements for licensure. (1) Applicants not meeting the minimum requirements set forth in WAC 308-115-060 may apply to the department for licensure by submitting the following:

(a) A completed, notarized application on a form provided by the department accompanied by a nonrefundable fee as specified in WAC 308-115-405;

(b) Credit for academic courses:

(i) Certification by an accrediting body, which has been approved by the department, of completed academic and continuing education courses as required in RCW 18.50.040(b) for which the applicant has received a grade of "C" or better. A certified copy of the courses taken and grades or scores achieved shall be submitted by the accrediting body directly to the department; or

(ii) Completion of challenge examinations approved by the department with a minimum score of 75% for any academic subject required in RCW 18.50.040(b). Challenge examinations shall be administered a minimum of twice a year. An applicant for challenge examination must file a completed application for each examination along with the required fee with the department at least 45 days prior to the examination.

(c) A prospectus for permission to undertake a midwife-in-training program. Such a program shall be on such terms as the department finds necessary to assure that the applicant meets the minimum statutory requirements for licensure set forth in RCW 18.50.040, and shall include, but not be limited to the following:

(i) The program shall be under the guidance and supervision of a preceptor, and shall be conducted for a period of not more than five years;

(ii) The program shall be designed to provide for individual learning experiences and instruction based upon the applicant's academic background, training, and experience;

(iii) The prospectus for the program shall be submitted on an approved form, signed by the preceptor, and approved by the department prior to the commencement of the program. Any changes in the program shall be reported within 30 days in writing to the department, and the department may withdraw the approval given, or alter the conditions under which approval was originally given, if the department finds that the program as originally submitted and approved has not been or is not being followed.

(2) The midwife-in-training program prospectus must include the following components:

(a) A plan for completion of required academic subjects required in RCW 18.50.040(b);

(b) Planned reading and written assignments;

(c) A project including at least one problem-solving component to be submitted in writing. The problem-solving component should include the definition of an acknowledged problem, the method of approach to the problem, the listing of possible alternatives, the actions taken, evaluation, and final recommendations to improve care given;

(d) Other planned learning experiences including acquisition of knowledge about other health and welfare agencies in the community;

(e) A quarterly written report, on an approved form, submitted to the department by the trainee, which shall include a detailed outline of progress toward meeting the objectives of the prospectus during the reporting period;

(f) The program must provide for a broad range of experience with a close working relationship between preceptor and the trainee. Toward that end, as a general rule, no program will be approved which would result in an individual preceptor supervising more than two midwives-in-training simultaneously. Exception to this rule

may be granted by the department in unusual circumstances;

(g) The department may, in an individual case, require additional approved education, based upon assessment of the individual applicant's background, training and experience.

(3) Upon approval of the application, a trainee permit will be issued which enables the trainee to practice under the supervision of a preceptor. The permit shall expire within one year of issuance and may be extended as provided by rule.

(4) The trainee shall provide documentation of care given as follows:

(a) Records of no more than thirty-five women to whom the trainee has given care in each of the prenatal, intrapartum, and early postpartum periods, although the same women need not have been seen through all three periods. These records must contain affidavits from the clients certifying that the care was given. If a client is unavailable to sign an affidavit, an affidavit from a preceptor or a certified copy of the birth certificate may be substituted. The care may have been given prior to the beginning of the midwife-in-training program or during the trainee period;

(b) After being issued a trainee permit, the trainee must manage care in the prenatal, intrapartum, and early postpartum period of fifteen women under the supervision of the preceptor. These women shall be in addition to the women whose records were used to meet the conditions of WAC 308-155-220 (4)(a). The preceptor shall submit, on approved forms, completed check-lists of skills and experiences when this requirement has been met;

(c) Evidence, on an approved form, of observing 50 deliveries in addition to those specified in section (4)(b) above. The deliveries may have been observed prior to the beginning of the midwife-in-training program or may be observed during the trainee period.

(5) Upon satisfactory completion of sections (1)(a) through (4)(c) of this subsection, the trainee is eligible to apply for the examination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-220, filed 5/27/88.]

WAC 246-834-230 Preceptor for midwife-in-training program. (1) In reviewing a proposed midwife-in-training program, the department shall use the following criteria in assessing the qualifications and determining the responsibilities of the preceptor:

(a) Qualifications of preceptor:

(i) The preceptor shall have demonstrated the ability and skill to provide safe, quality care;

(ii) The preceptor shall have demonstrated continued interest in professional development beyond the requirements of basic licensure;

(iii) The preceptor shall participate in and successfully complete any preceptor workshop or other training deemed necessary by the department; and,

(iv) The preceptor shall be licensed in the state of Washington. Exception to this rule may be granted by the department in unusual circumstances.

(b) Responsibilities of the preceptor:

(i) The preceptor shall monitor the educational activities of the trainee and shall have at least one conference with the trainee quarterly to discuss progress;

(ii) The preceptor shall submit quarterly progress reports on approved forms to the department, and,

(iii) The preceptor shall maintain and submit the checklists as specified in WAC 308-115-220 (4)(b).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-230, filed 5/27/88.]

WAC 246-834-240 Trainee permit for midwife-in-training program. (1) A trainee permit may be issued to any individual who has:

(a) Been approved for a midwife-in-training program; and,

(b) Filed a completed application accompanied by a non-refundable fee.

(2) The trainee permit authorizes individuals to manage care as required in WAC 308-115-220 (4)(b).

(3) Permits will be issued yearly for the duration of the trainee's midwife-in-training program.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-240, filed 5/27/88.]

WAC 246-834-250 Legend drugs and devices. (1) Licensed midwives may purchase and use legend drugs and devices which are deemed integral to providing safe care to the public. Such devices include the following:

(a) Dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, heparin locks, amnihooks, and "DeLee type" mucous traps;

(b) Pharmacies may fill orders for diaphragms which have been issued by licensed midwives for postpartum women.

(2) In addition to medications listed in RCW 18.50-.115, licensed midwives may administer the following medications:

(a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, and 5% Dextrose with water;

(b) Heparin for use in heparin locks, Epinephrine for use in allergic reactions, and Magnesium Sulphate shall be used according to midwifery advisory committee established protocols. Such protocols shall state the indications for use, the dosage and the administration of these medications.

(c) Licensed midwives may obtain and administer Rubella vaccine to non-immune postpartum women.

(3) The client's records shall contain documentation of all medications administered.

(4) Whenever Epinephrine or Magnesium Sulfate is administered, a report, on approved forms, shall be submitted within thirty days to the midwifery advisory committee.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-250, filed 5/27/88.]

WAC 246-834-260 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Midwife" means a person licensed pursuant to chapter 18.50 RCW.

(6) "Mentally or physically disabled midwife" means a midwife who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice midwifery with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-260, filed 6/30/89.]

WAC 246-834-270 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the midwife being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-270, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-270, filed 6/30/89.]

WAC 246-834-280 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any midwife's services are terminated or are restricted based on a determination that the midwife has either committed an act or acts which may constitute unprofessional conduct or that the midwife may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-280, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-280, filed 6/30/89.]

WAC 246-834-290 Midwifery associations or societies. The president or chief executive officer of any midwifery association or society within this state shall report to the department when the association or society determines that a midwife has committed unprofessional conduct or that a midwife may not be able to practice midwifery with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-290, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-290, filed 6/30/89.]

WAC 246-834-310 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a midwife has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-310, filed 6/30/89.]

WAC 246-834-320 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to midwives shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured midwife's incompetency or negligence in the practice of midwifery. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the

midwife's alleged incompetence or negligence in the practice of midwifery.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-320, filed 6/30/89.]

WAC 246-834-330 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed midwives, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-330, filed 6/30/89.]

WAC 246-834-340 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a midwife is employed to provide patient care services, to report to the department whenever such a midwife has been judged to have demonstrated his/her incompetency or negligence in the practice of midwifery, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled midwife. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-340, filed 6/30/89.]

WAC 246-834-350 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-350, filed 6/30/89.]

WAC 246-834-500 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of licenses. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 license expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-500, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-115-500, filed 11/2/88.]

WAC 246-834-990 Midwifery fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Initial application	$337.50
Examination	375.00
Reexamination (second subsequent or more)	375.00
Renewal	275.00
Late renewal penalty	275.00
Duplicate license	15.00
Certification	25.00
Application fee—Midwife-in-training program	75.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-115-405, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18-.50.135. 89-08-008 (Order PM 827), § 308-115-405, filed 3/24/89. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-115-405, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-115-405, filed 8/10/83. Formerly WAC 308-115-400.]

Chapter 246-836 WAC
NATUROPATHIC PHYSICIANS

WAC

WAC 246-836-020 Eligibility for licensure examination. (1) Graduates holding a degree/diploma from a college of naturopathic medicine approved by Washington state department of licensing shall be eligible to take the examination, provided all other requirements of RCW 18.36A.090 are met.

(2) All applicants shall file with the department a completed application, with the required fee, at least 60 days prior to the exam.

(3) Applicants shall request that the college of naturopathic medicine send official transcripts directly to the department.

(4) Applicants who have filed the required applications, whose official transcript has been received by the department, and who meet all qualifications shall be notified of their eligibility, and only such applicants will be admitted to the exam.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-110, filed 6/24/88.]

WAC 246-836-030 Licensure examination. (1) The licensure examination shall consist of the following components and tests:

(a) Basic science component which may include but not be limited to tests in the following subjects: Pathology, anatomy, physiology, microbiology and biochemistry.

(b) Clinical science component which may include but not be limited to tests in the following subjects: Physical diagnosis; nutrition; physical medicine; botanical medicines and toxicology; psychological and lifestyle counseling; emergency medicine, basic skills and public health; lab and x-ray diagnosis.

(c) Law of the state and administrative regulations as they relate to the practice of naturopathic medicine.

(d) The department, at its discretion, may require tests in other subjects. Candidates will receive information concerning additional tests prior to the examination.

(2) Candidates may take the basic science component of the exam after two years of training. A candidate who has achieved a passing score on the basic science component after two years of training must achieve a passing score on the clinical science component and the state law test within twenty-seven months after graduation; otherwise, the candidate's basic science component exam results will be null and void and the candidate must again take the basic science component of the exam. All exam candidates are required to obtain a passing score on all tests before a license is issued. A candidate who takes the basic science component of the exam after two years of training must submit an application for reexamination, along with reexamination fees, to take the clinical science component and the state law test at a later exam administration.

(3) Examinations shall be conducted twice a year.

(4) The minimum passing score for each test in the examination is seventy-five.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-120, filed 6/24/88.]

WAC 246-836-040 Release of examination results. (1) Candidates shall be notified of examination results by mail only.

(2) Candidates who successfully complete all components and tests of the examination shall receive a license to practice as a naturopathic physician provided all other requirements are met.

(3) Candidates who fail any test in the examination shall be so notified and shall be sent an application to retake the examination.

(4) A candidate's examination scores shall be released only to the candidate unless the candidate has requested, in writing, that the examination scores also be released to a specific school, individual, or entity.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-130, filed 6/24/88.]

WAC 246-836-050 Reexaminations. (1) A candidate wishing to retake the examination or any portion thereof must file with the department the required reexamination fees and an application to retake the examination at least sixty days before the administration of the exam.

(2) A candidate must retake the entire basic science component if he or she failed to achieve a passing score in three or more basic science tests. A candidate must retake the entire clinical science component if he or she failed to achieve a passing score in four or more clinical science tests. A candidate must retake any test(s) for which the candidate failed to achieve a passing score.

(3) A candidate who failed to achieve a passing score in three or more basic science tests and/or four or more clinical science tests must achieve a passing score on those tests within the next two administrations of the examination. A candidate who does not achieve a passing score within those next two administrations of the exam will be required to retake the entire component.

(4) A candidate must achieve passing scores on all tests in the entire exam within a twenty-seven month period; otherwise the candidate's exam results are null and void and the candidate must retake the entire exam. Provided: WAC 308-34-120(2) shall apply to a candidate who took the basic science component of the exam after two years in training.

(5) A candidate is required to pay a reexamination fee to retake the exam or any portion thereof.

(6) A candidate who took the basic science component of the exam after two years of training must submit an application for reexamination, along with reexamination fees, to take the clinical science component and the state law test at a later exam administration.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-140, filed 6/24/88.]

WAC 246-836-060 Examination appeals. (1) Any candidate who takes the licensure examination and does not pass may request informal review of his or her examination results. This request must be in writing and must be received by the department within thirty days of the date of service of notification of the examination results. The department will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The department will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(2) The procedure for filing an informal review is as follows:

(a) Contact the department of licensing office in Olympia for an appointment to appear personally to review questions answered incorrectly and the incorrect answers on the written portion of failed examination.

(b) The candidate will be provided a form to complete in the department of licensing office in Olympia in defense of examination answers.

(c) The candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason or reasons why the candidate feels the results of the examination should be changed.

(d) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the department.

(e) The candidate may not bring in notes, texts, or resource material for use while completing the informal review form.

(f) The candidate will not be allowed to take any notes or materials from the office upon leaving.

(g) The department will schedule a closed session meeting to review the examinations, score sheets and forms completed by the candidate for the purpose of informal review.

(h) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before an administrative law judge. The hearing will be conducted pursuant to the administrative procedures act. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order. Such written request for hearing must be received by the department of licensing within twenty days of the date of service of the result of the department's informal review of the examination results. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed. The department will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The department will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(4) Before the hearing is scheduled either party may request a prehearing conference before an administrative law judge to consider the following:

(a) The simplification of issues;

(b) Amendments to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate feels the results of the examination should be changed;

(c) The possibility of obtaining stipulations, admission of facts and documents;

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

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments allowed to the pleading and the agreements made by the parties of their qualified representatives as to any of the matters considered, including the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least twenty days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the bases for his or her challenge of the examination results unless amended by a prehearing order.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-150, filed 6/24/88.]

WAC 246-836-070 Renewal of licenses. (1) The license renewal date shall coincide with the licensee's birthdate.

(2) Licensees may renew their licenses at the annual renewal fee rate, for one year, from birth date to next birth date.

(3) The late renewal penalty provision will be applied as follows: Before the expiration date of the individual's license, the director shall mail the licensee a notice for renewal of license. The licensee must return such renewal notice, and proof of having met continuing educational requirements, along with current renewal fees prior to the expiration of said license. Failure of any licensee to receive such notice for renewal shall not relieve or exempt such licensee from the requirements of license renewal by the licensee's birthdate. Should the licensee fail to renew his or her license prior to the expiration date, he or she is subject to the late renewal penalty fee.

(4) Any licensee failing to renew his or her license within one year from expiration must reapply for licensing in accordance with the section of this chapter pertaining to license reinstatement.

(5) Failure to renew a license shall invalidate the license and all privileges granted by the license.

(6) A licensee's annual renewal fees may be prorated during the transition period while renewal dates are changed to coincide with the licensee's birthdate.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-160, filed 6/24/88.]

WAC 246-836-080 Continuing competency program. (1) Beginning with license renewal dates after July 31, 1989, each naturopathic physician licensed under these rules shall complete 20 hours of continuing education each year in courses approved by the director. Prior approval of courses shall be available by application to the director. Only courses in diagnosis and therapeutics as listed in RCW 18.36A.040 shall be eligible for credit.

(2) Along with the license renewal form and fee for license renewal dates after July 31, 1989, the licensee shall submit a completed sworn certification, on a form to be provided by the department, of completion of the twenty hours of continuing education. Failure to submit the sworn certification will result in nonrenewal of the license.

(3) It is the responsibility of the licensee to maintain appropriate records or evidence of compliance with the continuing education requirement. The department may, in its discretion require any licensee to submit, in addition to the sworn certification, proof of completion of continuing education requirements.

(4) A material false statement on the sworn certification, or failure to provide proof of completion of continuing education requirements when proof is required in the department's discretion, is grounds for disciplinary action, including but not limited to, suspension, revocation, or nonrenewal of the license.

(5) Continuing education hours in excess of the required hours earned in any renewal period may not be carried forward to a subsequent renewal period.

(6) In emergency situations, such as personal or family illness, the department may in its discretion, for good cause shown, waive all or part of the continuing education requirement for a particular one year period for an individual licensee. The department may require such verification of the emergency as is necessary to prove its existence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-180, filed 6/24/88.]

WAC 246-836-090 License reinstatement. (1) Any naturopathic physician whose license has expired must pay the current application fee and penalty fee, if applicable, and apply for reinstatement on an application form provided by the department. The application shall include an explanation for the license lapse and a chronology of the applicant's professional activities since last renewal.

(2) Any licensee who has been out of active practice for one year or more or has allowed his or her license to lapse for a period of three years or more, may, at the

discretion of the director, be required to pass the licensing examination in order to determine the applicant's fitness to practice naturopathic medicine.

(3) In all cases, any person seeking to reinstate a license which has lapsed for one year or more must present satisfactory evidence of having completed at least twenty hours of approved continuing education for each year since his or her license expired, lapsed, or otherwise was not current and valid.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-190, filed 6/24/88.]

WAC 246-836-100 Applicants educated and/or licensed in another country. (1) Applicants for licensure educated in a country outside the United States or its territories shall meet the following requirements for licensure.

(a) Satisfactory completion of a basic naturopathic medical program in a naturopathic school or college officially approved by the country where the school is located.

(i) The naturopathic education program at the time of graduation shall be equivalent to or exceed the minimum required standards for Washington state approved colleges of naturopathic medicine.

(ii) Any deficiencies in the naturopathic medical program shall be satisfactorily completed in a Washington state approved college of naturopathic medicine.

(b) Applicants licensed under the laws of a country outside of the United States or its territories shall be required to take the current licensing examinations noted in WAC 308-34-120: *Provided*, That those persons meeting the requirements of WAC 308-34-320, (Licensing by endorsement), are exempt from this requirement.

(c) All other requirements of chapter 18.36A RCW and this chapter must be met, including the requirement that the applicant be of good moral character; not have engaged in unprofessional conduct; and not be unable to practice with reasonable skill and safety as a result of a physical or mental impairment.

(2) Applicants for examination shall:

(a) File with the department a completed notarized license application with the required fee at least sixty days prior to examination.

(b) Request the college of naturopathic medicine to submit an official transcript directly to the department.

(c) Request the licensing agency in the country of original license to submit evidence of licensure to the department.

(d) If the applicant's original documents (education and licensing) are on file in another state, the applicant may request that the other state send to the department notarized copies in lieu of the originals.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-310, filed 1/3/89.]

WAC 246-836-110 Licensing by endorsement. A license to practice as a naturopathic physician in the state of Washington may be issued without examination at the discretion of the director provided the applicant meets all of the following requirements:

(1) The candidate has graduated from and holds a degree/diploma from a college of naturopathic medicine approved by the state or jurisdiction where the school is located and which prepares candidates for licensure as a naturopathic physician: *Provided*, That such program at the time of the candidate's graduation is equivalent to or exceeds the minimum naturopathic medical educational standards required for Washington state approved schools;

(2) The candidate holds a current valid license in good standing to practice as a naturopathic physician in another state or jurisdiction. Official written verification of such licensure status must be received by the department from the other state or jurisdiction;

(3) The candidate has completed and filed with the department a notarized application for licensure by endorsement, a true and correct copy of the current valid license, and the required application fee;

(4) The candidate has successfully passed a naturopathic physician licensure examination in another state or jurisdiction. Written official verification of successful completion of the licensure examination and of licensure in good standing must be requested of the state or jurisdiction by the candidate and must be received by the department directly from the state or jurisdiction;

(5) The candidate must meet all other requirements of chapter 18.36A RCW and this chapter, including the requirement that the applicant be of good moral character; not have engaged in unprofessional conduct; and not be unable to practice with reasonable skill and safety as a result of a physical or mental impairment; and

(6) The state or jurisdiction in which the candidate is currently licensed grants similar privilege of licensure without examination to candidates who are licensed in Washington as naturopathic physicians.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-320, filed 1/3/89.]

WAC 246-836-120 Reciprocity or waiver of examination requirements. Reciprocity or waiver of examination requirements may be granted for certain examinations administered by other states or jurisdictions. These examinations must include the clinical and the basic science sections. The minimum passing score will depend upon the quality of the examination, but must be equivalent to or better than the score of seventy-five which is required in WAC 308-34-120. Reciprocity or waiver shall be in accordance with the reciprocal agreement in place with that state or jurisdiction.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-330, filed 1/3/89.]

WAC 246-836-130 Approval of colleges of naturopathic medicine. (1) The minimum educational requirement for licensure to practice naturopathic medicine in Washington is graduation from a naturopathic college approved by the director which teaches adequate courses in all subjects necessary to the practice of naturopathic medicine.

(2) These rules provide the standards and procedures by which naturopathic colleges may obtain approval by the director in order that graduates of those schools may be permitted to take examinations for license.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-410, filed 1/3/89.]

WAC 246-836-140 Provisional approval of colleges of naturopathic medicine. Provisional approval is the initial approval given to a previously unapproved program while the program is undergoing the process of gaining full program approval. The director may grant provisional approval to a naturopathic college which has been in continuous operation for at least one year. Provisional approval may be granted for a period not to exceed two and one-half years and may not be renewed or extended. Provisional approval shall neither imply nor assure eventual approval.

(1) In order to obtain provisional approval, a naturopathic college must demonstrate compliance with, or adequate planning and resources to achieve compliance with, the standards contained in this chapter and chapter 18.36A RCW.

(2) The procedures for application, examination, review and revocation of provisional approval shall be the same as those specified for full approval in this chapter.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-420, filed 1/3/89.]

WAC 246-836-150 Full approval of colleges of naturopathic medicine. (1) Full approval of a college of naturopathic medicine is the approval given a program that meets the requirements of chapter 18.36A RCW and this chapter. Colleges of naturopathic medicine seeking approval shall apply to the director on a form and in a manner prescribed by the director.

(2) The director may grant full approval to naturopathic colleges which have demonstrated compliance with the standards contained in this chapter and chapter 18.36A RCW.

(3) To be eligible for full approval a naturopathic college must have been in continuous operation for a period of at least three years.

(4) After approval by the director, periodic reports may be required. Failure to conform to or maintain established standards may result in loss of approval. No naturopathic college shall receive approval for a period longer than five years. Prior to the expiration of the period of approval, the college must apply to the director for renewal of approval. The director shall review the application and make a final decision of approval or disapproval in not more than one hundred twenty days.

(5) If a naturopathic college fails to maintain the required standards or fails to report significant institutional changes, including changes in location, within ninety days of the change, the director may revoke or suspend approval. The director may contact a naturopathic college at any time, either through an evaluation committee or representative, to audit, inspect or gather information concerning the operating of the school or college.

(6) After suspension of approval of a naturopathic college, the director may reinstate approval upon receipt of satisfactory evidence that the college meets the standards of chapter 18.36A RCW and this chapter.

(7) After revocation of approval of a naturopathic college, a college may seek provisional approval, if otherwise qualified.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-430, filed 1/3/89.]

WAC 246-836-160 Unapproved college of naturopathic medicine. An "unapproved college of naturopathic medicine" is a program that has been removed from the director's list of approved colleges of naturopathic medicine for failure to meet the requirements of chapter 18-.36A RCW and/or this chapter, or a program that has never been approved by the director.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-440, filed 1/3/89.]

WAC 246-836-170 Appeal of director's decisions. A college of naturopathic medicine deeming itself aggrieved by a decision of the director affecting its approval status shall have the right to appeal the director's decision in accordance with the provisions of the Administrative Procedure Act, chapter 34.04 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-450, filed 1/3/89.]

WAC 246-836-180 Standards for approval of colleges of naturopathic medicine. The following standards shall be used by the director in considering a naturopathic college's application for approval:

(1) Objectives. The objectives of the institution shall be clearly stated and address the preparation for the naturopathic physician to provide patient care. The implementation of the objectives should be apparent in the administration of the institution, individual course objectives, and in the total program leading to graduation.

(2) Organization. The institution shall be incorporated under the laws of the state of its residence as an education corporation. Control shall be vested in a board of directors composed of naturopathic physicians and others. No less than one-third plus one of the directors shall be naturopathic physicians. Under no circumstances

shall more than one-third of the directors have administrative or instructional positions in the college. The directors must demonstrate collective responsibility in their knowledge of, and policy decisions consistent with, the objectives of the college; support of college programs and active participation in college governance; and selection and oversight of the chief administrative officer.

(3) Administration. The education and experience of directors, administrators, supervisors, and instructors should be sufficient to ensure that the student will receive educational services consistent with institutional objectives. The administration of the institution shall be such that the lines of authority are clearly drawn. The institution shall present with its application a catalog and a brief, narrative explanation of how the administration of the institution is, or is to be, organized and how the administrative responsibility for each of the following is, or is to be, managed:

(a) Faculty and staff recruitment;

(b) Personnel records management;

(c) Faculty pay scale and policies;

(d) Standards and practices relating to evaluation, improvement of instruction, promotion, retention and tenure;

(e) Admissions policies including procedures used to solicit students;

(f) Development and administration of policies governing rejection and retention of students, job placement, and student counseling and advising services;

(g) Curriculum requirements;

(h) Tuition and fee policies; and

(i) Financial management policies.

(4) Financial condition. The institution shall demonstrate its financial stability by submitting certified audits once every three years and, reports, or other appropriate evidence annually.

(5) Records. The institution shall maintain an adequately detailed system of records for each student beginning with application credentials through the entire period of attendance. The records, including matriculation, attendance, grades, disciplinary action and financial accounts, shall be the permanent property of the institution, to be safeguarded from all hazards and not to be loaned or destroyed.

(6) Educational credentials.

(a) Upon satisfactory completion of the educational program, the student shall receive a degree from the institution indicating that the course of study has been satisfactorily completed by the student.

(b) In addition, for each student who graduates or withdraws, the institution shall prepare, permanently file, and make available a transcript which specifies all courses completed. Each course entry shall include a title, the number of credits awarded, and a grade. The transcript shall separately identify all credits awarded by transfer or by examination.

(c) Upon request, all student records and transcripts shall be made available to the director.

(7) Catalog. The institution shall publish a current catalog at least every two years containing the following information:

(a) Name and address of the school;

(b) Date of publication;

(c) Admission requirements and procedures;

(d) A statement of tuition and other fees or charges for which a student is responsible and a statement on refund policies;

(e) A school calendar designating the beginning and ending dates of each term, vacation periods, holidays, and other dates of significance to students;

(f) Objectives of the institution;

(g) A list of trustees (directors), administrative officers and faculty members including titles and academic qualifications;

(h) A statement of policy about standards of progress required of students, including the grading system, minimum satisfactory grades, conditions for interruption for unsatisfactory progress, probation, and reentry, if any;

(i) A description of each course indicating the number of hours and course content, and its place in the total program;

(j) A description of facilities and major equipment, including library, laboratory and clinical training facilities;

(k) Statements on the nature and availability of student financial assistance, counseling, housing, and placement services, if any;

(l) A statement indicating whether the school is recognized by other agencies or associations for the licensing or certification of naturopathic physicians; and

(m) Any other material facts concerning the institution which are reasonably likely to affect the decision of the potential student.

(8) Admission policies and procedures. The institution shall not deny admission to a prospective student because of sex, race, color, religion, physical handicap and/or ethnic origin.

(9) Attendance. The institution shall have a written policy relative to attendance.

(10) Curriculum. The curriculum of the institution shall be designed and presented to meet or exceed the requirements of this chapter. Each student shall complete a minimum of three thousand hours instruction, which shall include no less than two hundred post-graduate hours in the study of mechanotherapy. A minimum total clinical training shall be one thousand one hundred hours, of which no less than eight hundred hours shall be training with student actively involved in diagnosis and treatment in accordance with RCW 18.36A.050(3). The remainder, if any, may be preceptorships overseen by the college. The clinical training shall be in naturopathic procedures. The following standards are intended not as an exact description of a college's curriculum, but rather as guidelines for the typical acceptable program. It is expected that the actual program taught by each naturopathic college will be prepared by the academic departments of the college to meet the needs of their students and will exceed the outline present here. The director's policy is to preserve the autonomy and uniqueness of each naturopathic college, and to encourage innovative and experimental programs

to enhance the quality of education in colleges of naturopathic medicine.

(a) Basic science
- Anatomy (includes histology and embryology)
- Physiology
- Pathology
- Biochemistry
- Public health (includes public health, genetics, microbiology, immunology)
- Naturopathic philosophy
- Pharmacology

(b) Clinical sciences

(i) Diagnostic courses
- Physical diagnosis
- Clinical diagnosis
- Laboratory diagnosis
- Radiological diagnosis

(ii) Therapeutic courses
- Matera medica (botanical medicine)
- Homeopathy
- Nutrition
- Physical medicine (includes mechanical and manual manipulation, hydrotherapy, and electrotherapy)
- Psychological medicine

(iii) Specialty courses
- Organ systems (cardiology, dermatology, endocrinology, EENT, gastroenterology)
- Human development (gynecology, obstetrics, pediatrics, geriatrics)
- State law and regulations as they relate to the practice of naturopathy
- Medical emergencies
- Office procedures

(iv) Clinical externship/preceptorship

(11) Academic standards. The institution must regularly evaluate the quality of its instruction and have a clearly defined set of standards of competence required of its students. Promotion to each successive phase of the program and graduation shall be dependent on mastery of the knowledge and skills presented in the program.

(12) Faculty. Faculty members shall be qualified by training and experience to give effective instruction in the subject(s) taught; advanced degrees in their respective disciplines are expected. The faculty should participate in development and evaluation of curriculum instructional methods and facilities; student discipline, welfare, and counseling; establishment of administrative and educational policies; scholarly and professional growth. Provisions shall be made to allow and encourage faculty involvement in these noninstructional functions, including a plan for peer observation and evaluation among faculty. The institution shall not discriminate on the basis of sex, race, age, color, religion, physical handicap, or national or ethnic origin in the recruitment and hiring of faculty. The institution shall have stated policies on faculty hiring, compensation, fringe benefits, tenure, retirement, firing, grievance and appeals procedures. The institution shall submit to the director for each faculty member a resume which includes the following information.

(a) Academic rank or title;

(b) Degree(s) held, the institution(s) that conferred the degree(s), the date(s) thereof, and whether earned or honorary;

(c) Other qualifying training or experience;

(d) Name and course number of each course taught;

(e) Other noninstructional responsibilities, if any, and the proportion of the faculty member's time devoted to them; and

(f) The length of time associated with the institution.

(13) Library. The library shall be staffed, equipped and organized to adequately support the instruction, and research of students and faculty.

(14) Clinical training. The clinical facilities shall be adequate in size, number and resources to provide all aspects of naturopathic diagnosis and treatment. There shall be properly equipped rooms for consultation, physical examination and therapy, and a pharmacy, laboratory, and radiological equipment each consistent with the definition of practice in chapter 18.36A RCW as now or hereafter amended. A licensed and adequately experienced naturopathic physician must be in direct supervision of and have final decision in the diagnosis and treatment of patients by students, and must be present in the clinic at all times when the clinic is open.

(15) Physical plant, materials and equipment. The institution shall own or enjoy the full use of buildings and equipment adequate to accommodate the instruction of its students, and administrative and faculty offices. There shall be adequate facilities of the safekeeping of valuable records. The plant and grounds, equipment and facilities shall be maintained in an efficient, sanitary, and presentable condition. All laws relating to safety and sanitation and other regulations concerning public buildings shall be observed. There shall be sufficient personnel employed to carry out proper maintenance.

(16) Cancellation and refund policy. The institution shall maintain a fair and equitable policy regarding refund of the unused portion of tuition fees and other charges in the event a student fails to enter the course, or withdraws at any time prior to completion of the course. Such a policy shall be in keeping with generally accepted practices of institutions of higher education.

(17) Other information. The applicant institution shall provide any other information about the institution and its programs as required by the director.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-460, filed 1/3/89.]

WAC 246-836-190 Postgraduate hours in the study of mechanotherapy. The minimum of 200 postgraduate hours in the study of mechanotherapy required by RCW 18.36A.090(1) must meet the following criteria: To be considered "postgraduate" hours in the study of mechanotherapy, hours of study must constitute classroom training which is in addition to the mechanotherapy training provided to physicians who do not practice mechanotherapy. The postgraduate hours in the study of

mechanotherapy may be classroom training in the following:

(1) Manipulation of the osseous joints of the body.

(2) Radiography training that is specific to the performance of manual manipulation when such training is in addition to the radiology training provided to physicians who do not practice manual manipulation.

(3) Diagnostic training that is specific to the performance of manual manipulation when such training is in addition to the diagnostic training provided to physicians who do not practice manual manipulation.

(4) Use of physical modalities training that is specific to the performance of manual manipulation when such training is in addition to physical modalities training provided to physicians who do not practice manual manipulation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-470, filed 1/3/89.]

WAC 246-836-200 Site review procedures for approval of college of naturopathic medicine. The director may send a representative or an examining or evaluation committee to inspect any institution requesting approval as a college of naturopathic medicine. Such inspections may be at any reasonable time during the normal operating hours of the institution. The report of the representative or committee and the institution's response shall be submitted as part of the documentation necessary for the director's action on the institution's application for approval. Expenses incurred for the site review shall be the responsibility of the program requesting approval.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-480, filed 1/3/89.]

WAC 246-836-320 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Naturopath" means a person licensed pursuant to chapter 18.36A RCW.

(6) "Mentally or physically disabled naturopath" means a naturopath who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice naturopathy with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-320, filed 6/30/89.]

WAC 246-836-330 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the naturopath being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-330, filed 6/30/89.]

WAC 246-836-340 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any naturopath's services are terminated or are restricted based on a determination that the naturopath has either committed an act or acts which may constitute unprofessional conduct or that the naturopath may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-340, filed 6/30/89.]

WAC 246-836-350 Naturopathic associations or societies. The president or chief executive officer of any naturopathic association or society within this state shall report to the department when the association or society determines that a naturopath has committed unprofessional conduct or that a naturopath may not be able to practice naturopathy with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made

without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-350, filed 6/30/89.]

WAC 246-836-360 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a naturopath has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-360, filed 6/30/89.]

WAC 246-836-370 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to naturopaths shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured naturopath's incompetency or negligence in the practice of naturopathy. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the naturopath's alleged incompetence or negligence in the practice of naturopathy.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-370, filed 6/30/89.]

WAC 246-836-380 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed naturopaths, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-380, filed 6/30/89.]

WAC 246-836-390 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a naturopath is employed to provide patient care services, to report to the department whenever such a naturopath has been judged to have demonstrated his/her incompetency or negligence in the practice of naturopathy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled naturopath. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-390, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-390, filed 6/30/89.]

WAC 246-836-400 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-400, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-400, filed 6/30/89.]

WAC 246-836-410 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of licenses. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 license expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who

have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-410, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-130-410, filed 11/2/88.]

WAC 246-836-990 Naturopathic physician licensing fees. (1) The following fees are payable to the department of health.

Title of fee	Amount
Application/examination/reexamination	$550.00
Pregraduate basic science examination	300.00
License renewal	550.00
Late renewal penalty	300.00
Duplicate license	50.00
Certification	50.00
Application for reciprocity	550.00

(2) Fees submitted to and processed by the department are nonrefundable.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-13-084 (Order 066), § 308-34-170, filed 6/20/90, effective 7/21/90; 90-04-094 (Order 029), § 308-34-170, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-34-170, filed 10/5/88. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-170, filed 6/24/88.]

Chapter 246-838 WAC
PRACTICAL NURSES

WAC

WAC 246-838-010 Definitions. (1) "Program" means a division or department within a state supported educational institution, or other institution of higher learning charged with the responsibility of preparing persons to qualify for the licensing examination.

(2) "Philosophy" means the beliefs and principles upon which the curriculum is based.

(3) "Terminal objectives" means the statements of goals which reflect the philosophy and are the measurable outcomes of the total curriculum.

(4) "Behavioral objectives" means the measurable outcomes of specific content.

(5) "Minimum standards of competency" means the functions that are expected of the beginning level licensed practical nurse.

(6) "Conceptual framework" means the theoretical base around which the curriculum is developed.

(7) "Beginning practitioner" means a newly licensed practical nurse beginning to function in the practical nurse role.

(8) "Client" means the person who receives the services of the practical nurse.

(9) "Standards" means the overall behavior which is the desired outcome.

(10) "Competencies" means the tasks necessary to perform the standards.

(11) "Client advocate" means a supporter of client rights and choices.

(12) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(13) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-010, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-010, filed 12/1/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-010, filed 12/19/83. Formerly WAC 308-116-005.]

WAC 246-838-020 Functions of a licensed practical nurse. A licensed practical nurse is one who has met the requirements of the Washington LPN Act, chapter 18-.78 RCW. The licensed practical nurse recognizes and is able to meet the basic needs of the client, and gives nursing care under the direction and supervision of the registered nurse or licensed physician to clients in routine nursing situations. In more complex situations the licensed practical nurse functions as an assistant to the registered nurse and carries out selected aspects of the designated nursing regimen.

A routine nursing situation is one that is relatively free of scientific complexity. The clinical and behavioral state of the client is relatively stable and requires abilities based upon a comparatively fixed and limited body of knowledge.

In complex situations, the licensed practical nurse facilitates client care by meeting specific nursing requirements to assist the registered nurse in the performance of nursing care.

The functions of the licensed practical nurse makes practical nursing a distinct occupation within the profession of nursing. The licensed practical nurse has specific roles in nursing in direct relation to the length, scope and depth of his or her formal education and experience. In the basic program of practical nursing education, the emphasis is on direct client care.

With additional preparation, through continuing education and practice, the licensed practical nurse prepares to assume progressively more complex nursing responsibilities.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-020, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-020, filed 12/19/83. Formerly WAC 308-116-010.]

WAC 246-838-030 Standards of conduct for discipline for licensed practical nurses. The standards of conduct for discipline serve as guidelines for the licensed practical nurse. Violation of these standards may be grounds for disciplinary action pursuant to RCW 18.130.180(7). The licensed practical nurse assumes a measure of responsibility, trust and the corresponding obligation to adhere to the standards of conduct, which include, but are not limited to the following:

(1) The licensed practical nurse, functioning under the direction and supervision of other licensed health care professionals as provided in RCW 18.78.010(5), shall be responsible and accountable for his or her own nursing judgments, actions and competence.

(2) The licensed practical nurse shall practice practical nursing in the state of Washington only with a current Washington license.

(3) The licensed practical nurse shall not permit his or her license to be used by another person for any purpose.

(4) The licensed practical nurse shall have knowledge of the statutes and rules governing licensed practical nurse practice and shall function within the legal scope of licensed practical nurse practice.

(5) The licensed practical nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of licensed practical nursing.

(6) The licensed practical nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

(7) The licensed practical nurse shall delegate activities only to persons who are competent and qualified to undertake and perform the delegated activities, and shall not delegate to unlicensed persons those functions that are to be performed only by licensed nurses.

(8) The licensed practical nurse, in delegating functions, shall supervise the persons to whom the functions have been delegated.

(9) The licensed practical nurse shall act to safeguard clients from unsafe practices or conditions, abusive acts, and neglect.

(10) The licensed practical nurse shall report unsafe acts and practices, unsafe practice conditions, and illegal acts to the appropriate supervisory personnel or to the appropriate state disciplinary board.

(11) The licensed practical nurse shall respect the client's privacy by protecting confidential information, unless required by law to disclose such information.

(12) The licensed practical nurse shall make accurate, intelligible entries into records required by law, employment or customary practice of nursing, and shall not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into client's records or employer or employee records.

(13) The licensed practical nurse shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed.

(14) The licensed practical nurse shall observe and record the conditions of a client, and report significant changes to appropriate persons.

(15) The licensed practical nurse may withhold or modify client care which has been authorized by an appropriate health care provider, only after receiving directions from an appropriate person, unless in a life threatening situation.

(16) The licensed practical nurse shall leave a nursing assignment only after properly reporting to and notifying appropriate persons and shall not abandon clients.

(17) The licensed practical nurse shall not misrepresent his or her education and ability to perform nursing procedures safely.

(18) The licensed practical nurse shall respect the property of the client and employer and shall not take equipment, materials, property or drugs for his or her own use or benefit nor shall the licensed practical nurse solicit or borrow money, materials or property from clients.

(19) The licensed practical nurse shall not obtain, possess, distribute or administer legend drugs or controlled substances to any person, including self, except as directed by a person authorized by law to prescribe drugs.

(20) The licensed practical nurse shall not practice nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that he or she, as a licensed practical nurse, would cause harm to him or herself or other persons.

(21) It is inconsistent for a licensed practical nurse to perform functions below the minimum standards of competency as expressed in WAC 308-117-400.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-030, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.130.050 (1) and (12) and 1986 c 259 §§ 19, 128 and 131. 86-18-031 (Order PM 612), § 308-117-025, filed 8/27/86. Statutory Authority: RCW 18.78.050. 86-01-084 (Order PL 574), § 308-117-025, filed 12/18/85.]

WAC 246-838-040 Licensure qualifications. (1) In order to be eligible for licensure by examination the applicant shall have satisfactorily completed an approved practical nursing program, fulfilling all the basic course content as stated in WAC 308-117-300, or its equivalent as determined by the board. Effective May 1, 1988, every applicant must have satisfactorily completed an approved practical nursing program within two years of the date of the first examination taken or the applicant must meet other requirements of the board to determine current theoretical and clinical knowledge of practical nursing practice.

(2) An applicant who has not completed an approved practical nurse program must establish evidence of successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses, which courses include personal and vocational relationships of the practical nurse, basic science and psychosocial concepts, theory and clinical practice in medications and the nursing process, and theory and clinical practice in medical, surgical, geriatric, pediatric, obstetric and mental health nursing. These courses must be equivalent to those same courses in a practical nursing program approved by the board.

(3) An interim permit (WAC 308-117-095) and a notice of eligibility for admission to the licensing examination may be issued to all new graduates from board approved practical nursing programs after the filing of a completed application, payment of the application fee, and official notification from the program certifying that the individual has satisfactorily completed all requirements for the diploma/certification. The interim permit is only issued for the first examination period for which the applicant is eligible after graduation.

(4) All other requirements of the statute and regulations shall be met.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-040, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-030, filed 12/1/88. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-030, filed 8/25/88. Statutory Authority: 18.78.050, 18.78.060 and 18.130.050. 88-08-034 (Order PM 718), § 308-117-030, filed 4/1/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-030, filed 12/19/83. Formerly WAC 308-116-295.]

WAC 246-838-050 Licensing examination and passing score. (1) The current series of the National Council of State Board of Nursing Practical Nurse Examination (NCLEX) shall be the official examination for practical nurse licensure.

(2) The NCLEX will consist of two tests with the score for the total examination reported as either pass or fail.

(3) Examinations shall be conducted twice a year, in April and October.

(4) The executive secretary of the board shall negotiate with the National Council of State Boards of Nursing, Inc. (NCSBN) for the use of the NCLEX.

(5) The examination shall be administered in accord with the NCSBN security measures and contract.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-050, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-040, filed 8/25/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-040, filed 12/19/83.]

WAC 246-838-060 Release of results of examination. (1) Applicants shall be notified regarding the examination results by mail only. The results will not be released until the candidate's official transcript is on file with the board.

(2) Applicants who pass shall receive a license to practice as a licensed practical nurse provided all other requirements are met.

(3) Applicants who fail shall receive a letter of notification regarding their eligibility to retake the examination.

(4) In addition to a listing of the names of graduates indicating whether each passed or failed the examination, each practical nursing program in Washington shall receive a statistical report of the examination results of applicants from that school and a report of state and national statistics.

(5) Examination results for all candidates will be maintained in the application files in the division of professional licensing, department of licensing.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-060, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-050, filed 8/25/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-050, filed 12/19/83.]

WAC 246-838-070 Filing of application for licensing examination. (1) All applicants shall file with the Washington state board of practical nursing a completed notarized application, with the required fee prior to February 15, for the April examination and August 15, for the October examination. The fee is not refundable.

(2) Applicants shall submit with the application one recent U.S. passport identification photograph of the applicant unmounted and signed by the applicant across the front.

(3) Applicants shall request the school of nursing to send an official transcript directly to the board of practical nursing. The transcript shall contain adequate documentation to verify that statutory requirements are met and shall include course names and credits accepted from other programs.

(4) Applicants shall also file an examination application, along with the required fee, directly with the testing service.

(5) Applicants who have filed the required applications and met all qualifications will be notified of their eligibility, and only such applicants will be admitted to the examination.

(6) Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-117-360.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-070, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-060, filed 12/1/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-060, filed 12/19/83.]

WAC 246-838-080 Failures--Repeat examination. (1) The application form to retake the examination and the required fees shall be filed with the board on or before February 15 for the April examination and August 15 for the October examination. The fees are not refundable.

(2) Applicants who fail the examination will be permitted to retake the examination three times within the two-year period from the date of first taking the examination.

(3) Applicants who fail to pass the examination within the time period specified in (2) above shall be required to follow remedial measures as specified by the board before being scheduled to retake the examination.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-080, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-070, filed 12/19/83.]

WAC 246-838-090 Licensure of graduates of foreign schools of nursing. Applicants who received their nursing education outside the United States or its territories shall meet the following requirements for licensing:

(1) Satisfactory completion of a basic nursing education program approved by the country of original licensure. The nursing education program shall be equivalent to the minimum standards prevailing for state board approved schools of practical nursing in Washington at the time of graduation.

(2) Satisfactory passage of the test of English as a foreign language (TOEFL). As of May 1, 1988, all applicants with nursing educations obtained in countries outside of the United States and never before licensed in another jurisdiction or territory of the United States, shall be required to take the TOEFL and attain a minimum score of fifty in each section. Once an applicant obtains a score of fifty in a section, the board will require reexamination and passage only in the section(s) failed. Passage of all sections of the TOEFL must be attained and the applicant must cause TOEFL services to forward directly to the board a copy of the official examinee's score record. These results must be timely received with the individual's application before the NCLEX can be taken. Exceptions may be made, in the board's discretion and for good cause, to this requirement.

(3) All other requirements of the statute and regulations shall be met.

(4) File with the board of practical nursing a completed notarized license application with the required fee prior to February 15 for the April examination and prior to August 15 for the October examination. The fees are not refundable.

(5) Submit one recent United States passport identification photograph of the applicant unmounted and signed by the applicant across the front.

(6) Request the school of nursing to submit an official transcript directly to the board of practical nursing. The transcript shall contain the date of graduation and the credential conferred, and shall be in English or accompanied by an official English translation notarized as a true and correct copy.

(7) File an examination application, along with the required fee, directly with the testing service.

(8) Successfully pass the current state board licensing examination for practical nurses or show evidence of having already successfully passed the state board licensing examination for practical nurses in another jurisdiction or territory of the United States with the passing score required in Washington.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-090, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.060, 18.78.070 and 18.130.050. 89-10-075 (Order PM 835), § 308-117-080, filed 5/3/89; 88-05-011 (Order PM 705), § 308-117-080, filed 2/9/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-080, filed 12/19/83.]

WAC 246-838-100 Licensure by interstate endorsement. A license to practice as a licensed practical nurse in Washington may be issued without examination provided the applicant meets all the following requirements:

(1) The applicant has graduated and holds a credential from a state board approved program preparing candidates for licensure as a practical nurse or its equivalent as determined by the board.

(a) The applicant has fulfilled the minimum requirements prevailing for state board approved practical

nursing programs in Washington at the time of the applicant's graduation.

(b) Applicants who take the NCLEX after October 1, 1988, shall present a score of pass. All other applicants shall present a minimum score of 350 on the state board test pool examination or NCLEX, except those applicants who were licensed after October 1, 1973, but before October 1, 1982, shall present a minimum score of 400 on the state board test pool examination.

(2) The applicant holds a valid current license to practice as a practical nurse in another state or territory.

(3) The applicant shall:

(a) Submit a completed application with the required fee. The fee is not refundable.

(b) Request the nursing education program to send directly to the board of practical nursing an official transcript verifying graduation from an approved practical nursing program. The transcript shall provide sufficient documentation to verify that statutory requirements are met.

(c) Submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-117-360.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-100, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-090, filed 12/1/88. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-090, filed 8/25/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-090, filed 12/19/83.]

WAC 246-838-110 Documents which indicate authorization to practice practical nursing in Washington. The following documents are the only documents that indicate legal authorization to practice as a practical nurse in Washington.

(1) License – Active status. A license is issued upon completion of all requirements for licensure and confers the right to use the title licensed practical nurse and its abbreviation, L.P.N., and to practice in the state of Washington.

(2) Interim permit. An interim permit may be issued to a graduate from an approved practical nursing program who has met all qualifications, has filed an application for examination, and is eligible for admission to the licensing examination.

(a) This permit expires when a license is issued or when the candidate receives first notice of failure, whichever is the earliest date. The permit is not renewable.

(b) An applicant who does not write the examination on the date scheduled shall return the permit within three days to the division of professional licensing.

(c) The interim permit authorizes the holder to perform functions of practical nursing as described in chapter 18.78 RCW. It is in violation of the law regulating the practice of practical nursing to use the title "licensed practical nurse." The title "graduate practical nurse," or its abbreviation G.P.N., may be used.

(3) Limited educational license. A limited educational license may be issued to a person who has been on inactive or lapsed status for three years or more and who wishes to return to active status (see WAC 308-117-105).

(4) Inactive license. A license issued to a practical nurse who is temporarily or permanently retired from practice. The holder of an inactive license shall not practice practical nursing in this state.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-110, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-095, filed 8/25/88.]

WAC 246-838-120 Renewal of licenses. (1) Individuals making applications for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their birth anniversary date.

(2) Individuals making application for initial license with the state of Washington under the interstate endorsement regulations, provided they meet all such requirements, will be issued a license, to expire on their birth anniversary date.

(3) Issuance of license – Licensed practical nurses who complete the renewal application accurately, are practicing practical nursing in compliance with the law, and pay the renewal fee, shall be issued a license to practice. Should the licensee fail to renew his or her license prior to the expiration date, the individual is subject to the penalty fee as stated in RCW 18.78.090. If the licensee fails to renew the license within one year from date of expiration, application for renewal of license shall be made under statutory conditions then in force.

(4) A license, active or inactive, that is not renewed is considered lapsed. If the licensee fails to renew the license within three years from the expiration date, the individual must also meet the requirements of WAC 308-117-105.

(5) Illegal practice – Any person practicing as a licensed practical nurse during the time that such individual's license is inactive or has lapsed shall be considered an illegal practitioner and shall be subjected to the penalties provided for violators under the provisions of RCW 18.130.190.

(6) Effective January 1, 1989, all persons making application for their 1989 license renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-117-360. Persons whose 1989 license expires on or before March 31, 1989, may, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-120, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-100, filed 12/1/88. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-100, filed 8/25/88. Statutory Authority: RCW 18.78.050, 18.130.050 (1) and (12) and

1986 c 259 §§ 19, 128 and 131. 86-18-031 (Order PM 612), § 308-117-100, filed 8/27/86. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-100, filed 12/19/83. Formerly WAC 308-116-280.]

WAC 246-838-130 Return to active status from inactive or lapsed status. After October 1, 1988, persons on inactive and/or lapsed status for three years or more, who do not hold a current active license in any other United States jurisdiction and who wish to return to active status shall be issued a limited educational license to enroll in a board approved refresher course. Upon successful completion of the course, the individual's license shall be returned to active status.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-130, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-105, filed 8/25/88.]

WAC 246-838-140 Establishment of new practical nursing program. (1) Application. An organization desiring to establish a board approved practical nursing program shall submit an application in the form requested by the board. The organization shall submit the proposed curriculum plans which shall include the statements of philosophy, purpose and objectives, the conceptual framework and the arrangements for learning opportunities through which students are expected to achieve the curriculum objectives. The organization shall submit the plan at least four weeks prior to a scheduled board meeting at which the plan is to be reviewed. This review shall take place three months prior to the scheduled opening date of the program.

The nurse administrator of the program and other administrative officers of the organization shall meet with the board to present the formal application and clarify and amplify materials included in the written report.

(2) The board shall either grant or withhold initial approval of the proposed nursing program.

(3) Schools receiving initial approval shall:

(a) Submit course outlines and objectives to the board for review and approval at least three months prior to offering the course;

(b) Submit progress reports as requested by the board. Survey visits shall be scheduled as deemed necessary by the board during the period of initial approval.

(4) At least three months prior to graduation of the first class, a school shall be surveyed to assess its eligibility for full approval.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-140, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-110, filed 12/19/83.]

WAC 246-838-150 Survey visits. (1) The board of practical nursing, through its authorized representative, shall survey each practical nursing program in the state at least once every four years. More frequent visits may occur as deemed necessary by the board or at the request of the school.

(2) The survey visit to the program shall be scheduled on dates mutually acceptable to the board and to the program.

(3) The board shall require a self-evaluation report by the nurse administrator and the faculty of the program, based on the rules and regulations for approval of programs and in accordance with guidelines and forms provided by the board.

(4) Copies of the self-evaluation report shall be submitted to the board at least one month prior to the scheduled visit.

(5) In schools where combined nursing programs exist, one self-evaluation addressing both program requirements may be submitted in lieu of a separate report.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-150, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-120, filed 12/19/83.]

WAC 246-838-160 Board action following survey visits. (1) Whenever a matter directly concerning a practical nursing program is being considered by the board, any board member who is associated with the program shall not participate in the deliberation or decision-making action of the board.

(2) Each program shall be evaluated in terms of its conformance to the curriculum standards as provided in this chapter.

(3) The board shall give written notice to the educational institution and the nurse administrator of the practical nursing program regarding its decision on the program's approval status.

(4) Continuing full approval shall be granted a practical nursing program that meets the requirements of the law and the rules and regulations of the board. Full approval may carry recommendations for improvement and for correcting deficiencies.

(5) If the board determines that an approved practical nursing program is not maintaining the curriculum standards required for approval, the board shall give written notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected. The program's approval shall be suspended if a program fails to correct the deficiencies within the specified period of time.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-160, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050 and 18.130.050. 87-17-021 (Order PM 672), § 308-117-130, filed 8/12/87. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-130, filed 12/19/83.]

WAC 246-838-170 Termination of a suspension. A program of practical nursing may petition to the board for restoration of approval by submitting evidence that it is in compliance with the minimum standards.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-170, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-140, filed 12/19/83.]

WAC 246-838-180 Student records. The school shall maintain records with regard to each student that contain the following:

(1) Evidence of satisfactory completion of 10th grade or its equivalent.

(2) Transcript of practical nursing program and interpretation of credit or unit.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-180, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-150, filed 12/19/83.]

WAC 246-838-190 Statement of completion of the course. The school shall submit a statement of completion to the boards of practical nursing for each graduate making application for the state licensing examination on forms provided.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-190, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-160, filed 12/19/83.]

WAC 246-838-200 Readmissions, transfers. The educational institution shall have written policies regarding readmissions and acceptance of transfer students which insure that such students have met the same curriculum objectives required of regularly enrolled practical nursing students.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-200, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-170, filed 12/19/83. Formerly WAC 308-116-098.]

WAC 246-838-210 Clinical practice areas. (1) Clinical learning opportunities shall be selected so that they enable the student to observe and practice safe nursing care and provide experiences in the care of persons at each stage of the human life cycle. These experiences shall include opportunities for the student to learn and provide nursing care to clients in the areas of acute and chronic illnesses, promotion and maintenance of wellness, prevention of illness, rehabilitation and support in death. The emphasis placed on these areas, the scope encompassed, and other allied experiences offered shall be in keeping with the purpose, philosophy and objectives of the program.

(2) There shall be sufficient experienced and supervisory personnel in clinical practice areas to safeguard the client's well-being and the interests of students so that curriculum objective can be attained.

(3) The manner in which experiences in each clinical area contribute to achievement of the identified student terminal objectives shall be documented and maintained on file.

(4) The students' curriculum objectives shall not be sacrificed in order to provide nursing service for clients.

(5) Facilities utilized as clinical practice areas shall be licensed and/or accredited by the appropriate agency.

(6) When a practical nursing program plans to add a new clinical practice area for student experience, it shall notify the board and submit the objectives to be gained from the experiences 60 days prior to the scheduled use. The new clinical practice area must meet all the requirements of this rule.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-210, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-180, filed 12/19/83. Formerly WAC 308-116-052.]

WAC 246-838-220 Structure for curriculum implementation. (1) The curriculum shall be designed to prepare students for licensure as practical nurses.

(2) The basic curriculum shall be not less than nine months or 40 weeks.

(3) The time requirements for all clinical practice areas shall be sufficient for students to achieve the curriculum objectives.

(4) The number of hours of class and clinical practice opportunities and distribution of these shall be in direct ratio to the amount of time necessary for the student at that particular stage of development to accomplish the objectives of the course.

(5) Throughout the program the total hours of class and required clinical practice opportunities shall not exceed 40 hours per week.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-220, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-190, filed 12/19/83.]

WAC 246-838-230 Curriculum standards in an approved practical nursing program. (1) In order to insure that the curriculum is well defined the statements of philosophy, purpose, objectives and conceptual framework of the curriculum must be carefully formulated, reviewed and revised periodically and must be consistent with the philosophy and goals of the controlling institution.

(2) The philosophy of the nursing curriculum must express the nursing faculty's beliefs about education, learning, nursing, nursing education and practical nursing as an integral part of nursing.

(3) The curriculum shall be consistent with the program philosophy, objectives and conceptual framework and with the law governing the practice of practical nursing.

(4) The philosophy and objectives must be communicated to the students and to staff involved with students in clinical areas to ensure achievement of the objectives.

(5) The ratio between nursing and nonnursing classes shall be based on a well developed rationale which supports the program philosophy, purpose and terminal objectives.

(6) The behavioral objectives must be realistic, attainable and measurable, based on the goal of preparing practitioners who function within the accepted role of the licensed practical nurse and the standards of competency identified in WAC 308-117-400.

(7) Learning opportunities and instructional approaches shall facilitate the achievement of curriculum objectives.

(8) The school shall have flexibility to develop and implement the curriculum as it determines will best achieve the program philosophy and objectives.

(9) The manner in which the theoretical and practical studies contribute to the achievement of the students' terminal objectives must be documented, maintained and be available for review upon request by the board of practical nursing.

(10) The curriculum shall provide concurrent theoretical instruction and practical application in the care of

selected individuals at all developmental levels with different degrees of wellness–illness and various types of incapacities.

(11) Any plan for major curriculum revision, such as changes affecting the philosophy and objectives, significant course content changes, or changes in the length of the program, shall be submitted to the board for approval sixty days prior to implementation.

(12) A school offering practical nursing programs at more than one educational site must have the same curricular philosophy and terminal objectives at each site.

(13) The curriculum shall be evaluated on a regular basis to ensure that graduates will demonstrate the knowledge and practical application consistent with that expected of a beginning licensed practical nurse.

(14) The curriculum shall encompass broad areas of learning. Nursing content based on scientific principles shall be consistent with the practical nursing role and shall facilitate the application of nursing concepts to the care of the client.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-230, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050 and 18.130.050. 87-17-021 (Order PM 672), § 308-117-200, filed 8/12/87. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-200, filed 12/19/83.]

WAC 246-838-240 Curriculum content. Content of the curriculum shall include:

(1) Concepts of social, behavioral, and related foundation subjects.

(a) Normal growth and development.

(b) Psychology – social facts and principles; communication techniques and defense mechanisms, normal and abnormal behavior; loss, grief and dying.

(c) Personal and vocational relationships.

(2) Biological and related foundation subjects.

(a) Anatomy and physiology.

(b) Microbiology – elementary concepts.

(c) Chemistry and physics – elementary concepts.

(d) Nutrition and diet therapy.

(e) Pharmacology and applied mathematics.

(3) Principles and practice of practical nursing consistent with the practical nursing role of the beginning practitioner as provided by the standards of competency identified in WAC 308-117-400.

(a) Nursing ethics, nursing history and trends, vocational and legal aspects of nursing.

(b) Fundamentals of nursing.

(c) Medical and surgical nursing.

(d) Parent/child nursing with only an assisting role in the care of clients during labor and delivery and those with abnormal complications.

(e) Geriatric nursing.

(f) Mental health nursing.

(g) All nursing courses shall include components of restorative, rehabilitative and supportive care.

(h) Laboratory and clinical practice in the functions of the practical nurse including but not limited to administration of medications, common medical surgical techniques and related client teaching.

(i) Concepts of client care management.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-240, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050 and 18.130.050. 87-17-021 (Order PM 672), § 308-117-300, filed 8/12/87. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-300, filed 12/19/83.]

WAC 246-838-250 AIDS education and training. (1) Acceptable education and training. Effective January 1, 1989, the board will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(2) Implementation. Effective January 1, 1989, the requirement for licensure application, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (1) of this section.

(3) Documentation. The licensee shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that education and training has taken place.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-250, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-360, filed 12/1/88.]

WAC 246-838-260 Standards/competencies. Minimum standards of competency expected of beginning licensed practical nurses include the following:

(1) STANDARD I – The practical nurse assists in implementing the nursing process. The nursing process is defined as a systematic approach to nursing care which has the goal of facilitating an optimal level of functioning for the client, recognizing cultural and religious diversity.

The components of the nursing process are assessing, planning, implementing and evaluating. Written and verbal communication is essential to the nursing process.

COMPETENCIES:

(a) Assessment – Makes observations, gathers data and assists in identification of needs and problems relevant to the client.

(i) Makes basic observations of clients' safety and comfort needs.

(ii) Identifies physical discomfort and environmental threats to client safety.

(iii) Identifies basic physiological, emotional, sociological, cultural, economic, and spiritual needs.

(iv) Collects specific data as directed.

(v) Identifies major deviation from normal.

(vi) Selects data from established sources relevant to client's needs or problems.

(vii) Collaborates in organizing data.

(viii) Assists in formulating the list of clients' needs or problems.

(ix) Identifies major short and long term needs of clients.

(b) Planning – Contributes to the development of approaches to meet the needs of clients and families.

(i) Develops client care plans, utilizing a standardized nursing care plan.

(ii) Assists in setting priorities for nursing care.

(iii) Participates in client care conferences.

(c) Implementation – Carries out planned approaches to client care.

(i) Carries out nursing actions developed in care plan to ensure safe and effective nursing care.

(ii) Performs common therapeutic nursing techniques.

(d) Evaluation – Utilizing a standard plan for nursing care, appraises the effectiveness of client care.

(i) Collaborates in data collection relevant to outcome of care.

(ii) Assists in comparing outcome of care to formulated objective.

(iii) Assists with adjustments in care.

(iv) Reports outcome of care given.

(2) STANDARD II. The practical nurse uses communication skills effectively in order to function as a member of the nursing team. Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviors that serves as both a means of gathering information and of influencing the behavior and feelings of others.

COMPETENCIES:

(a) Applies beginning skills in verbal, nonverbal and written communication, recognizing and respecting cultural diversity and respecting the spiritual beliefs of individual clients.

(i) Uses common medical terminology and abbreviations.

(ii) Interprets common medical terminology and abbreviations.

(iii) Reports pertinent client communications regarding his/her physical and psycho-social welfare.

(iv) Develops a working relationship with the client, family, and health team members.

(v) Interviews clients to collect specific data with or without a structured tool.

(vi) Identifies possible communication blocks.

(vii) Recognizes that communication can be facilitated by certain responses.

(viii) Interacts appropriately in a one-to-one relationship and in a group setting.

(ix) Modifies own communication pattern.

(x) Documents observations and actions correctly in the chart.

(3) STANDARD III. In a structured setting the practical nurse demonstrates responsibility for own actions by using common techniques of problem solving and decision making to plan and organize own assignment. Problem solving and decision making include utilization of available resources to secure a desired result.

COMPETENCIES:

(a) Participates in self-assessment.

(i) Identifies own strengths and weaknesses.

(ii) Maintains personal health.

(iii) Maintains appropriate appearance.

(iv) Seeks assistance as needed.

(v) Requests recommendations for improvements.

(vi) Incorporates new and appropriate behaviors in nursing action.

(vii) Evaluates completion of assigned duties.

(b) Seeks learning opportunities that will foster growth.

(i) Plans goals for self improvement of performance with help of a supervisor.

(ii) Seeks opportunities for personal vocational growth.

(iii) Utilizes new knowledge and skills.

(iv) Participates in staff development.

(v) Demonstrates knowledge of professional organization and other contributers to past and present nursing advancement.

(c) Applies knowledge of ethical and legal principles and responsibilities pertinent to self, clients, and others.

(i) Identifies scope and limitations of own role.

(ii) Functions within the law regulating the practice of practical nursing.

(iii) Demonstrates ethical practice in providing client care.

(iv) Respects and maintains the client's privacy interests.

(d) Practices conservation of available resources.

(i) Demonstrates an understanding of hospital and client costs by economical use of supplies and equipment.

(ii) Participates in nursing audit.

(e) Follows employer rules and regulations.

(i) Functions according to the job description, recognizing employer/employee expectations.

(ii) Explains employer rules and regulations as they apply to client and family.

(4) STANDARD IV. The practical nurse assists in the health teaching of clients recognizing individual differences. Health teaching is defined as facilitating learning and instructing clients and significant others in preventive and therapeutic measures.

COMPETENCIES:

(a) Health teaching – Assists in the development of teaching plans for the individual client.

(i) Identifies major health education needs and problems of clients.

(ii) Communicates observation of health and learning needs.

(iii) Assists in individualizing the teaching plan to include others when appropriate.

(b) Implements teaching of basic health information according to the appropriate teaching plan.

(c) Communicates client's request for information to appropriate team member.

(d) Documents client teaching on the appropriate records.

(5) STANDARD V. The practical nurse demonstrates an understanding of own role in the health care delivery system. Health care delivery systems are defined as the voluntary and governmental organizations and institutions at international, national, state, and local levels that influence health policy and encompass comprehensive services.

COMPETENCIES:

(a) Functions as a practical nurse within the health care delivery system. (See chapter 18.78 RCW.)

(i) Functions within the role of the practical nurse.

(ii) Identifies the basic functions of members of the health care delivery team.

(b) Recognizes functions of health care delivery systems.

(i) Identifies supportive services in client care settings.

(ii) Identifies community resources.

(iii) Identifies the need for assistance from other agencies.

(iv) Demonstrates ability to obtain information about health care agencies.

(c) Acts as client advocate in health maintenance and clinical care.

(i) Recognizes the rights of individuals to control their own health needs and make decisions about health services.

(ii) Provides client education concerning health care delivery systems.

(6) STANDARD VI. The practical nurse recognizes the need for change in a structured health care setting and demonstrates willingness to participate in effecting change. Change is defined as a systematic process which includes careful assessment and acceptance of responsibility for own actions, resulting in a significant alteration.

COMPETENCIES:

(a) Recognizes need to adjust functions to comply with the accepted practical nurse role and assists in assessing effectiveness of current nursing practices in a given health care delivery system.

(i) Recognizes problems and the need for change in current nursing practice.

(ii) Communicates needs for further change through appropriate channels.

(iii) Identifies personal factors which influence response to change. Adapts own behavior.

(v) Accepts potential risks with instituting change.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-260, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-400, filed 12/19/83.]

WAC 246-838-270 Criteria for approved refresher course. (1) Philosophy, purpose, and objectives.

(a) Philosophy, purpose, and objectives of the course shall be clearly stated and available in written form. They shall be consistent with the definition of practical nursing as outlined in chapter 18.78 RCW.

(b) Objectives reflecting the philosophy shall be stated in behavioral terms and describe the capabilities and competencies of the graduate.

(2) Faculty.

(a) All faculty shall be qualified academically and professionally for their respective areas of responsibility.

(b) All faculty shall be qualified to develop and implement the program of study.

(c) Faculty shall be sufficient in number to achieve the stated program objectives.

(3) Course content.

(a) The course content shall consist of a minimum of sixty hours of theory content and one hundred twenty hours of clinical practice.

(b) The course content, length, methods of instruction, and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing.

(c) The theory course content shall include, but not be limited to, a minimum of sixty hours in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Practical nursing today including legal expectations;

(B) Basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(C) Basic physical, biological, and social sciences necessary for practice; and

(iv) Review and updating of practical nursing knowledge and skills to include, but not be limited to, concepts of fundamentals, medical/surgical, parent/child, geriatric, and mental health nursing.

(d) The clinical course content shall include a minimum of one hundred twenty hours of clinical practice in the area(s) listed in (c) of this subsection. Exceptions shall be justified to and approved by the board.

(4) Evaluation.

(a) Evaluation methods shall be used to measure the student's achievement of the stated theory and clinical objectives.

(b) The course shall be periodically evaluated by faculty and students.

(5) Admission requirements.

(a) Requirements for admission shall be available in writing.

(b) All students shall hold a current valid practical nurse license or a limited educational license approved by the board.

(6) Records.

(a) Evidence that the student has successfully completed the course and met the stated objectives shall be kept on file.

(b) The refresher course provider shall submit a certification of successful completion of the course to the board.

(7) Refresher courses taken outside of the state of Washington shall be reviewed individually for approval by the board prior to starting the course.

(8) Approval of refresher courses shall be requested and approved in advance as directed by the board.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-270, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-410, filed 8/25/88.]

WAC 246-838-280 Scope of practice--Advisory opinions. (1) The board may issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners, and consumers concerning the practice of practical nursing. Such questions must be presented in writing to the office of the board.

(2) Questions may be referred to a committee of the board. Upon such referral, the committee shall develop a draft response which shall be presented to the full board at a public meeting for ratification, rejection, or modification. The committee may, at its discretion, consult with health care practitioners for assistance in developing its draft response.

(3) If the board issues an opinion on a given issue, such opinion shall be provided to the requesting party and shall be included in the board minutes.

(4) Each opinion issued shall include a clear statement to the effect that:

(a) The opinion is advisory and intended for the guidance of the requesting party only; and

(b) The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the board.

(5) In no event shall this section be construed to supersede the authority of the board to adopt rules related to the scope of practice nor shall it be construed to restrict the ability of any person to propose a rule or to seek a declaratory judgment from the board.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-280, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-420, filed 8/25/88.]

WAC 246-838-290 Terms used in WAC 308-117-460 through 308-117-480. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 308-117-470, which enters into a contract with practical nurses who have substance abuse problems regarding the required components of the practical nurse's recovery activity and oversees the practical nurse's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating practical nurses.

(2) "Contract" is a comprehensive, structured agreement between the recovering practical nurse and the approved monitoring program wherein the practical nurse consents to comply with the monitoring program and the required components of the practical nurse's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services, under RCW 70.96A.020(2) or 69.54.030 to provide concentrated alcoholism or drug treatment if located within Washington state. Out-of-state drug and alcohol treatment programs must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a practical nurse's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the practical nurse and the practical nurse's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Nurse support group" is a group of nurses meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced nurse facilitator in which nurses may discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve step groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-290, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, [18.78.]054, 18.130.050 and [18.130.]175. 89-07-005 (Order PM 823), § 308-117-460, filed 3/3/89.]

WAC 246-838-300 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program.

(1) The approved monitoring program will not provide evaluation or treatment to the participating practical nurses.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of practical nursing in order to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Nurses' support groups;

(e) The practical nursing work environment; and

(f) The ability of the practical nurse to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the practical nurse and the board to

oversee the practical nurse's compliance with the requirements of the program.

(4) The approved monitoring program may make, on an individual basis, exceptions to components of the contract.

(5) The approved monitoring program staff will determine, on an individual basis, whether a practical nurse will be prohibited from engaging in the practice of practical nursing for a period of time and restrictions, if any, on the practical nurse's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the practical nurse as to the acceptability of treatment progress.

(8) The approved monitoring program shall report to the board any practical nurse who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually.

(10) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of practical nursing for those participating in the program.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-300, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, [18.78.]054, 18.130.050 and [18.130.]175. 89-07-005 (Order PM 823), § 308-117-470, filed 3/3/89.]

WAC 246-838-310 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the practical nurse may accept board referral into the approved substance abuse monitoring program.

(a) The practical nurse shall undergo a complete physical and psychosocial evaluation before entering into the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The practical nurse shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to, the following:

(i) The practical nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The practical nurse will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The practical nurse must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The practical nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The practical nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The practical nurse will attend nurses' support group(s) facilitated by a nurse and/or twelve step group meetings as specified by the contract.

(vii) The practical nurse will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The practical nurse shall sign a waiver allowing the approved monitoring program to release information to the board if the practical nurse does not comply with the requirements of this contract.

(c) The practical nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The practical nurse may be subject to disciplinary action under RCW 18.130.160 if the practical nurse does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A practical nurse who is not being investigated by the board, not subject to current disciplinary action, or not currently being monitored by the board for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program.

(a) The practical nurse shall undergo a complete physical and psychosocial evaluation before entering into the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The practical nurse shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to, the following:

(i) The practical nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The practical nurse will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The practical nurse must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The practical nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The practical nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The practical nurse will attend nurses' support group(s) facilitated by a nurse and/or twelve step group meetings as specified by the contract.

(vii) The practical nurse will comply with employment conditions and restrictions as defined by the contract.

(viii) The practical nurse shall sign a waiver allowing the approved monitoring program to release information to the board if the nurse does not comply with the requirements of this contract.

(c) The practical nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42-.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-310, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, [18.78.]054, 18.130.050 and [18.130.]175. 89-07-005 (Order PM 823), § 308-117-480, filed 3/3/89.]

WAC 246-838-990 Practical nurse fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application (examination and reexamination)	$55.00
License renewal	31.00
Late renewal penalty	35.00
Inactive renewal	20.00
Inactive late renewal penalty	20.00
Endorsement – reciprocity	55.00
Duplicate license	20.00
Certification	40.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-838-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-117-500, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43-.24.086. 88-20-075 (Order 783), § 308-117-500, filed 10/5/88; 87-10-028 (Order PM 650), § 308-117-500, filed 5/1/87.]

Chapter 246-841 WAC
NURSING ASSISTANTS

WAC 246-841-610 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for registration. Effective January 1, 1989 persons applying for registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Initial applicants may have a four month extension upon written application to the department.

(3) 1989 Renewal of registration. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for registration renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 registration expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for registration, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-173-100, filed 11/2/88.]

DISCIPLINARY PROCEDURES

WAC 246-841-710 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9649
Olympia, Washington 98504-8001

(5) "Nursing assistant" means a person certified pursuant to chapter 267, Laws of 1988.

(6) "Mentally or physically disabled nursing assistant" means a nursing assistant who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice nursing assistance with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-710, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-010, filed 6/30/89.]

WAC 246-841-720 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the nursing assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

(5) The administrator, executive officer, or their designee of any nursing home shall report to the department of licensing when any nursing assistant under chapter 18.130 RCW is terminated or such person's services are restricted based on a determination that the nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or that the nursing assistant may be mentally or physically impaired as defined in RCW 18.130.170.

(6) The administrator, executive officer, or their designee of any nursing home shall report to the department of licensing when any person practices, or offers to practice as a nursing assistant in the state of Washington when the person is not registered in the state; or when a person uses any title, abbreviation, card, or device to indicate the person is registered when the person is not.

(7) The department of licensing requests the assistance of responsible personnel of any state or federal program operating in the state of Washington, under which a nursing assistant is employed, to report to the department whenever such a nursing assistant is not registered pursuant to this act or when such a nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18-.130.180 or may be mentally or physically impaired as defined in RCW 18.130.170.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-020, filed 6/30/89.]

WAC 246-841-730 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of nursing assistants, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-070, filed 6/30/89.]

WAC 246-841-740 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a nursing assistant is employed to provide patient care services, to report to the department whenever such a nursing assistant has been judged to have demonstrated his/her incompetency or negligence in the practice of nursing assistance, or has otherwise committed unprofessional conduct, or is a

mentally or physically disabled nursing assistant. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-080, filed 6/30/89.]

WAC 246-841-750 Cooperation with investigation. (1) A certificant or registrant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or registrant or their attorney, whichever is first. If the certificant or registrant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant or registrant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant or registrant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-090, filed 6/30/89.]

FEES

WAC 246-841-990 Nursing assistant--Fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application – registration	$ 5.00
Renewal of registration	10.00
Duplicate registration	5.00
Verification of registration/education	10.00
Registration late penalty	10.00
Registration program approval	75.00
Application for certification	5.00
Certification renewal	10.00
Verification certification/education	10.00
Duplicate certification	5.00
Certification late penalty	10.00
Certification program approval	75.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-173-130, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43-.24.086. 88-20-075 (Order 783), § 308-173-130, filed 10/5/88.]

Chapter 246-845 WAC
NURSING POOL

WAC

WAC 246-845-020 Registration of a nursing pool. (1) After January 1, 1989, no individual, firm, corporation, partnership or association may advertise, operate, manage, conduct, open or maintain a business providing, procuring, or referring health care personnel for temporary employment in health care facilities without first registering with the department of licensing.

(2) Applicants for nursing pool registration shall submit to the department of licensing:

(a) A completed application for registration on forms furnished by the department;

(b) A registration fee;

(c) The names and addresses of the owner or owners of the nursing pool;

(d) If the owner is a corporation:

(i) Copies of the articles of incorporation and current bylaws;

(ii) The names and addresses of officers and directors.

(3) If the applicant meets the requirements of this chapter and chapter 18.130 RCW, the department shall issue a registration which shall remain effective for a period of one year from date of issuance unless revoked or suspended pursuant to chapter 18.130 RCW, or voided pursuant to subsection (4) of this section.

(4) If the registered nursing pool is sold or ownership or management is transferred, the new owner or operator shall apply for a new registration.

(5) Each separate location of the business of a nursing pool shall have a separate registration.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-020, filed 2/10/89.]

WAC 246-845-030 Renewal of registration. Nursing pools requesting renewal of registration shall submit a renewal application and fee to the department. If a nursing pool fails to renew its registration prior to the expiration date, the nursing pool is subject to a penalty fee.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-030, filed 2/10/89.]

WAC 246-845-040 Denial, suspension, or revocation of registration. The director may deny, suspend, or revoke the registration and/or assess penalties if any nursing pool is found to have violated the provisions of chapter 18.130 RCW, the Uniform Disciplinary Act, or of this chapter.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-040, filed 2/10/89.]

WAC 246-845-990 Nursing pool fees. The following fees shall be charged by the professional licensing division of the department of health.

Title	Fee
Registration application	$ 125.00
Registration renewal	125.00
Duplicate registration	15.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-310-010, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43-.24.086. 88-20-076 (Order 784), § 308-310-010, filed 10/5/88.]

Chapter 246-849 WAC
OCULARISTS

WAC

WAC 246-849-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Ocularist" means a person licensed under chapter 18.55 RCW.

(6) "Mentally or physically disabled ocularist" means an ocularist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice ocular prosthetic services with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-035, filed 6/30/89.]

WAC 246-849-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the ocularist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-045, filed 6/30/89.]

WAC 246-849-040 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any ocularist's services are terminated or are restricted based on a determination that the ocularist has either committed an act or acts which may constitute unprofessional conduct or that the ocularist may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-055, filed 6/30/89.]

WAC 246-849-050 Ocularist associations or societies. The president or chief executive officer of any ocularist association or society within this state shall report to the department when the association or society determines that an ocularist has committed unprofessional conduct or that an ocularist may not be able to practice

ocular prosthetics with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-065, filed 6/30/89.]

WAC 246-849-060 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that an ocularist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-075, filed 6/30/89.]

WAC 246-849-070 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to ocularists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured ocularist's incompetency or negligence in the practice of ocular prosthetic services. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the ocularist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-085, filed 6/30/89.]

WAC 246-849-080 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed ocularists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-095, filed 6/30/89.]

WAC 246-849-090 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which an ocularist is employed to provide client care services, to report to the department whenever such an ocularist has been judged to have demonstrated his/her incompetency or negligence in the practice of ocular prosthetic services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled ocularist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-105, filed 6/30/89.]

WAC 246-849-100 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-115, filed 6/30/89.]

WAC 246-849-110 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of licenses. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 license expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applications who

have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; infection control guidelines; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-55-200, filed 11/2/88.]

WAC 246-849-990 Ocularist fees. The following fees shall be charged by the professional licensing division of the department of licensing:

Title of Fee	Fee
Application and examination	$ 500.00
Renewal	500.00
Late renewal penalty	500.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-55-025, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-55-025, filed 8/10/83. Formerly WAC 308-55-010.]

Chapter 246-853 WAC
OSTEOPATHIC PHYSICIANS AND SURGEONS

WAC

WAC 246-853-020 Osteopathic medicine and surgery examination. Applicants for licensure as osteopathic physicians must pass the Federation of State Licensing Board (FLEX) with a minimum score of seventy-five on each component of the FLEX I and II examination, and obtain at least a seventy-five percent overall average on a board administered examination on osteopathic principles and practices.

An applicant who has passed the examination given by the National Board of Osteopathic Examiners may be granted a license without further examination.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-14-113 (Order 745), § 308-138-055, filed 7/6/88. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138-055, filed 4/15/88. Statutory Authority: RCW 18.57.005. 85-10-025 (Order PL 527), § 308-138-055, filed 4/24/85. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-055, filed 11/29/79.]

WAC 246-853-030 Acceptable intern or residency programs. The board accepts the following training programs.

(1) Nationally approved one-year internship programs;

(2) The first year of a residency program approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accrediting organizations.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-030, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-065, filed 11/29/79.]

WAC 246-853-040 Renewal of licenses. (1) Individuals receiving an initial osteopathic physician and surgeon license will be issued a license to expire on the applicant's next birth date.

(2) Licensees shall renew their license annually on or before their birth date. Failure to renew shall invalidate the license to practice osteopathic medicine and surgery. Any practice engaged in with an expired license shall be deemed to be unlicensed practice.

(3) On a one-time basis, effective January 1, 1989, all persons applying for license renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-138-350.

Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of WAC 308-138-350 with their renewal application. Persons who are unable to verify compliance by their 1989 renewal date may, upon written application, be granted an extension to December 31, 1989.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-040, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-070, filed 11/23/88; Order PL 262, § 308-138-070, filed 1/13/77.]

WAC 246-853-050 Ethical considerations. The following acts and practices are unethical and unprofessional conduct warranting appropriate disciplinary action:

(1) The division or "splitting" of fees with other professionals or nonprofessionals as prohibited by chapter 19.68 RCW. Specifically, a person authorized by this board shall not:

(a) Employ another to so solicit or obtain, or remunerate another for soliciting or obtaining, patient referrals.

(b) Directly or indirectly aid or abet an unlicensed person to practice acupuncture or medicine or to receive compensation therefrom.

(2) Use of testimonials, whether paid for or not, to solicit or encourage use of the licensee's services by members of the public.

(3) Making or publishing, or causing to be made or published, any advertisement, offer, statement or other form of representation, oral or written, which directly or by implication is false, misleading or deceptive.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 79-02-011 (Order 297), § 308-138-180, filed 1/11/79.]

WAC 246-853-060 Continuing professional education required. (1) The board requires one hundred fifty credit hours of continuing professional education every three years.

(2) In case licensees fail to meet the requirements because of illness, retirement (with no further provision of osteopathic medical services to consumers), or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant an extension of time or a change in requirements. In the case of a permanent retirement or illness, the board may grant indefinite waiver of continuing education as a requirement for relicensure, provided an affidavit is received indicating that the osteopathic physician and surgeon is not providing osteopathic medical service to consumers. If such permanent retirement or illness status is changed or osteopathic medical services are resumed, it is incumbent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138-200, filed 2/7/84. Statutory Authority: 1979 c 117 s 3(4). 79-12-066 (Order 324), § 308-138-200, filed 11/29/79.]

WAC 246-853-070 Categories of creditable continuing professional education activities. The following are categories of creditable continuing medical education activities approved by the board. The credits must be earned in the thirty-six month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the one hundred fifty hour continuing professional education requirement.

(1) Category 1 – A minimum of sixty credit hours of the total one hundred fifty hour requirements are mandatory under this general category.

(a) Category 1-A – Formal educational programs sponsored by nationally recognized osteopathic or medical institutions, organizations and their affiliates.

Examples of recognized sponsors include but are not limited to:

Accredited osteopathic or medical schools and hospitals.

Osteopathic or medical societies and specialty practice organizations.

Continuing medical education institutes.

Governmental health agencies and institutions.

Residencies, fellowships and preceptorships.

(b) Category 1-B – Preparation in publishable form of an original scientific paper (defined as one which reflects a search of the literature, appends a bibliography, and contains original data gathered by the author) and initial presentation before a postdoctoral audience qualified to critique the author's statements. Maximum allowable credit for the initial presentation will be ten credit hours per scientific paper. A copy of the paper in publishable form shall be submitted to the board. Publication of the above paper or another paper in a professional journal approved by the board may receive credits as approved by the board up to a maximum of fifteen credit hours per scientific paper.

(c) Category 1-C – Serving as a teacher, lecturer, preceptor or moderator-participant in any formal educational program. Such teaching would include classes in colleges of osteopathic medicine and medical colleges and lecturing to hospital interns, residents and staff. Total credits allowed under Category 1-C are forty-five per three-year period, with one hour's credit for each hour of actual instruction.

(A) Category 2-A – Home study – The board strongly believes that participation in formal professional education programs is essential in fulfilling a physician's total education needs. The board is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation. It is the individual physician's responsibility to select home study materials

that will be of actual benefit. For these reasons, the board has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting these credits.

Reading – Credits may be granted for reading the Journal of the AOA, and other selected journals published by recognized osteopathic organizations. One–half credit per issue is granted for reading alone. An additional one–half credit per issue is granted if the quiz found in the AOA Journal is completed and returned to the division of continuing medical education. Credit for all other reading is limited to recognized scientific journals listed in *Index Medicus.* One–half credit per issue is granted for reading these recognized journals.

Listening – Credits may be granted for listening to programs distributed by the AOA audio–educational service. Other audio–tape programs sponsored by nationally recognized organizations and companies are eligible for credit. One–half credit per tape program may be granted. An additional one–half credit may be granted for each AOA audio–educational service program if the quiz card for the tape found in the AOA Journal is completed and returned.

Other home study courses – Subject–oriented and refresher home study courses and programs sponsored by recognized professional organizations are eligible for credit. The number of credit hours indicated by the sponsor will be accepted by the board.

A maximum of ninety credit hours per three–year period may be granted for all home study activities under Category 2–A.

(B) Category 2–B – Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Total credits allowed under Category 2–B are thirty per three–year period, with ten credits granted for each new and different scientific exhibit. Appropriate documentation must be submitted with the request for credit.

(C) Category 2–C – All other programs and modalities of continuing professional education. Included under this category are informal educational activities such as observation at medical centers; programs dealing with experimental and investigative areas of medical practice, and programs conducted by non–recognized sponsors.

Total credits allowed under Category 2–C are thirty hours per three–year period.

[Statutory Authority: RCW 18.57.005. 90–24–055 (Order 100B), recodified as § 246–853–070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79–12–066 (Order 324), § 308–138–210, filed 11/29/79.]

WAC 246–853–080 Certification of compliance. (1) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit of compliance with the one hundred fifty hour continuing professional education requirement on a form supplied by the board.

(2) The board reserves the right to require a licensee to submit evidence in addition to the affidavit to demonstrate compliance with the one hundred fifty hour continuing professional education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

(3) Certification of compliance with the requirement for continuing medical education of the American Osteopathic Association, or receipt of the AMA physicians recognitions award or a current certification of continuing medical education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.

(4) Original certification or recertification within the previous six years by a specialty board will be considered as evidence of equivalent compliance with these continuing professional education requirements.

[Statutory Authority: RCW 18.57.005. 90–24–055 (Order 100B), recodified as § 246–853–080, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79–12–066 (Order 324), § 308–138–220, filed 11/29/79.]

WAC 246–853–090 Prior approval not required. (1) It will not be necessary for a physician to inquire into the prior approval of any continuing medical education. The board will accept any continuing professional education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) Continuing professional education program sponsors need not apply for nor expect to receive prior board approval for continuing professional education programs. The continuing professional education category will depend solely upon the status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The board relies upon the integrity of program sponsors to present continuing professional education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.57.005. 90–24–055 (Order 100B), recodified as § 246–853–090, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79–12–066 (Order 324), § 308–138–230, filed 11/29/79.]

WAC 246–853–100 Prohibited publicity and advertising. An osteopathic physician shall not use or allow to be used any form of public communications or advertising connected with his or her profession or in his or her professional capacity as an osteopathic physician which:

(1) Is false, fraudulent, deceptive or misleading;

(2) Uses testimonials;

(3) Guarantees any treatment or result;

(4) Makes claims of professional superiority;

(5) States or includes prices for professional services except as provided for in WAC 308–138–310;

(6) Fails to identify the physician as an osteopathic physician as described in RCW 18.57.140;

(7) Otherwise exceeds the limits of WAC 308–138–310.

[Statutory Authority: RCW 18.57.005. 90–24–055 (Order 100B), recodified as § 246–853–100, filed 12/3/90, effective 1/31/91; 85–22–016 (Order PL 562), § 308–138–300, filed 10/30/85. Statutory Authority: 1979 c 117 § 3(5). 79–12–064 (Order PL 322), § 308–138–300, filed 11/29/79.]

WAC 246-853-110 Permitted publicity and advertising. To facilitate the process of informed selection of a physician by potential patients, a physician may publish or advertise the following information, provided that the information disclosed by the physician in such publication or advertisement complies with all other ethical standards promulgated by the board;

(1) Name, including name of professional service corporation or clinic, and names of professional associates, addresses and telephone numbers;

(2) Date and place of birth;

(3) Date and fact of admission to practice in Washington and other states;

(4) Accredited schools attended with dates of graduation, degrees and other scholastic distinction;

(5) Teaching positions;

(6) Membership in osteopathic or medical fraternities, societies and associations;

(7) Membership in scientific, technical and professional associations and societies;

(8) Whether credit cards or other credit arrangements are accepted;

(9) Office and telephone answering service hours;

(10) Fee for an initial examination and/or consultation;

(11) Availability upon request of a written schedule of fees or range of fees for specific services;

(12) The range of fees for specified routine professional services, provided that the statement discloses that the specific fee within the range which will be charged will vary depending upon the particular matter to be handled for each patient, and the patient is entitled without obligation to an estimate of the fee within the range likely to be charged;

(13) fixed fees for specified routine professional services, the description of which would not be misunderstood by or be deceptive to a prospective patient, provided that the statement discloses that the quoted fee will be available only to patients whose matters fall into the services described, and that the client is entitled without obligation to a specific estimate of the fee likely to be charged.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(5). 79-12-064 (Order PL 322), § 308-138-310, filed 11/29/79.]

WAC 246-853-120 Malpractice suit reporting. Every osteopathic physician shall, within sixty days after settlement or judgment, notify the board of any and all malpractice settlements or judgments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by a physician's incompetency or negligence in the practice of osteopathic medicine. Every osteopathic physician shall also report the settlement or judgment of three or more claims or actions for damages during a year as the result of the alleged physician's incompetence or negligence in the practice of osteopathic medicine regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-120, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138-320, filed 4/15/88. Statutory Authority: 1979 c 117 § 3(6). 79-12-065 (Order 323), § 308-138-320, filed 11/29/79.]

WAC 246-853-130 General provisions for mandatory reporting rules. (1) "Unprofessional conduct" shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution regulated under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state board of osteopathic medicine and surgery, whose address is:

Department of Licensing
Division of Professional Licensing
P.O. Box 9649
Olympia WA 98504

(5) "Physician" shall mean an osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(6) "Physician's assistant" shall mean an osteopathic physician's assistant approved pursuant to chapter 18-.57A RCW.

(7) "Mentally or physically impaired practitioner" shall mean an osteopathic physician and surgeon or osteopathic physician's assistant who has been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-130, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-321, filed 5/20/87.]

WAC 246-853-140 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number of the physician or physician's assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which give rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-140, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-322, filed 5/20/87.]

WAC 246-853-150 Health care institutions. The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physician's clinical privileges are terminated or are restricted based on a determination that a physician has committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically impaired. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically impaired.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-150, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-323, filed 5/20/87.]

WAC 246-853-160 Medical associations or societies. The president or chief executive officer of any medical association or society within this state shall report to the board when a medical society hearing panel or committee determines that a physician or physician's assistant may have committed unprofessional conduct or that a physician or physician's assistant may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the termination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-160, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-324, filed 5/20/87.]

WAC 246-853-170 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer regulated under chapters 48.20, 48.21, 48.21A, or 48.44 RCW, shall report to the board all final determinations that an osteopathic physician may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-170, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-325, filed 12/22/87.]

WAC 246-853-180 Courts. The board requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of physicians and physician's assistants, other than minor traffic violations.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-180, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-326, filed 5/20/87.]

WAC 246-853-190 State and federal agencies. The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physician or physician's assistant is employed to provide patient care services, to report to the board whenever such a physician or physician's assistant has been judged to have demonstrated his/her incompetency or negligence in the practice of medicine, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled practitioner.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-190, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-327, filed 5/20/87.]

WAC 246-853-200 Professional review organizations. Unless prohibited by federal law, every professional review organization operating within the state of Washington shall report to the board any determinations that an osteopathic physician or osteopathic physician's assistant may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-200, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-328, filed 12/22/87.]

WAC 246-853-210 License reinstatement after lapse of licensure for failure to renew. (1) A license that has been expired for less than one year may be brought current by payment of the renewal fees and completion of the continuing education, if due.

(2) Any osteopathic physician and surgeon whose license has been expired for one year or more must pay the current fee for original application and apply for reinstatement on an application form provided by the board. The application will include an explanation for the license lapse and a chronology of their activities since first licensed. A statement outlining the continuing education acquired since the last report made or since January 1, 1980, if no previous report has been required, must be submitted for the board's review and approval.

(3) All applications for reinstatement will be reviewed by the board. The board may require a physical or mental evaluation of an applicant to confirm fitness for practice.

(4) If a licensee has been out of active practice for one year or more or has allowed their license to lapse for a period of three years or more, the board may also require that the applicant pass an examination to determine the applicant's fitness to practice osteopathy or osteopathic medicine and surgery.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-210, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-330, filed 5/20/87. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138-330, filed 8/5/82.]

WAC 246-853-220 Use of drugs or autotransfusion to enhance athletic ability. (1) A physician shall not prescribe, administer or dispense anabolic steroids,

growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescription, administering or dispensing of any substance or drug described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this rule shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-220, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138-340, filed 10/19/88; 88-14-113 (Order 745), § 308-138-340, filed 7/6/88.]

WAC 246-853-230 AIDS education and training. (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(3) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(4) Implementation. Effective January 1, 1989, the requirement for licensure application, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (3) of this section.

(5) Documentation. The license holder shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before the renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-230, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-350, filed 11/23/88.]

WAC 246-853-240 Application for registration. Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-138-350.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-240, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-360, filed 11/23/88.]

WAC 246-853-990 Osteopathic fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Osteopath:	
Renewal	$300.00
Duplicate	15.00
Certification	25.00
Osteopathic physician:	
Endorsement application	400.00
License renewal	300.00
Late renewal penalty	50.00
Flex exam/state exam application	600.00
Endorsement/state exam application	500.00
Retake flex I	300.00
Retake flex II	350.00
Reexam	100.00
Duplicate license	15.00
Certification	25.00
Osteopathic physician assistant:	
Application	150.00
Renewal	50.00
Duplicate license	15.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-853-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-138-080, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43-.24.086. 87-10-028 (Order PM 650), § 308-138-080, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-138-080, filed 8/10/83. Formerly WAC 308-138-060.]

Chapter 246-854 WAC
OSTEOPATHIC PHYSICIANS' ASSISTANTS

WAC

WAC 246-854-020 Osteopathic physicians' assistants program approval. (1) Program approval required. No osteopathic physician shall be entitled to register an osteopathic physicians' assistant who has not successfully completed a program of training approved by the Board in accordance with these rules.

(2) Program approval procedures. In order for a program for training osteopathic physicians' assistants to be considered for approval by the board it must meet the minimal criteria for such programs established by the committee on allied health education and Accreditation Association of the American Medical Association as of 1985. The director of the program shall submit to the board a description of the course of training offered, including subjects taught and methods of teaching, entrance requirements, clinical experience provided, etc. The director shall also advise the board concerning the basic medical skills which are attained in such course, and the method by which the proficiency of the students in those skills was tested or ascertained. The board may require such additional information from program sponsors as it desires.

(3) Approved programs. The board shall approve programs in terms of skills attained by its graduates. A registry of approved programs shall be maintained by the board at the division of professional licensing in Olympia, Washington, which shall be available upon request to interested persons.

(4) Reapproval. Programs maintaining standards as defined in the "essentials" of the council of medical education of the American Medical Association will continue to be approved by the board without further review. Each approved program not maintaining the standards as defined in the "essentials" of the council of medical education of the American Medical Association will be reexamined at intervals, not to exceed three years. Approval will be continued or withdrawn following each reexamination.

(5) Additional skills. No osteopathic physician's assistant shall be registered to perform skills not contained in the program approved by the board unless the osteopathic physician's assistant submits with his or her application a certificate by the program director or other acceptable evidence showing that he or she was trained in the additional skill for which authorization is requested, and the board is satisfied that the applicant has the additional skill and has been properly and adequately tested thereon.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-020, filed 10/31/89, effective 12/1/89. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-14-113 (Order 745), § 308-138A-020, filed 7/6/88. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138A-020, filed 4/15/88. Statutory Authority: RCW 18-.57A.020. 87-20-099 (Order PM 671), § 308-138A-020, filed 10/7/87. Statutory Authority: RCW 18.57.005. 87-13-004 (Order PM 655), § 308-138A-020, filed 6/4/87. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138A-020, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138A-020, filed 8/5/82. Formerly WAC 308-138-020.]

WAC 246-854-030 Osteopathic physician's assistant prescriptions. An osteopathic physician's assistant may issue written or oral prescriptions as provided herein when approved by the board and assigned by the supervising physician.

(1) Except for schedule two controlled substances as listed under federal and state controlled substances acts, a physician's assistant may issue prescriptions for a patient who is under the care of the physician responsible for the supervision of the physician's assistant.

(a) Written prescriptions shall be written on the blank of the supervising physician and shall include the name, address and telephone number of the physician and physician assistant. The prescription shall also bear the name and address of the patient and the date on which the prescription was written.

(b) The physician's assistant shall sign such a prescription by signing his or her own name followed by the letters "P.A." and the physician assistant's registration number or physician assistant drug enforcement administration registration number.

(c) Prescriptions for legend drugs and schedule three through five controlled substances must each be approved or signed by the supervising physician prior to administration, dispensing or release of the medication to the patient, except as provided in subsection (6) of this section.

(2) A physician's assistant extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, write medical orders, except those for schedule two controlled substances, for inpatients under the care of the physician responsible for his or her supervision.

(3) To be authorized to issue prescriptions for schedule three through five controlled substances, a physician's assistant must be registered with the board of pharmacy and the drug enforcement administration.

(4) The registration of a physician's assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(5) Physician's assistants may not dispense prescription drugs to exceed treatment for forty-eight hours, except as provided in subsection (7) of this section. The medication so dispensed must comply with the state law prescription labeling requirements.

(6) Authority to issue prescriptions for legend drugs and schedule three through five controlled substances without the prior approval or signature of the supervising physician may be granted by the board to an osteopathic physician's assistant who has:

(a) Provided a statement signed by the supervising physician that he or she assumes full responsibility and that he or she will review the physician assistant's prescription writing practice on an ongoing basis;

(b) A current certification from the National Commission on Certification of Physician Assistants';

(c) Demonstrated the necessity in the practice for authority to be granted permitting a physician assistant to issue prescriptions without prior approval or signature of the supervising physician.

(7) A physician assistant authorized to issue prescriptions under subsection (6) of this section may dispense medications the physician assistant has prescribed from office supplies. The physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-030, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 89-23-067 (Order 018), § 308-138A-025, filed 11/15/89, effective 12/16/89; 88-09-030 (Order PM 723), § 308-138A-025, filed 4/15/88. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138A-025, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138A-025, filed 2/7/84. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138A-025, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138A-025, filed 8/5/82. Formerly WAC 308-138-025.]

WAC 246-854-040 Osteopathic physician's assistant use of drugs or autotransfusion to enhance athletic ability. (1) An osteopathic physician's assistant shall not prescribe, administer, or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician's assistant shall complete and maintain patient medical records which accurately reflect the prescription, administering, or dispensing of any substance or drug described in this section or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug, or autotransfusion is prescribed, administered, or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this section shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this section shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138A-030, filed 10/19/88.]

WAC 246-854-050 AIDS education and training. (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(3) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(4) Implementation. Effective January 1, 1989, the requirement for registration application, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (3) of this section.

(5) Documentation. The registration holder shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before the renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-050, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-040, filed 11/23/88.]

WAC 246-854-060 Application for registration. Effective January 1, 1989, persons applying for registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-138A-040.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-060, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-050, filed 11/23/88.]

WAC 246-854-070 Registration renewal requirement. On a one-time basis, effective January 1, 1989, all persons making application for registration renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-138A-040. Persons who are unable to verify compliance by their 1989 renewal date may, upon written application, be granted an extension to December 31, 1989.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-060, filed 11/23/88.]

WAC 246-854-080 Osteopathic physicians' assistants registration. (1) Applications. All applications shall be made to the board on forms supplied by the board. All applications shall be submitted at least thirty days prior to the meeting of the board in which consideration is desired. Applications shall be made jointly by the physician and assistant.

(2) Authorization by board, powers. In granting authorizations for the utilization of the osteopathic physician's assistant, the board may limit the authority for utilizing an osteopathic physician's assistant to a specific

task or tasks, or may grant specific approval in conformity with the program approved and on file with the board.

[Statutory Authority: RCW 18.57.005. 90–24–055 (Order 100B), recodified as § 246–854–080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89–22–065 (Order PM 863), § 308–138A–070, filed 10/31/89, effective 12/1/89.]

WAC 246–854–090 Osteopathic physicians' assistants utilization. (1) Limitations, number. No osteopathic physician shall supervise more than one osteopathic physician's assistant without specific authorization by the board. The board shall consider the individual qualifications and experience of the physician and physician assistant, community need, and review mechanisms available in making their determination.

(2) Limitations—Geographic limitations. No osteopathic physician's assistant shall ordinarily be utilized in a place other than the supervising osteopathic physician's regular place for meeting patients, unless personally accompanied by the supervising osteopathic physician. The "regular place for meeting patients" shall be defined to include the physician's office, the institution(s) in which his or her patients are hospitalized or confined, or the homes of patients for whom a physician–patient relationship has already been established.

(3) Limitations—Remote practice. Special permission may be granted to utilize an osteopathic physician assistant in a place remote from the physician's regular place for meeting patients if:

(a) There is a demonstrated need for such utilization;

(b) Adequate provision for immediate communication between the physician and his physician assistant exists;

(c) A mechanism has been developed to provide for the establishment of a direct patient–physician relationship between the supervising osteopathic physician and patients who may be seen initially by the osteopathic physician assistant;

(d) The responsible physician spends at least one–half day per week in the remote office.

(4) Limitations, hospital functions. An osteopathic physician assistant working in or for a hospital, clinic or other health organization shall be registered in the same manner as any other osteopathic physician assistant and his/her functions shall be limited to those specifically approved by the board. His/her responsibilities, if any, to other physicians must be defined in the application for registration.

(5) Limitations, trainees. An individual enrolled in a training program for physician assistants may function only in direct association with his/her preceptorship physician or a delegated alternate physician in the immediate clinical setting or, as in the case of specialized training in a specific area, an alternate preceptor approved by the program. They may not function in a remote location or in the absence of the preceptor.

(6) Supervising osteopathic physician, responsibility. It shall be the responsibility of the supervising osteopathic physician to see to it that:

(a) Any osteopathic physician's assistant employed by him or her at all times when meeting or treating patient(s) wears a placard or other identifying plate in a prominent place upon his or her person identifying him or her as a physician's assistant;

(b) No osteopathic physician's assistant in his employ represents himself or herself in any manner which would tend to mislead anyone that he or she is a physician;

(c) That the osteopathic physician's assistant in his or her employ performs only those tasks which he or she is authorized to perform under the authorization granted by the board;

(d) All EKG's and x–rays and all abnormal laboratory tests shall be reviewed by the physician within twenty–four hours;

(e) The charts of all patients seen by the physician's assistant shall be reviewed and countersigned by the supervising physician within one week;

(f) All telephone advice given by the supervising physician through the physician's assistant shall be documented, reviewed, and countersigned by the physician within one week.

(7) Alternate physician, supervisor—Approved by board. In the temporary absence of the supervising osteopathic physician, the osteopathic physician assistant may carry out those tasks for which he is registered, if the supervisory and review mechanisms are provided by a delegated alternate osteopathic physician supervisor. If an alternate osteopathic physician is not available in the community, the board may authorize a physician licensed under chapter 18.71 RCW to act as the alternate physician supervisor.

[Statutory Authority: RCW 18.57.005. 90–24–055 (Order 100B), recodified as § 246–854–090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89–22–065 (Order PM 863), § 308–138A–080, filed 10/31/89, effective 12/1/89.]

WAC 246–854–100 Osteopathic physicians' assistants reregistration. Reregistration. The annual reregistration fee shall be paid by the first day of July of each year by the supervising osteopathic physician. Any failure to reregister and pay the annual registration fee shall render the registration invalid but registration may be reinstated by payment of a penalty fee together with all delinquent annual registration fees.

[Statutory Authority: RCW 18.57.005. 90–24–055 (Order 100B), recodified as § 246–854–100, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89–22–065 (Order PM 863), § 308–138A–090, filed 10/31/89, effective 12/1/89.]

Chapter 246–855 WAC
OSTEOPATHIC PHYSICIANS' ACUPUNCTURE ASSISTANTS

WAC

WAC 246-855-010 Acupuncture--Definition. Acupuncture is a traditional system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders, by treating specific acupuncture points or meridians. Acupuncture includes the following techniques:

(a) Use of acupuncture needles to stimulate acupuncture points and meridians.

(b) Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.

(c) Moxibustion.

(d) Acupressure.

(e) Cupping.

(f) Gwa hsa (dermal friction technique).

(g) Infrared.

(h) Sonopuncture.

(i) Laser puncture.

(j) Dietary advice.

(k) Manipulative therapies.

(l) Point injection therapy (aqua puncture).

These terms are to be understood within the context of the oriental medical art of acupuncture and as the board defines them.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-010, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-165, filed 2/7/84.]

WAC 246-855-020 Acupuncture assistant education. Each applicant for an authorization to perform acupuncture must present evidence satisfactory to the board which discloses in detail the formal schooling or other type of training the applicant has previously undertaken which qualifies him or her as a practitioner of acupuncture. Satisfactory evidence of formal schooling or other training may include, but is not limited to, certified copies of certificates or licenses which acknowledge that the person has the qualifications to practice acupuncture, issued to an applicant by the government of the Republic of China (Taiwan), People's Republic of China, Korea or Japan. Whenever possible, all copies of official diplomas, transcripts and licenses or certificates should be forwarded directly to the board from the issuing agency rather than from the applicant. Individuals not licensed by the listed countries must document their education by means of transcripts, diplomas, patient logs verified by the preceptor, or by other means requested by the board. Applicants for registration must have successfully completed the following training:

(1) The applicant must have completed a minimum or two academic years or 72 quarter credits of undergraduate college education in the general sciences and humanities prior to entering an acupuncture training program. The obtaining of a degree is not required for the educational credits to qualify. Credits granted by the college towards prior life experience will not be accepted under this requirement.

(2) The applicant must have successfully completed a course of didactic training in basic sciences and acupuncture over a period of two academic years. The basic science training must include a minimum of 250 hours or 21 quarter credits and include such subjects as anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and a survey in Western clinical sciences. The basic science classes must be equivalent to courses given in accredited bachelor of science programs. The acupuncture training must include a minimum of 700 hours or 58 quarter credits in acupuncture theory, and acupuncture diagnosis and treatment techniques. The board will not accept credits obtained on the basis of challenging an exam. Transfer credits from accredited colleges or board approved acupuncture programs will be accepted.

(3) The applicant must have successfully completed a course of clinical training in acupuncture over a period of one academic year. The training must include a minimum of 100 hours or 9 quarter credits of observation, which shall include case presentation and discussion. The observation portion of the clinical training may be conducted during the didactic training but will be considered part of the clinical training for calculation of hours or credits. There must also be a minimum of 350 hours or 29 quarter credits of supervised practice, consisting of 400 separate patient treatments. A minimum of 120 different patients must have been treated.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-100, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-100, filed 8/5/82. Formerly WAC 308-138-100.]

WAC 246-855-030 Acupuncture--Program approval. (1) Procedure. The board will consider for approval any school, program, apprenticeship or tutorial which meets the requirements outlined in this regulation and provides the training required under WAC 308-138B-100 - Acupuncture assistant education. Approval may be granted to an individual registration applicant's training, or to existing institutions which operate on a continuing basis. Clinical and didactic training may be approved as separate programs or as a joint program. The program approval process is as follows:

(a) Programs seeking approval shall file an application with the board in the format required by the board.

(b) The board will review the application and determine whether a site review is necessary (in the case of an institution) or an interview is appropriate (in the case of individual training) or approval may be granted on the basis of the application alone.

(c) The site review committee shall consist of two board members and one member of the board staff. The review committee may visit the program any time during school operating hours. The committee will report to the board in writing concerning the program's compliance with each section of the regulations.

(d) After reviewing all of the information collected concerning a program; the board may grant or deny approval, or grant approval conditional upon program modifications being made. In the event of denial or conditional approval, the program may request a hearing before the board. No approval shall be extended to an institution for more than three years, at which time a request for reapproval may be made.

(e) The board expects approved programs to not make changes which will result in the program not being in compliance with the regulations. Programs must notify the board concerning significant changes in administration, faculty or curriculum. The board may inspect the school at reasonable intervals to check for compliance. Program approval may be withdrawn, after a hearing, if the board finds the program no longer in compliance with the regulations.

(2) Didactic faculty. Didactic training may only be provided by persons who meet the criteria for faculty as stated in the council for postsecondary education's WAC 250-55-090 – Personal qualifications. Under no circumstances will an unregistered instructor perform or supervise the performance of acupuncture.

(3) Clinical faculty. Clinical training may be provided only by persons who meet the following criteria:

(a) The instructor must be a practitioner who has had a minimum of five years of full time acupuncture practice experience.

(b) If the training is conducted in this state, the practitioner must be registered to practice in this state. In the case of a school or program, the approval of the institution will include a review of the instructor's qualifications and the training arrangements. Approval of the instructors will extend to instruction conducted within the program.

(c) For training not conducted in this state to be acceptable, the instructor must be licensed by a state or country with equivalent license standards.

(4) Supervision of training. Clinical training in this state must be conducted under the general supervision of the instructor's sponsoring physician. During any given clinic period, the acupuncture instructor may not supervise more than four students. The number of students present during an observation session should be limited according to the judgment of the instructor. Supervision by the instructor during clinical training must be direct: Each diagnosis and treatment must be done with the knowledge and concurrence of the instructor. During at least the first 100 treatments, the instructor must be in the room during treatment. Thereafter, the instructor must at least be in the facility, available for consultation and assistance. An osteopathic physician may only supervise two acupuncture assistance instructors per clinical instruction period.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-030, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-105, filed 7/27/83.]

WAC 246-855-040 Osteopathic acupuncture physicians' assistant's examination. (1) Applicants for registration who have not been issued a license or certificate to practice acupuncture from the governments listed in RCW 18.57A.070, or from a country or state with equivalent standards of practice determined by the board, must pass the Washington acupuncture examination.

(2) A written and practical examination in English shall be given twice yearly for qualified applicants at a time and place determined by the board and shall examine the applicants' knowledge of anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and acupuncture.

(3) An applicant must be approved by the board at least forty-five days in advance of the scheduled examination date to be eligible to take the written portion of the examination. The applicant shall provide his or her own needles and other equipment necessary for demonstrating the applicant's skill and proficiency in acupuncture.

(4) An applicant must have successfully completed the written portion of the examination prior to being eligible for the practical examination.

(5) The passing score for the examination is a converted score of seventy-five.

(6) Applicants requesting to retake either the written or practical portion of the examination shall submit the request for reexamination at least forty-five days in advance of the scheduled examination date.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138B-110, filed 10/19/88. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-110, filed 8/5/82. Formerly WAC 308-138-110.]

WAC 246-855-050 Investigation. An applicant for an authorization to perform acupuncture shall, as part of his or her application, furnish written consent to an investigation of his or her personal background, professional training and experience by the board or any person acting on its behalf.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-130, filed 8/5/82. Formerly WAC 308-138-130.]

WAC 246-855-060 English fluency. Each applicant must demonstrate sufficient fluency in reading, speaking and understanding the English language to enable the applicant to communicate with supervising physicians and patients concerning health care problems and treatment.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-140, filed 8/5/82. Formerly WAC 308-138-140.]

WAC 246-855-070 Supervising physicians' knowledge of acupuncture. Osteopathic physicians applying for authorization to utilize the services of an osteopathic physician's acupuncture assistant shall demonstrate to

the board that the osteopathic physician possesses sufficient understanding of the application of acupuncture treatment, its contraindications and hazards so as to adequately supervise the practice of acupuncture.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-070, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-150, filed 8/5/82. Formerly WAC 308-138-150.]

WAC 246-855-080 Utilization. (1) Persons authorized as osteopathic physicians' acupuncture assistants shall be restricted in their activities to only those procedures which a duly licensed, supervising osteopathic physician may request them to do. Under no circumstances may an osteopathic physician's acupuncture assistant perform any diagnosis of patients or recommend or prescribe any forms of treatment or medication.

(2) An acupuncture assistant shall treat patients only under the direct supervision of a physician who is present on the same premises where the treatment is to be given.

(3) An osteopathic physician shall not employ or supervise more than one acupuncture assistant.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-160, filed 8/5/82. Formerly WAC 308-138-160.]

WAC 246-855-090 Prohibited techniques and tests. No osteopathic physician's acupuncture assistant may prescribe, order, or treat by any of the following means, modalities, or techniques:

(1) Diathermy treatments
(2) Ultrasound or sonopuncture treatments
(3) Infrared treatments
(4) Electromuscular stimulation for the purpose of stimulating muscle contraction
(5) X-rays
(6) Laboratory tests
(7) Laser puncture
(8) Dietary therapy
(9) Manipulative therapies
(10) Point injection therapy (aqua puncture)
(11) Herbal remedies.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138B-170, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18-.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-170, filed 2/7/84. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-170, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-170, filed 8/5/82. Formerly WAC 308-138-170.]

WAC 246-855-100 AIDS education and training. (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(3) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(4) Implementation. Effective January 1, 1989, the requirement for registration application, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (3) of this section.

(5) Documentation. The registration holder shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before the renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-100, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-180, filed 11/23/88.]

WAC 246-855-110 Application for registration. Effective January 1, 1989, persons applying for registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-138B-180.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-190, filed 11/23/88.]

WAC 246-855-120 Registration renewal requirement. On a one-time basis, effective January 1, 1989, all persons making application for registration renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-138B-180. Persons who are unable to verify compliance by their 1989 renewal date may, upon written application, be granted an extension to December 31, 1989.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as 246-855-120, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-200, filed 11/23/88.]

Chapter 246-915 WAC
PHYSICAL THERAPISTS

WAC

WAC 246-915-010 Definitions. For the purposes of administering chapter 18.74 RCW, the following terms are to be construed as set forth herein:

(1) The "performance of tests of neuromuscular function" includes the performance of electroneuromyographic examinations.

(2) "Consultation" means a communication regarding a patient's evaluation and proposed treatment plan with an authorized health care practitioner.

(3) "Supervisor" shall mean the licensed physical therapist.

(4) "Physical therapist assistant" shall mean an individual who shall have received an associate degree as a physical therapist assistant from an approved school, or a graduate of an approved school of physical therapy who has not been licensed to practice physical therapy in Washington state.

(5) "Physical therapist aide" shall mean an individual who shall have received on-the-job training from a physical therapist.

(6) "Immediate supervision" shall mean the supervisor is in audible or visual range of the patient and the person treating the patient.

(7) "Direct supervision" shall mean the supervisor is on the premises, is quickly and easily available and the patient has been examined by the physical therapist at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.

(8) "Indirect supervision" shall mean the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires, and consistent with the particular delegated health care task.

(9) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(10) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(11) "Spinal manipulation" or "manipulative mobilization" is defined as movement beyond the normal physiological range of motion.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-010, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-007, § 308-42-010, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-010, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-13-057 (Order PL 471), § 308-42-010, filed 6/19/84; Order PL 191, § 308-42-010, filed 5/29/75; Order 704207, § 308-42-010, filed 8/7/70, effective 9/15/70.]

WAC 246-915-020 Examinations—When held. (1) Examinations of applicants for licensure as physical therapists shall be held at least twice a year at the time and location prescribed by the board.

(2) Physical therapy students in their last year may apply for licensure by examination prior to graduation under the following circumstances:

(a) Receipt of a letter from an official, of their physical therapy school, verifying the probability of graduation prior to the date of the examination for which they are applying.

(b) Results of the examination will be withheld until a diploma, official transcript or certification letter from the registrar's office certifying completion of all requirements for degree or certificate in physical therapy is received by the department.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-020, filed 12/21/90, effective 1/31/91; 87-08-065 (Order PM 644), § 308-42-040, filed 4/1/87; 84-03-055 (Order PL 455), § 308-42-040, filed 1/18/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-040, filed 2/10/83; 79-05-035 (Order PL 302), § 308-42-040, filed 4/24/79; Order PL 191, § 308-42-040, filed 5/29/75; Order 704207, § 308-42-040, filed 8/7/70, effective 9/15/70.]

WAC 246-915-030 Examination. (1) The examination acceptable to and approved for use under the provisions of RCW 18.74.035 shall be the examination for physical therapists as recognized by the American Physical Therapy Association. A passing score is not less than sixty percent raw score on each of the three examination parts.

(2) If a candidate fails to receive a passing score on the examination, he or she will be required to retake only the section(s) failed.

(3) Where necessary, applicant's score will be rounded off to the nearest whole number.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-030, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. 90-16-070 (Order 074), § 308-42-045, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. 86-19-063 (Order PM 619), § 308-42-045, filed 9/16/86; 84-17-032 (Order PL 477), § 308-42-045, filed 8/8/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-045, filed 2/10/83; 81-19-071 (Order PL 384), § 308-42-045, filed 9/15/81; Order PL 191, § 308-42-045, filed 5/29/75.]

WAC 246-915-040 Reciprocity--Requirements for licensure. (1) Before reciprocity is extended to any individual licensed to practice physical therapy under the law of another state, territory, or District of Columbia, the board shall determine the qualifications of the applicant as prescribed by law based in part on the examination approved by the board with not less than sixty percent raw score on each of the three examination parts.

(2) If the decision to extend reciprocity is based on an examination other than the examination approved by the board, the board shall determine if such examination is equivalent to that required by the laws of this state.

(3) The board shall not recommend to the director that a person be licensed as a physical therapist under the reciprocity provisions of RCW 18.74.060, unless said applicant shall have taken and passed the examination approved by the board, or other examination equivalent to that required by the laws of this state.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-040, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. 90-16-070 (Order 074), § 308-42-060, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. 86-19-063 (Order PM 619), § 308-42-060, filed 9/16/86; 84-17-032 (Order PL 477), § 308-42-060, filed 8/8/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-060, filed 2/10/83; 81-19-071 (Order PL 384), § 308-42-060, filed 9/15/81; Order PL 191, § 308-42-060, filed 5/29/75; Order 704207, § 308-42-060, filed 8/7/70, effective 9/15/70.]

WAC 246-915-050 Reinstatement. [(1)] Any physical therapist who fails to renew the license within thirty days of the date set by the director for renewal shall automatically lapse. The licensee may, within three years from the date of lapse and upon recommendation of the board, request the license be revived by paying all back fees and a penalty fee determined by the director.

(2) If a license has lapsed more than three years, the license may be revived under the following conditions:

(a) The board may require reexamination of an applicant who has not been continuously engaged in lawful practice in another state or territory, or

(b) Waive reexamination in favor of evidence of continuing education satisfactory to the board.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-050, filed 12/21/90, effective 1/31/91; 84-03-055 (Order PL 455), § 308-42-070, filed 1/18/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-070, filed 2/10/83.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-915-060 Applications. Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the educational requirements of AIDS education as set forth in WAC 308-42-123.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-060, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-090, filed 11/7/88.]

WAC 246-915-070 Application due date. All examination applications must be submitted no later than sixty days prior to the examination.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-070, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.020. 79-05-035 (Order PL 302), § 308-42-110, filed 4/24/79.]

WAC 246-915-080 Renewal of license. (1) The annual license renewal date for physical therapists shall coincide with the licensee's birthdate. Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license to expire on their next birth anniversary date.

(2) Effective January 1, 1989, all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-42-123. Persons whose 1989 license expires on or before March 31, 1989, may, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement.

(3) Licensees are responsible for annual renewal of a license whether or not they receive notification from the department.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-080, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-008, § 308-42-120, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-120, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-03-055 (Order PL 455), § 308-42-120, filed 1/18/84. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-42-120, filed 3/24/80.]

WAC 246-915-090 Change of address or name--Notification of department. Any physical therapy licensee who moves from the address named in his or her application or license or who changes his or her name shall within 10 days thereafter notify the department in writing of his or her old and new addresses or of the former and new names.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-090, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-009, § 308-42-121, filed 10/6/89, effective 11/6/89.]

WAC 246-915-100 Approved physical therapy schools. The board adopts the standards of the American Physical Therapy Association for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher learning accredited by the American Physical Therapy Association will be considered qualified under RCW 18.74.030(2).

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-100, filed 12/21/90, effective 1/31/91; 85-10-002 (Order PL 525), § 308-42-122, filed 4/18/85.]

WAC 246-915-110 AIDS education and training. (1) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS.

Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(2) Implementation. Effective January 1, 1989, the requirement for licensure application, renewal, or reinstatement of any license on lapsed, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (1) of this section.

(3) Documentation. The licensee shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the education; and

(c) Be prepared to validate, through submission of these records, that education has taken place.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-110, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-123, filed 11/7/88.]

WAC 246-915-120 Applicants from unapproved schools. Applicants who have not graduated from a physical therapy program approved by the board must submit an application for review by the board. Supporting documentation will include but not be limited to:

(a) Official transcript from the physical therapy program showing degree date, and

(b) Evaluation report of transcripts from a credentialing service recognized by the board. If the qualifications are substantially equal to those required of graduates of board approved schools the applicant will be eligible to write the examination being administered in Washington: *Provided*, If the applicant has taken the examination recognized by the board in another state or territory, or District of Columbia and the scores reported meet Washington requirements, such applicant may be exempted from the examination in Washington at the discretion of the board.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-120, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-125, filed 6/19/84.]

WAC 246-915-130 Initial evaluation--Referral--Nonreferral--Recommendations--Follow-up. (1) Initial evaluation of a nonreferral patient shall include history, chief complaint, examination, and recommendation for treatment.

(2) Direct referral of a patient by an authorized health care practitioner may be by telephone, letter, or in person: *Provided, however*, If the instructions are oral, the physical therapist may administer treatment accordingly, but must make a notation for his/her record describing the nature of the treatment, the date administered, the name of the person receiving treatment, and the name of the referring authorized health care practitioner.

(3) The physical therapist will follow-up each referral or nonreferral with the appropriate recordkeeping as defined in WAC 308-42-160.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-130, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-130, filed 6/19/84.]

WAC 246-915-140 Supportive personnel--Supervision. Supervision of supportive personnel requires that the supervisor perform the following activities:

(1) Provide initial evaluation of the patient.

(2) Develop a treatment plan and program, including long and short-term goals.

(3) Assess the competence of supportive personnel to perform assigned tasks.

(4) Select and delegate appropriate portions of the treatment plan and program.

(5) Direct and supervise supportive personnel in delegated functions.

(6) Reevaluate the patient and adjust the treatment plan as acceptable physical therapy practice requires, consistent with the delegated health care task.

(7) Provide discharge planning.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-140, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-135, filed 8/8/84.]

WAC 246-915-150 Physical therapist assistant supervision ratio. The number of full time equivalent physical therapist assistants utilized in any physical therapy practice shall not exceed twice in number the full time equivalent licensed physical therapists practicing therein.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-150, filed 12/21/90, effective 1/31/91; 85-11-049 (Order PL 531), § 308-42-136, filed 5/16/85.]

WAC 246-915-160 Supportive personnel identification. All supportive personnel shall wear an identification badge identifying them as either a physical therapist assistant or a physical therapist aide as appropriate. Supportive personnel shall not use any term or designation which indicates or implies that he or she is licensed or registered in the state of Washington.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-160, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-140, filed 6/19/84.]

WAC 246-915-170 Special requirements for physical therapist assistant utilization. The physical therapist assistant may function under immediate, direct or indirect supervision if the following requirements are met:

(1) Patient reevaluation must be performed by a supervising licensed physical therapist every five visits or once a week if treatment is performed more than once a day.

(2) Any change in the patient's condition not consistent with planned progress or treatment goals necessitates a reevaluation by the licensed physical therapist before further treatment is carried out.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-170, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-19-007 (Order PM 859), § 308-42-145, filed 9/8/89, effective 10/9/89. Statutory Authority: RCW 18.74.023. 84-17-032 (Order PL 477), § 308-42-145, filed 8/8/84.]

WAC 246-915-180 Professional conduct principles. (1) The patient's lawful consent is to be obtained before any information related to the patient is released, except to the consulting or referring authorized health care practitioner and/or authorized governmental agency(s).

(a) Physical therapists are responsible for answering legitimate inquiries regarding a patient's physical dysfunction and treatment progress, and

(b) Information is to be provided to insurance companies for billing purposes only.

(2) Physical therapists are not to compensate to give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity in a news item. A paid advertisement is to be identified as such unless it is apparent from the context it is a paid advertisement.

(3) It is the licensee's responsibility to report any unprofessional, incompetent or illegal acts which are in violation of chapter 18.74 RCW or any rules established by the board.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-180, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-150, filed 6/19/84.]

WAC 246-915-190 Division of fees--Rebating--Financial interest--Endorsement. (1) Physical therapists are not to directly or indirectly request, receive or participate in the dividing, transferring, assigning, rebating or refunding of an unearned fee, or to profit by means of a credit or other valuable consideration such as an unearned commission, discount, or gratuity in connection with the furnishing of physical therapy services.

(2) Physical therapists who practice physical therapy as partners or in other business entities may pool fees and moneys received, either by the partnership or other entity, for the professional services furnished by any physical therapist member or employee of the partnership or entity. Physical therapists may divide or apportion the fees and moneys received by them, in the partnership or other business entity, in accordance with the partnership or other agreement.

(3) There shall be no rebate to any health care practitioner who refers or authorizes physical therapy treatment or evaluation as prohibited by chapter 19.68 RCW.

(4) Physical therapists are not to influence patients to rent or purchase any items which are not necessary for the patient's care.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-190, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-155, filed 6/19/84.]

WAC 246-915-200 Physical therapy records. In order to maintain the integrity of physical therapy practice, the physical therapist is responsible for obtaining all necessary information, such as medical history, contraindications or, if a direct referral from an authorized health care practitioner, special instructions. The physical therapist shall document the consultation of a nonreferral patient. The evaluation and treatment plan shall be written according to acceptable physical therapy practice consistent with the delegated health care task.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-200, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-160, filed 8/8/84.]

WAC 246-915-210 General provisions. (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Board" means the physical therapy board, whose address is:

Department of Licensing
Division of Professional Programs Management
P.O. Box 9649
Olympia, WA 98504

(5) "Physical therapist" means a person licensed pursuant to chapter 18.74 RCW.

(6) "Mentally or physically disabled physical therapist" means a physical therapist who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice physical therapy with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-210, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-210, filed 8/28/87.]

WAC 246-915-220 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report.

(b) The name and address and telephone numbers of the physical therapist being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-220, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-220, filed 8/28/87.]

WAC 246-915-230 Health care institutions. The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physical therapist's services are terminated or are restricted based on a determination that the physical therapist has either committed an act or acts which may constitute unprofessional conduct or that the physical therapist may be mentally or physically disabled.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-230, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-230, filed 8/28/87.]

WAC 246-915-240 Physical therapy associations or societies. The president or chief executive officer of any physical therapy association or society within this state shall report to the board when an association or society determines that a physical therapist has committed unprofessional conduct or that a physical therapist may not be able to practice physical therapy with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-240, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-240, filed 8/28/87.]

WAC 246-915-250 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the board all final determinations that a physical therapist has engaged in overcharging for services or has engaged in overutilization of services or has charged fees for services not actually provided.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-250, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-250, filed 8/28/87.]

WAC 246-915-260 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to physical therapists shall send a complete report of any malpractice settlement, award or payment as a result of a claim or action for damages alleged to have been caused by an insured physical therapist's incompetency or negligence in the practice of physical therapy.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-260, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-260, filed 8/28/87.]

WAC 246-915-270 Courts. The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all convictions of licensed physical therapists, other than minor traffic violations.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-270, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-270, filed 8/28/87.]

WAC 246-915-280 State and federal agencies. The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physical therapist is employed to provide patient care services, to report to the board whenever such a physical therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of physical therapy, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physical therapist.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-280, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-280, filed 8/28/87.]

WAC 246-915-990 Physical therapy fees. The following fees shall be charged by the professional licensing division of the department of licensing:

Title of Fee	Fee
Application—Examination (two or more parts–initial/retake)	$100.00
Application—Examination (one part–initial/retake)	60.00
Reciprocity application	100.00
License renewal	35.00
Late renewal penalty	35.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-915-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-42-075, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-42-075, filed 8/10/83. Formerly WAC 308-42-100.]

Chapter 246-920 WAC
PHYSICIANS AND SURGEONS--MEDICAL DISCIPLINARY BOARD

WAC

STANDARDS FOR PROFESSIONAL CONDUCT

WAC 246-920-020 Prescriptions—Schedule II stimulant drugs. (1) A physician shall be guilty of unprofessional conduct if he or she prescribes, orders, dispenses, administers, supplies or otherwise distributes any amphetamines or other Schedule II nonnarcotic stimulant drug to any person except for the therapeutic treatment of:

(a) Narcolepsy

(b) Hyperkinesis

(c) Brain dysfunction of sufficiently specific diagnosis, or etiology which clearly indicates the need for these substances in treatment or control

(d) Epilepsy

(e) Differential psychiatric evaluation of depression

(f) Depression shown to be refractory to other therapeutic modalities;

or for the clinical investigation of the effects of such drugs or compounds in which case an investigative protocol must be submitted to and reviewed and approved by the medical disciplinary board before the investigation has begun.

(2) A physician prescribing or otherwise distributing controlled substances as permitted by section 1 shall maintain a complete record which must include:

(a) Documentation of the diagnosis and reason for prescribing

(b) Name, dose, strength, and quantity of drug, and the date prescribed or distributed.

(3) The records required by section 2 shall be made available for inspection by the board or its authorized representative upon request.

(4) Schedule II stimulant drugs shall not be dispensed or prescribed for the treatment or control of exogenous obesity.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-020, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150(1). 79-02-044 (Order 296, Resolution No. 296), § 320-18-010, filed 1/29/79.]

WAC 246-920-030 Cooperation with investigation. (1) A physician must comply with a request for records, documents or explanation from an investigator who is acting on behalf of the board by submitting the requested items within fourteen calendar days of receipt of the request by the physician or the physician's attorney, whichever is first. If the physician fails to comply with the request within fourteen calendar days, the investigator shall contact the physician or the physician's attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the physician requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted only by the presiding officer.

(3) If the physician fails to comply with the request within three business days after the receipt of the reminder, then a subpoena shall be served upon the physician to obtain the requested items.

(4) If the physician fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(5) If the physician complies with the request after the issuance of the statement of charges, the board's assistant attorney general–prosecutor shall decide whether the charges based on RCW 18.130.180(8) will be prosecuted or settled. If the charges based on RCW 18.130.180(8) are to be settled, the settlement proposal shall be presented to the board or a duly constituted panel of the board for a decision on ratification and until ratified, the settlement is not final.

[Statutory Authority: RCW 18.72.150. 91–02–012 (Order 105B), recodified as § 246–920–030, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.130.050. 88–04–080 (Order PM 703), § 320–18–020, filed 2/3/88.]

WAC 246-920-040 Use of drugs or autotransfusion to enhance athletic ability. (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescribing, administering or dispensing of any substance or drug described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this rule shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.72.150. 91–02–012 (Order 105B), recodified as § 246–920–040, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.130.050(1). 88–14–112 (Order 744), § 320–18–030, filed 7/6/88.]

PRACTICE AND PROCEDURE

WAC 246-920-120 Construction. The term "Washington state medical disciplinary board" as used in chapter 320–08 WAC shall mean a duly constituted panel of the Washington state medical disciplinary board if a panel has been constituted to preside at the hearing. If a panel has not been so constituted, then the term "Washington state medical disciplinary board" shall mean the board or a quorum of the board.

[Statutory Authority: RCW 18.72.150. 91–02–012 (Order 105B), recodified as § 246–920–120, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87–14–053 (Order PM 660), § 320–08–001, filed 7/1/87.]

WAC 246-920-130 Responsibility for maintaining mailing address on file with the board. It is the responsibility of each licensee to maintain a current mailing address on file with the board. The mailing address on file with the board shall be used for mailing of all official matters from the board to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, then the board shall proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.72.150. 91–02–012 (Order 105B), recodified as § 246–920–130, filed 12/21/90, effective 1/21/91. Statutory Authority: Chapter 18.72 RCW. 90–20–049 (Order 092), § 320–08–002, filed 9/26/90, effective 10/27/90.]

WAC 246-920-140 Appearance and practice before agency--Who may appear. No person may appear in a representative capacity before the Washington state medical disciplinary board 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 the 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.

[Statutory Authority: RCW 18.72.150. 91–02–012 (Order 105B), recodified as § 246–920–140, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87–14–053 (Order PM 660), § 320–08–010, filed 7/1/87; Rule 320–08–010, filed 12/14/64.]

WAC 246-920-150 Appearance and practice before agency--Solicitation of business unethical. It shall be unethical for persons while acting as a representative of the Washington state medical disciplinary board to solicit business by circulars, advertisements or by personal communication or interviews not warranted by personal relations, provided that such representative may publish or circulate business cards. It is equally unethical to procure business indirectly by solicitors of any kind.

[Statutory Authority: RCW 18.72.150. 91–02–012 (Order 105B), recodified as § 246–920–150, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87–14–

053 (Order PM 660), § 320-08-030, filed 7/1/87; Rule 320-08-020, filed 12/14/64.]

WAC 246-920-160 Appearance and practice before agency--Standards of ethical conduct. All persons appearing in proceedings before the Washington state medical disciplinary board 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 Washington state medical disciplinary board may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-160, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-040, filed 7/1/87; Rule 320-08-030, filed 12/14/64.]

WAC 246-920-170 Appearance and practice before agency--Appearance by former member of attorney general's staff. No member of the attorney general's staff assigned to represent the Washington state medical disciplinary board may at any time after severing his employment with the attorney general appear, except with the written permission of the Washington state medical disciplinary board, in a representative capacity on behalf of other parties in a formal proceeding wherein he previously took an active part in the investigation as a representative of the Washington state medical disciplinary board.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-170, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-050, filed 7/1/87; Rule 320-08-040, filed 12/14/64.]

WAC 246-920-180 Appearance and practice before agency--Former employee and board member as witness. No former employee of the board or department of licensing or former board member shall, at any time after severing employment or serving as a board member, appear as a witness on behalf of parties other than the board or the department of licensing in a formal proceeding wherein he or she previously took an active part in the investigation or deliberation as a representative of the board or the department of licensing, except with the written permission of the board.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-180, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-055, filed 7/1/87.]

WAC 246-920-190 Computation of time. In computing any period of time prescribed or allowed by the board rules, by order of the Washington state medical disciplinary board 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-190, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-070, filed 7/1/87; Rule 320-08-050, filed 12/14/64.]

WAC 246-920-200 Notice and opportunity for hearing in contested cases. In any case involving a charge of unprofessional conduct, the party shall be served with a notice of hearing at least twenty days before the date set for the hearing. The notice shall state the time, place, and issues involved, as required by RCW 34.04.090(1).

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-200, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-080, filed 7/1/87; Rule 320-08-060, filed 12/14/64.]

WAC 246-920-210 Service of process--By whom served. The Washington state medical disciplinary board 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-210, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-090, filed 7/1/87; Rule 320-08-070, filed 12/14/64.]

WAC 246-920-220 Service of process--Upon whom served. All papers served by either the Washington state medical disciplinary board or any party shall be served upon all counsel of record at the time of such filing and upon parties not represented by counsel. 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-220, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-100, filed 7/1/87; Rule 320-08-080, filed 12/14/64.]

WAC 246-920-230 Service of process--Service upon parties. The final order, and any other paper required to be served by the Washington state medical disciplinary board upon a party, shall be served upon such party and a copy shall be furnished to counsel of record.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-230, filed 12/21/90, effective 1/21/91; Rule 320-08-090, filed 12/14/64.]

WAC 246-920-240 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-240, filed 12/21/90, effective 1/21/91; Rule 320-08-100, filed 12/14/64.]

WAC 246-920-250 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-250, filed 12/21/90, effective 1/21/91; Rule 320-08-110, filed 12/14/64.]

WAC 246-920-260 Service of process--Filing with Washington state medical disciplinary board. Papers required to be filed with the Washington state medical disciplinary board shall be deemed filed upon actual receipt by the Washington state medical disciplinary board at its office accompanied by proof of service upon parties required to be served.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-260, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-140, filed 7/1/87; Rule 320-08-120, filed 12/14/64.]

WAC 246-920-270 Subpoenas where provided by law--Form. Every subpoena shall state the name of the Washington state medical disciplinary 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-270, filed 12/21/90, effective 1/21/91; Rule 320-08-130, filed 12/14/64.]

WAC 246-920-280 Subpoenas where provided by law--Issuance to parties. The Washington state medical disciplinary board may issue subpoenas to parties not represented by counsel upon request or upon a showing of general relevance and reasonable scope of the testimony or evidence sought.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-280, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-160, filed 7/1/87; Rule 320-08-140, filed 12/14/64.]

WAC 246-920-290 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 the fees for one day's attendance and the mileage allowed by law.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-290, filed 12/21/90, effective 1/21/91; Rule 320-08-150, filed 12/14/64.]

WAC 246-920-300 Subpoenas where provided by law--Fees. Witnesses summoned before the Washington state medical disciplinary board 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-300, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-180, filed 7/1/87; Rule 320-08-160, filed 12/14/64.]

WAC 246-920-310 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 Washington state medical disciplinary board before whom the witness is required to testify or produce evidence. Failure to make proof of service does not affect the validity of the service.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-310, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-190, filed 7/1/87; Rule 320-08-170, filed 12/14/64.]

WAC 246-920-320 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 Washington state medical disciplinary board 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-320, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-200, filed 7/1/87; Rule 320-08-180, filed 12/14/64.]

WAC 246-920-330 Subpoenas where provided by law--Enforcement. Upon application and for good cause shown, the Washington state medical disciplinary board will seek judicial enforcement of subpoenas issued to parties and which have not been quashed.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-330, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-210, filed 7/1/87; Rule 320-08-190, filed 12/14/64.]

WAC 246-920-340 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-340, filed 12/21/90, effective 1/21/91; Rule 320-08-200, filed 12/14/64.]

WAC 246-920-350 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 specification of charges and notice of hearing. 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-350, filed 12/21/90, effective 1/21/91; Rule 320-08-210, filed 12/14/64.]

WAC 246-920-360 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-360, filed 12/21/90, effective 1/21/91; Rule 320-08-220, filed 12/14/64.]

WAC 246-920-370 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 Washington state medical disciplinary board or agreed upon by the parties by stipulation in writing filed with the Washington state medical disciplinary board.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-370, filed 12/21/90, effective 1/21/91; Rule 320-08-230, filed 12/14/64.]

WAC 246-920-380 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 Washington state medical disciplinary board 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 board 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-380, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-260, filed 7/1/87; Rule 320-08-240, filed 12/14/64.]

WAC 246-920-390 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 Washington state medical disciplinary board may make an order that the deposition shall not be taken, or that it may be taken only at some designated place other than that stated in the notice, or that it may be taken only on written interrogatories, or that certain matters shall not be inquired into, or that the scope of the examination shall be limited to certain matters, or that the examination shall be limited to certain matters, or that the examination shall be held with no one present except the party or parties to the action and his or their counsel, or that after being sealed, the deposition shall be opened only by order of the Washington state medical disciplinary board, or that the parties shall simultaneously file specified documents or information enclosed in sealed envelopes to be opened as directed by the Washington state medical disciplinary board or it 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 Washington state medical disciplinary board 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 Washington state medical disciplinary board. 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-390, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-270, filed 7/1/87; Rule 320-08-250, filed 12/14/64.]

WAC 246-920-400 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-400, filed 12/21/90, effective 1/21/91; Rule 320-08-260, filed 12/14/64.]

WAC 246-920-410 Depositions and interrogatories in contested cases--Recordation. The officer before whom the deposition is to be taken shall put the witness on 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-410, filed 12/21/90, effective 1/21/91; Rule 320-08-270, filed 12/14/64.]

WAC 246-920-420 Depositions and interrogatories in contested cases--Signing attestation and return. (1) 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 Washington state medical disciplinary board holds that the reasons given for the refusal to sign require rejection of the deposition in whole or in part.

(2) 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 endorsed with the title of proceeding and marked "Deposition of (here insert name of witness)" and shall promptly send it by registered or certified mail to the Washington state medical disciplinary board, 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-420, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-300, filed 7/1/87; Rule 320-08-280, filed 12/14/64.]

WAC 246-920-430 Depositions and interrogatories in contested cases--Use and effect. Subject to rulings by the board 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 board upon its own motion or the motion of any party. Except by agreement of the parties or ruling of the board, 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-430, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-310, filed 7/1/87; Rule 320-08-290, filed 12/14/64.]

WAC 246-920-440 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-440, filed 12/21/90, effective 1/21/91; Rule 320-08-300, filed 12/14/64.]

WAC 246-920-450 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-450, filed 12/21/90, effective 1/21/91; Rule 320-08-310, filed 12/14/64.]

WAC 246-920-460 Depositions upon interrogatories--Interrogation. Where the interrogatories are forwarded to an officer authorized to administer oaths as provided in WAC 320-08-250 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-460, filed 12/21/90, effective 1/21/91; Rule 320-08-320, filed 12/14/64.]

WAC 246-920-470 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 Washington state medical disciplinary board, one copy to the counsel who submitted the interrogatories and another copy to the deponent.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-470, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-350, filed 7/1/87; Rule 320-08-330, filed 12/14/64.]

WAC 246-920-480 Depositions upon interrogatories--Provisions of deposition rule. In all other respects, depositions upon interrogatories shall be governed by the previous deposition rule.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-480, filed 12/21/90, effective 1/21/91; Rule 320-08-340, filed 12/14/64.]

WAC 246-920-490 Official notice--Matters of law. The Washington state medical disciplinary board, 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 Washington state medical disciplinary board's organization, administration, officers, personnel, official publications, and practitioners before its bar.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-490, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-370, filed 7/1/87; Rule 320-08-350, filed 12/14/64.]

WAC 246-920-500 Official notice--Material facts. In the absence of controverting evidence, the Washington state medical disciplinary board, upon request made before or during a hearing, may officially notice:

(1) AGENCY PROCEEDINGS. The pendency of, the issues and position[s] of the parties therein, and the disposition of any proceeding then pending before or theretofore concluded by the Washington state medical disciplinary board;

(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 Washington state medical disciplinary board, 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 Washington state medical disciplinary board 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 Washington state medical disciplinary board 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 Washington state medical disciplinary board 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 Washington state medical disciplinary board from utilizing their experience, technical competence, and specialized knowledge in the evaluation of the evidence presented to them.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-500, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-380, filed 7/1/87; Rule 320-08-360, filed 12/14/64.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems

ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-920-510 Presumptions. Upon proof of the predicate facts specified in the following six subdivisions hereof without substantial dispute and by direct, clear, and convincing evidence, the Washington state medical disciplinary board, 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. 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 coexists with the fact presumed;

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

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

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-510, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-390, filed 7/1/87; Rule 320-08-370, filed 12/14/64.]

WAC 246-920-520 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 party or 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 Washington state medical disciplinary board 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-520, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-400, filed 7/1/87; Rule 320-08-380, filed 12/14/64.]

WAC 246-920-530 Form and content of decisions in contested cases. Every decision and order 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, the conclusions of law shall include the reason or reasons for the particular order or remedy afforded;

(6) Wherever practical, the conclusions and/or order shall be referenced to specific provisions of the law and/or regulations appropriate thereto, together with reasons and precedents relied upon to support the same.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-530, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-410, filed 7/1/87; Rule 320-08-390, filed 12/14/64.]

WAC 246-920-540 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 may proceed promptly to conduct the hearing on relevant and material matter only.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-540, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-420, filed 7/1/87; Rule 320-08-400, filed 12/14/64.]

WAC 246-920-550 Prehearing conference rule--Authorized. In any proceeding the Washington state medical disciplinary board, upon its own motion, or upon the motion of the party or parties or their counsel, may in its discretion direct the parties or their counsel 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-550, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-430, filed 7/1/87; Rule 320-08-410, filed 12/14/64.]

WAC 246-920-560 Prehearing conference rule--Record of conference action. The Washington state medical disciplinary board 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 party or parties or their counsel 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-560, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-440, filed 7/1/87; Rule 320-08-420, filed 12/14/64.]

WAC 246-920-570 Motions. Any and all preliminary motions shall be filed in writing with the executive secretary of the board and a copy delivered to opposing counsel/party no later than fifteen days prior to the board meeting preceding the board meeting at which the hearing is to occur. The opposing counsel/party shall file in writing a response to the motion with the executive secretary of the board and deliver a copy to the moving party within five days after receipt of the motion.

Motions shall be scheduled for argument at the next board meeting after the motion and response have been filed or if the parties waive argument, the board shall decide the motion on the basis of the written motion and response.

The chairman of the board or his or her designee, who shall be a board member, may waive the time requirements for the filing of motions and response to motions if good cause for such waiver is shown.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-570, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-445, filed 7/1/87.]

WAC 246-920-580 Submission of documentary evidence in advance. Where practicable the Washington state medical disciplinary board may require:

(1) That all documentary evidence which is to be offered during the taking of evidence be submitted to the board and to the other parties 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-580, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-450, filed 7/1/87; Rule 320-08-430, filed 12/14/64.]

WAC 246-920-590 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 board and to the other party or 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-590, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-460, filed 7/1/87; Rule 320-08-440, filed 12/14/64.]

WAC 246-920-600 Expert or opinion testimony and testimony based on economic and statistical data--Number and qualifications of witnesses. That the board in all cases where practicable make an effort to have the party or 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 parties cannot agree, require them to submit to the board and to the other party or parties written statements containing the names, addresses and qualifications of their respective opinion or expert witnesses, by a date determined by the board and fixed sufficiently in advance of the hearing to permit the other parties to investigate such qualifications.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-600, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-470, filed 7/1/87; Rule 320-08-450, filed 12/14/64.]

WAC 246-920-610 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 or her knowledge, notify the executive secretary of the Washington state medical disciplinary board and the opposing counsel of said desire. The board's executive secretary shall arrange to have the request for a continuance heard by the presiding officer of the hearing or his or her designee and at a board meeting, if possible. The presiding officer or the designee, in passing upon a request for continuance, shall consider whether such request was promptly and timely made. Except in cases of emergency, a request for a continuance is not promptly and timely made if made

less than thirty days prior to the hearing date. For purposes of this rule, an emergency is defined as an unforeseen and unforeseeable event or circumstance. For good cause shown, the presiding officer or the designee may grant a continuance promptly and timely made and may at any time order a continuance upon his or her own motion. The presiding officer or the designee may grant a request for an emergency continuance for good cause shown and only upon a showing that the request could not have been made earlier as a result of unforeseen and unforeseeable events or circumstances. 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 presiding officer may in his or her 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-610, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-510, filed 7/1/87; Rule 320-08-460, filed 12/14/64.]

WAC 246-920-620 Rules of evidence--Admissibility criteria. Subject to the other provisions of these rules, all relevant evidence is admissible which, in the opinion of the board, is the best evidence reasonably obtainable, having due regard for its necessity, availability and trustworthiness. In passing upon the admissibility of evidence, the board 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-620, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-520, filed 7/1/87; Rule 320-08-470, filed 12/14/64.]

WAC 246-920-630 Rules of evidence--Tentative admission--Exclusion--Discontinuance--Objections. When objection is made to the admissibility of evidence, such evidence may be received subject to a later ruling. The board may, in its 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-630, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-530, filed 7/1/87; Rule 320-08-480, filed 12/14/64.]

WAC 246-920-640 Petitions for rule making, amendment or repeal--Who may petition. Any interested person may petition the Washington state medical disciplinary board requesting the promulgation, amendment, or repeal of any rule.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-640, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-540, filed 7/1/87; Rule 320-08-490, filed 12/14/64.]

WAC 246-920-650 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 affect, 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.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-650, filed 12/21/90, effective 1/21/91; Rule 320-08-500, filed 12/14/64.]

WAC 246-920-660 Petitions for rule making, amendment or repeal--Agency must consider. All petitions shall be considered by the Washington state medical disciplinary board and the Washington state medical disciplinary board may, in its discretion, order a hearing for the further consideration and discussion of the requested promulgation, amendment, repeal, or modification of any rule.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-660, filed 12/21/90, effective 1/21/91; Rule 320-08-510, filed 12/14/64.]

WAC 246-920-670 Petitions for rule making, amendment or repeal--Notice of disposition. The Washington state medical disciplinary board shall notify the petitioning party within a reasonable time of the disposition, if any, of the petition.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-670, filed 12/21/90, effective 1/21/91; Rule 320-08-520, filed 12/14/64.]

WAC 246-920-680 Declaratory rulings. (1) As prescribed by RCW 34.04.080, any interested person may petition the Washington state medical disciplinary board for a declaratory ruling. The Washington state medical disciplinary board shall consider the petition and within a reasonable time the Washington state medical disciplinary board shall:

(a) Issue a nonbinding declaratory ruling; or

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

(c) 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.

(2) If a hearing as provided in subsection (c) is conducted, the Washington state medical disciplinary board shall within a reasonable time:

(a) Issue a binding declaratory rule; or

(b) Issue a nonbinding declaratory ruling; or

(c) Notify the person that no declaratory ruling is to be issued.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-680, filed 12/21/90, effective 1/21/91; Rule 320-08-530, filed 12/14/64.]

WAC 246-920-690 Forms. (1) Any interested person petitioning the Washington state medical disciplinary board 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 Washington state medical disciplinary board," 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 Washington state medical disciplinary board. 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 Washington state medical disciplinary board 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 Washington state medical disciplinary board." 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 following 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.

(3) 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 Washington state medical disciplinary board. Petitions shall be on white paper, either 8-1/2" x 11" or 8-1/2" x 13" in size.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-690, filed 12/21/90, effective 1/21/91; Rule 320-08-540, filed 12/14/64.]

MANDATORY REPORTING

WAC 246-920-710 General provisions. (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.72.030 for conduct occurring before June 11, 1986 and the conduct described in RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Board" means the medical disciplinary board, whose address is:

Department of Licensing
Business and Professions Administration
P.O. Box 9649
Olympia, WA 98504

(5) "Physician" means a physician licensed pursuant to chapter 18.71 RCW.

(6) "Mentally or physically disabled physician" means a physician who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-710, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-047 (Order PM 659), § 320-20-010, filed 6/30/87. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-010, filed 10/29/80, effective 1/1/81.]

WAC 246-920-720 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report.

(b) The name and address and telephone numbers of the physician being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

(3) The mandatory reporting shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept for the confidential use of the board as provided in the Medical Disciplinary Act and shall not be subject to subpoena or discovery proceedings in any civil action as provided in RCW 4.24.250, and shall be exempt from public disclosure pursuant to chapter 42.17 RCW except for review as provided in RCW 18.72.265(2).

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-720, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-047 (Order PM 659), § 320-20-020, filed 6/30/87. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-020, filed 10/29/80, effective 1/1/81.]

WAC 246-920-730 Health care institutions other than hospitals. The chief administrator or executive officer of any health care institutions, which includes, but is not limited to, clinics and nursing homes, shall report to the board when any physician's clinical privileges are terminated or are restricted based on a determination, in accordance with an institution's bylaws, that a physician has either committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically disabled. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically disabled.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-730, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-047 (Order PM 659), § 320-20-030, filed 6/30/87. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-030, filed 10/29/80, effective 1/1/81.]

WAC 246-920-740 Medical associations or societies. The president or chief executive officer of any medical association or society within this state shall report to the board when a medical society hearing panel or committee determines that a physician has committed unprofessional conduct or that a physician may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-740, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-040, filed 10/29/80, effective 1/1/81.]

WAC 246-920-750 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the board all final determinations that a physician has engaged in flagrant overcharging for medical services or has flagrantly engaged in overutilization of medical services or has charged fees for medical services not actually provided.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-750, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-050, filed 10/29/80, effective 1/1/81.]

WAC 246-920-760 Courts. The board requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of licensed medical doctors, other than minor traffic violations.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-760, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-070, filed 10/29/80, effective 1/1/81.]

WAC 246-920-770 State and federal agencies. The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physician is employed to provide patient care services, to report to the board whenever such a physician has been judged to have demonstrated his/her incompetency or negligence in the practice of medicine, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physician.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-770, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-080, filed 10/29/80, effective 1/1/81.]

WAC 246-920-780 Professional standards review organizations. When authorized by federal law, every professional standards review organization operating within the state of Washington shall report to the board any determinations that a physician has engaged or is engaging in consistent, excessive utilization of any medical or surgical test, treatment or procedure when such procedures are clearly not called for under the circumstances in which such services were provided.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-780, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-090, filed 10/29/80, effective 1/1/81.]

ELECTION OF BOARD MEMBERS

WAC 246-920-820 Election years in congressional districts. Election of board members in even numbered congressional districts shall be held in even numbered years, and election of board members of odd numbered congressional districts shall be held in odd numbered years.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-820, filed 12/21/90, effective 1/21/91; Rule 320-12-010, filed 12/14/64.]

WAC 246-920-830 Residential requirement. In order for a licensed physician to be eligible to be a candidate for a term of office as a member of the medical disciplinary board, he must be a resident of the congressional district in which he is nominated.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-830, filed 12/21/90, effective 1/21/91; Rule 320-12-020, filed 12/14/64.]

WAC 246-920-840 Nominating petitions. Nominating petitions shall be signed by not less than twenty-five licensed physicians residing in the congressional district in which the nominee resides. The nominating petitions shall be distributed by the department of licensing the first Monday in May and must be returned to the department by the third Monday in June. Nominating petitions will be provided by the department of licensing to Washington state medical association, to the chief of the medical staff of Washington licensed hospitals, the county clerk of each county, [and] the local medical societies.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-840, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-047 (Order PM 659), § 320-12-030, filed 6/30/87. Statutory Authority: RCW 18.72.150. 82-01-066 (Order PL 388), § 320-12-030, filed 12/18/81; Rule 320-12-030, filed 12/14/64.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-920-850 Eligibility requirement in elections. In order for a licensed physician to be eligible to vote in an election for the selection of a member of the disciplinary board, the physician must live in the congressional district of the candidate for whom the physician desires to vote, and must hold a current valid registration for the year in which the election is held, except in cases where the voter is in the military service where no current fee is required by law.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-850, filed 12/21/90, effective 1/21/91; 82-01-066 (Order PL 388), § 320-12-040, filed 12/18/81; Rule 320-12-040, filed 12/14/64.]

WAC 246-920-860 Time of election--Ballots. The election shall be held on the second Monday in September. Ballots for the election of a member to the medical disciplinary board from each congressional district shall be sent to the physicians residing in each congressional district not later than the second Monday in August and must be returned to the election commission in the department of licensing in Olympia, Washington, by the second Monday in September.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-860, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-047 (Order PM 659), § 320-12-050, filed 6/30/87. Statutory Authority: RCW 18.72.150. 82-01-066 (Order PL 388), § 320-12-050, filed 12/18/81; Rule 320-12-050, filed 12/14/64.]

WAC 246-920-870 Identification by congressional district. In order for the physician's vote to be valid, each physician must print his or her name on the mailing envelope, which is returned to the department of licensing in Olympia, so that the name of each physician voting in the election may be checked off the list of eligible voters.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-870, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-047 (Order PM 659), § 320-12-060, filed 6/30/87. Statutory Authority: RCW 18.72.150. 82-01-066 (Order PL 388), § 320-12-060, filed 12/18/81; Rule 320-12-060, filed 12/14/64.]

WAC 246-920-880 Ballots. Voting shall be by secret ballot which shall be enclosed in a separate envelope and neither the ballot nor the ballot envelope shall contain any signature or identifying mark whereby the identity of the voter can be ascertained. Mailing envelopes, ballot envelopes and ballots will be provided by the department of licensing.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-880, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-047 (Order PM 659), § 320-12-070, filed 6/30/87. Statutory Authority: RCW 18.72.150. 82-01-066 (Order PL 388), § 320-12-070, filed 12/18/81; Rule 320-12-070, filed 12/14/64.]

WAC 246-920-890 Canvassing and certification. Immediately after the election date in September of each year, the election commission will canvass and certify the final vote prior to October 1st of each year, the date upon which the term of office of members of the disciplinary board commences.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-890, filed 12/21/90, effective 1/21/91; Rule 320-12-080, filed 12/14/64.]

Chapter 246-926 WAC
RADIOLOGICAL TECHNOLOGISTS

WAC

WAC 246-926-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Radiological technologist" means a person certified pursuant to chapter 18.84 RCW.

(6) "Mentally or physically disabled radiological technologist" means a radiological technologist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice radiological technology with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-010, filed 6/30/89.]

WAC 246-926-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, profession, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the radiological technologist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-020, filed 6/30/89.]

WAC 246-926-040 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any radiological technologist's services are terminated or are restricted based on a determination that the radiological technologist has either committed an act or acts which may constitute unprofessional conduct or that the radiological technologist may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-030, filed 6/30/89.]

WAC 246-926-050 Radiological technologist associations or societies. The president or chief executive officer of any radiological technologist association or society within this state shall report to the department when the association or society determines that a radiological technologist has committed unprofessional conduct or that a radiological technologist may not be able to practice radiological technology with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-040, filed 6/30/89.]

WAC 246-926-060 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to radiological technologists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured radiological technologist's incompetency or negligence in the practice of radiology technology. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the radiological technologist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-050, filed 6/30/89.]

WAC 246-926-070 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified radiological technologists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-060, filed 6/30/89.]

WAC 246-926-080 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a radiological technologist is employed to provide client care services, to report to the department whenever such a radiological technologist has been judged to have demonstrated his/her incompetency or negligence in the practice of radiological technology, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled radiological technologist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-070, filed 6/30/89.]

WAC 246-926-090 Cooperation with investigation. (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-080, filed 6/30/89.]

WAC 246-926-100 Definitions--Alternative training radiologic technologists. (1) Definitions. For the purposes of certifying radiologic technologists by alternative training methods the following definitions shall apply:

(a) "One quarter credit hour" equals eleven "contact hours";

(b) "One semester credit hour" equals sixteen contact hours;

(c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;

(d) "One clinical year" is considered to be 1900 contact hours.

(e) "Immediate supervision" means the radiologist or nuclear medicine physician is in audible or visual range of the patient and the person treating the patient.

(f) "Direct supervision" means the supervisory clinical evaluator is on the premises, is quickly and easily available.

(g) "Indirect supervision" means the supervising radiologist or nuclear medicine physician is on site no less than half-time.

(h) "Allied health care profession" means an occupation for which programs are accredited by the American Medical Association Committee on Allied Health Education and Accreditation, Sixteenth Edition of the Allied Health Education Directory, 1988 or a previous edition.

(i) "Formal education" shall be obtained in postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Committee on Allied Health Education and Accreditation of the American Medical Association.

(2) Clinical practice experience shall be supervised and verified by the approved clinical evaluators who must be:

(a) A certified radiologic technologist designated in the specialty area the individual is requesting certification who provides direct supervision; and

(b) A radiologist for those individuals requesting certification in practice of diagnostic radiologic technology or therapeutic radiologic technology; or for those individuals requesting certification as a nuclear medicine technologist, a physician specialist in nuclear medicine who provides indirect supervision. The physician supervisor shall routinely critique the films and evaluate the quality of the trainees' work.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-090, filed 12/9/88.]

WAC 246-926-110 Diagnostic radiologic technologist--Alternative training. An individual must possess the following alternative training qualifications to be certified as a diagnostic radiologic technologist.

(1) Have obtained a high school diploma or GED equivalent, a minimum of four clinical years supervised practice experience in radiography, and completed the course content areas outlined in subsection (2) of this section; or have obtained an associate or higher degree in an allied health care profession or meets the requirements for certification as a therapeutic radiologic technologist or nuclear medicine technologist, have obtained a minimum of three clinical years supervised practice experience in radiography, and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained directly by supervised clinical practice experience: Introduction to radiography, medical ethics and law, medical terminology, methods of patient care, radiographic procedures, radiographic film processing, evaluation of radiographs, radiographic pathology, introduction to quality assurance, and introduction to computer literacy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology – 100 contact hours; principles of radiographic exposure – 45 contact hours; imaging equipment – 40 contact hours; radiation physics, principles of radiation protection, and principles of radiation biology – 40 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the director.

(4) Individuals who are registered as a diagnostic radiologic technologist with the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-100, filed 12/9/88.]

WAC 246-926-120 Therapeutic radiologic technologist--Alternative training. An individual must possess the following alternative training qualifications to be certified as a therapeutic radiologic technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, or allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or nuclear medicine technologist; have obtained a minimum of five clinical years supervised practice experience in therapeutic radiologic technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Orientation to radiation therapy technology, medical ethics and law, methods of patient care, computer applications, and medical terminology. At least fifty percent of the clinical practice experience must have been in operating a linear accelerator. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology – 100 contact hours; oncologic pathology – 22 contact hours; radiation oncology – 22 contact hours; radiobiology, radiation protection, and radiographic imaging – 73 contact hours; mathematics (college level algebra or above) – 55 contact hours; radiation physics – 66 contact hours; radiation oncology technique – 77 contact hours; clinical dosimetry – 150 contact hours; quality assurance – 12 contact hours; and hyperthermia – 4 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the director.

(4) Individuals who are registered as a therapeutic radiologic technologist by the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-110, filed 12/9/88.]

WAC 246-926-130 Nuclear medicine technologist--Alternative training. An individual must possess the following alternative training qualifications to be certified as a nuclear medicine technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or a therapeutic radiologic technologist; have obtained a minimum of four clinical years supervised practice experience in nuclear medicine technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Methods of patient care, computer applications, department organization and function, nuclear medicine in-vivo and in-vitro procedures, and radionuclide therapy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Radiation safety and protection – 10 contact hours; radiation biology – 10 contact hours; nuclear medicine physics and radiation physics – 80 contact hours; nuclear medicine instrumentation – 22 contact hours; statistics – 10 contact hours; radionuclide chemistry and radiopharmacology – 22 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the director.

(4) Individuals who are registered as a nuclear medicine technologist with the American Registry of Radiologic Technologists or with the nuclear medicine technology certifying board shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-120, filed 12/9/88.]

WAC 246-926-140 Approved schools. Approved schools and standards of instruction for diagnostic radiologic technologist, therapeutic radiologic technologist, and nuclear medicine technologist are those recognized as radiography, radiation therapy technology, and nuclear medicine technology educational programs that have obtained accreditation from the Committee on Allied Health Education and Accreditation of the American Medical Association as recognized in the publication Allied Health Education Directory, Sixteenth Edition, published by the American Medical Association, 1988 or any previous edition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.]

WAC 246-926-150 Certification designation. A certificate shall be designated in a particular field of radiologic technology by:

(1) The educational program completed; diagnostic radiologic technologist – radiography program; therapeutic radiologic technologist – radiation therapy technology program; and nuclear medicine technologist – nuclear medicine technology program; or

(2) By meeting the alternative training requirements established in WAC 308-183-100, 308-183-110, or 308-183-120.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-140, filed 12/9/88.]

WAC 246-926-160 Certification renewal registration date. (1) Individuals receiving initial certification will be issued a certificate to expire on their next birth date.

(2) Certifications shall be renewed upon a biennial basis on or before the individual's birth date. Certifications not renewed on or before the individual's biennial birth date shall expire immediately. Any representation engaged in after a certification has expired shall be deemed unauthorized representation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-150, filed 12/9/88.]

WAC 246-926-170 Reinstatement fee assessment. A certificate which has lapsed for three years may be reinstated by paying a reinstatement fee and demonstrating competence by the standards established by the director. A single reinstatement fee shall be assessed for the lapsed certification period.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-160, filed 12/9/88.]

WAC 246-926-180 Contrast media administration guidelines. A certified radiologic diagnostic technologist may administer radiopaque diagnostic agents under the direction and immediate supervision of a radiologist if the following guidelines are met:

(1) The radiologic technologist has had the prerequisite training and thorough knowledge of the particular procedure to be performed;

(2) Appropriate facilities are available for coping with any complication of the procedure as well as for emergency treatment of severe reactions to the contrast agent itself, including the ready availability of appropriate resuscitative drugs, equipment, and personnel; and

(3) After parenteral administration of a radiopaque agent, competent personnel and emergency facilities shall be available for at least thirty minutes in case of a delayed reaction.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

WAC 246-926-190 State examination/examination waiver/examination application deadline. (1) The American Registry of Radiologic Technologists certification examinations for radiography, radiation therapy technology, and nuclear medicine technology shall be the state examinations for certification as a radiologic technologist.

(a) The examination for certification as a radiologic technologist shall be conducted three times a year in the state of Washington, in March, July, and October.

(b) The examination shall be conducted in accordance with the American Registry of Radiologic Technologists security measures and contract.

(c) Examination candidates shall be advised of the results of their examination in writing.

(2) Applicants taking the state examination must submit the application, supporting documents, and fees to the department of licensing no later than the fifteenth day of December, for the March examination; the fifteenth day of April, for the July examination; and the fifteenth day of July, for the October examination.

(3) A scaled score of seventy-five is required to pass the examination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-190, filed 12/9/88.]

WAC 246-926-200 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to

April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-183-200, filed 11/2/88.]

WAC 246-926-990 Fees--Radiologic technologists. The figures below are the fees to be charged radiologic technologists to cover the costs of the program.

Application	$ 50.00
Duplicate license	15.00
Verification/certification	25.00
Renewal	50.00
Late renewal penalty	25.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-180, filed 12/9/88.]

Chapter 246-928 WAC
RESPIRATORY CARE PRACTITIONERS

WAC

WAC 246-928-020 Recognized educational programs--Respiratory care practitioners. Approved courses of instruction for respiratory care practitioners are recognized as the respiratory therapy technician and respiratory therapy education programs that have obtained accreditation from the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the Joint Review Committee for Respiratory Therapy Education as recognized in the publication *Respiratory Therapy Educational Programs* published by the Joint Review Committee for Respiratory Therapy Education, revised May, 1987.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-020, filed 4/27/88.]

WAC 246-928-030 State examination--Examination waiver--Examination application deadline. (1) The entry level certification examination of the National Board of Respiratory Care, Inc. shall be the official examination for certification as a respiratory care practitioner.

(a) The examination for certification as a respiratory care practitioner shall be conducted three times a year in the state of Washington, in March, July, and November.

(b) The examination shall be conducted in accordance with the National Board of Respiratory Care, Inc.'s security measures and contract.

(c) Examination candidates shall be advised of the results of their examination in writing.

(2) Applicants taking the state examination must submit the application and supporting documents to the department of licensing no later than the first day of December, for the March examination; the first day of April, for the July examination; and the first day of August for the November examination.

(3) An applicant who has passed the certification or registry examination given by the National Board of Respiratory Care, Inc., or an equivalent examination administered by a predecessor organization that is accepted and verified by the National Board of Respiratory Care, Inc. for certification, may be granted a certificate without further examination.

(4) A scaled score of 75 is required to pass the examination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-030, filed 4/7/89; 88-10-015 (Order 724), § 308-195-030, filed 4/27/88.]

WAC 246-928-040 Examination eligibility. (1) Graduates of approved respiratory care technician and respiratory care therapy programs or those individuals that have met the criteria for alternate training may be eligible to take the state examination.

(2) Respiratory care technician or respiratory care therapy students in their last year may apply for certification by examination prior to graduation under the following circumstances:

(a) Receipt of a letter of verification from the program director indicating that the applicant is in good standing and verifying the probability of completion prior to the last day of the calendar month preceding the examination for which they are applying.

(b) Results of the examination will be withheld until official transcripts from the program, indicating degree or certificate of completion earned, is received by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-040, filed 4/27/88.]

WAC 246-928-050 Definition of "commonly accepted standards for the profession." "Commonly accepted standards for the profession" as indicated in RCW 18.89.130 shall mean having completed training in an approved respiratory care technician or respiratory care therapy program or having completed sufficient on-the-job training and experience to have qualified the applicant to take the National Board of Respiratory Care examination prior to July 26, 1987, satisfactorily passed the certification or registry examination given by the National Board of Respiratory Care, Inc. with a minimum scaled score of 75, not having engaged in unprofessional conduct as established in RCW 18.130.180, and not been convicted of a crime of moral turpitude or felony which relates to the profession of respiratory care.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-050, filed 4/27/88.]

WAC 246-928-060 Grandfather--Verification of practice. Proof of practice. Applicants requesting certification as permitted in RCW 18.89.130 shall submit the following as proof of being in practice on July 26, 1987.

(1) Applicant's affidavit containing the following information:

(a) Location and date of employment on July 26, 1987;

(b) Description of capacity in which applicant was employed, including job title and description of specific duties;

(c) Name and title of direct supervisor.

(2) Affidavit from direct supervisor containing the following information:

(a) Applicant's employment beginning and ending dates;

(b) Statement confirming applicant's duties as described;

(c) Supervisor's title.

After review of the documentation submitted in support of the application, additional information may be requested for the purpose of clarification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-060, filed 4/27/88.]

WAC 246-928-070 Grandfather--Examination dates. (1) Applicants qualifying for respiratory care practitioner certification under RCW 18.89.130(2) shall have one year from July 26, 1988, to apply for examination.

(2) Applicants who qualify for respiratory care practitioner certification under RCW 18.89.130(2) and are eligible for exemption under the rural hospital designation shall have one year from September 15, 1988, to apply for examination.

(3) Applicants must satisfactorily complete the examination in four consecutive sittings.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-23-001 (Order PM 787), § 308-195-070, filed 11/3/88; 88-10-015 (Order 724), § 308-195-070, filed 4/27/88.]

WAC 246-928-080 Reciprocity--Requirements for certification. Before reciprocity is extended to any individual licensed, certified or registered to practice respiratory care under the law of another state, territory, or District of Columbia, the applicant shall meet the qualifications established in this state for certification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-080, filed 4/27/88.]

WAC 246-928-090 Certification renewal registration date. (1) Individuals receiving initial certification will be issued a certificate to expire on their next birth anniversary date.

(2) Certifications shall be renewed at two year intervals on or before the individual's birth anniversary date. Certifications not renewed on or before the individual's biennial birth anniversary date shall expire immediately after the individual's birth anniversary date. Failure to renew shall invalidate the certificate and all privileges granted by the certification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-090, filed 4/27/88.]

WAC 246-928-100 Rural hospital exemption. Individuals may qualify for exemption from certification as

specified in RCW 18.89.900 until September 15, 1988 if they are employed in a rural hospital.

"Rural hospital" shall be defined as those hospitals listed on Table 6 of the October, 1986, *Rural Access to Medical Care in Washington State* report by the state health coordinating council.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-100, filed 4/27/88.]

WAC 246-928-110 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Respiratory care practitioner" means a person certified pursuant to chapter 18.89 RCW.

(6) "Mentally or physically disabled respiratory care practitioner" means a respiratory care practitioner who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice respiratory care with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-120, filed 6/30/89.]

WAC 246-928-120 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the respiratory care practitioner being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-130, filed 6/30/89.]

WAC 246-928-130 Health care institutions. The chief administrator, executive officer, or their designee of any hospital or nursing home shall report to the department when any respiratory care practitioner's services are terminated or are restricted based on a determination that the respiratory care practitioner has either committed an act or acts which may constitute unprofessional conduct or that the respiratory care practitioner may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-140, filed 6/30/89.]

WAC 246-928-140 Respiratory care practitioner associations or societies. The president or chief executive officer of any respiratory care practitioner association or society within this state shall report to the department when the association or society determines that a respiratory care practitioner has committed unprofessional conduct or that a respiratory care practitioner may not be able to practice respiratory care with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-150, filed 6/30/89.]

WAC 246-928-150 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to respiratory care practitioners shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured respiratory care practitioner's incompetency or negligence in the practice of respiratory care. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the respiratory care practitioner's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-160, filed 6/30/89.]

WAC 246-928-160 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified respiratory care practitioners, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-170, filed 6/30/89.]

WAC 246-928-170 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a respiratory care practitioner is employed to provide patient care services, to report to the department whenever such a respiratory care practitioner has been judged to have demonstrated his/her incompetency or negligence in the practice of respiratory care, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled respiratory care practitioner. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-180, filed 6/30/89.]

WAC 246-928-180 Cooperation with investigation. (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-190, filed 6/30/89.]

WAC 246-928-190 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-195-200, filed 11/2/88.]

WAC 246-928-200 Temporary practice. An applicant may practice under supervision of a certified respiratory care practitioner while waiting to complete the examination requirement. The applicant must take the first available examination administered following determination of their eligibility, except in the case of a bona fide emergency. An applicant may engage in temporary practice only prior to taking their first examination.

An individual shall cease practice immediately upon receipt of notice of failure to pass the examination. Resumption of practice may only occur after successfully passing the examination and issuance of a certificate.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-210, filed 4/7/89.]

WAC 246-928-210 Definitions--Alternative training respiratory care practitioners. (1) For the purposes of certifying respiratory care practitioners by alternative training methods the following definitions shall apply:

(a) "One credit hour" equals "one contact hour";

(b) "One semester hour" equals sixteen contact hours;

(c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;

(d) "Direct supervision" shall mean the clinical evaluator is on the premises, quickly and easily available, and has provided sufficient supervision during the practical clinical experience to assure acceptable skills in the course content areas being verified;

(e) "Formal education" shall be obtained in postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Committee on Allied Health Education and Accreditation of the American Medical Association.

(2) Clinical practice experience shall be verified by a certified respiratory care practitioner certified in the state of Washington, or certified or registered by the National Board of Respiratory Care, Inc. who has provided "direct supervision."

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-220, filed 4/7/89.]

WAC 246-928-220 Alternative training requirements. An individual must possess the following alternative training qualifications to be certified as a respiratory care practitioner:

(1) Completed a program recognized by the Canadian Society of Respiratory Therapists in their current list, or any previous lists and are eligible to sit for the Canadian Society of Respiratory Therapists registry examination; or

(2) Been registered by the Canadian Society of Respiratory Therapists; or

(3) Obtained a minimum of three thousand hours supervised practical clinical experience within the past five years and meet the following criteria:

(a) The following course content areas of training may be obtained directly by supervised clinical practical experience:

(i) Physical assessment;

(ii) Chest percussion/postural drainage;

(iii) Oxygen administration;

(iv) Incentive spirometry;

(v) Aerosol administration via:

(A) Pneumatic nebulization;

(B) Ultrasonic nebulization.

(vi) Clearance of secretions via oro- and nasopharyngeal suction devices;

(vii) Gas metering and analyzing devices;

(viii) Ventilator care including CMV, IMV, SIMV, and PEEP;

(ix) Artificial airways including oro- and nasopharyngeal airways, oral and nasal endotracheal tubes, tracheostomy tubes and buttons, esophageal obturator airways and intubation equipment;

(x) IPPB;

(xi) CPAP;

(xii) Interpretation of blood gases;

(xiii) Fundamentals of patient care.

(b) The following course content areas of training must be obtained through formal education:

(i) Anatomy and physiology – Ten quarter or six semester credit hours;

(ii) Microbiology – Five quarter or three semester credit hours;

(iii) Math (college level algebra or higher) – Five quarter or three semester credit hours;

(iv) Chemistry – Five quarter or three semester credit hours;

(v) Biology – Five quarter or three semester credit hours;

(vi) Physics – Five quarter or three semester credit hours;

(vii) Medical terminology – Three quarter or two semester credit hours;

(viii) CPR certification – Basic life support; and

(4) Satisfactorily pass an examination approved or administered by the director.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-230, filed 4/7/89.]

WAC 246-928-990 Fees. The following fees shall be charged by the professional licensing division of the department of licensing:

Title of Fee	Fee
Application	$ 85.00
Examination application	110.00
Examination retake	25.00
Duplicate license	15.00
Verification/certification	25.00
Renewal	100.00
Late renewal penalty	50.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 88-17-099 (Order PM 741), § 308-195-110, filed 8/23/88.]

Chapter 246-933 WAC
VETERINARIANS--VETERINARY BOARD

WAC

PROFESSIONAL CONDUCT/ETHICS

WAC 246-933-010 Definitions. (1) "Patient" means any animal under the care and treatment of a veterinarian.

(2) "Advertise" means to announce publicly by any form of media in order to aid directly or indirectly in the sale of a commodity or service.

(3) "Veterinary board of governors" is that board appointed by the governor pursuant to chapter 18.93 RCW.

(4) "Health certificate" means a written testimony to the fact that an animal is in a certain state of health.

(5) "Drugs" as defined in RCW 69.50.101.

(6) "Controlled substances" as defined in RCW 69.50.101.

(7) "Animal" means any species normally recognized as treatable by veterinary medicine.

(8) Unless otherwise stated, words used in the singular may be read in the plural.

(9) "Nonnarcotic Schedule II controlled substance" means: Amphetamine, its salts, optical isomers, and salts of its optical isomers; phenmetrazine and its salts; any substance which contains any quantity of methamphetamine, including its salts, isomers, and salts of its isomers; and methyl phenidate.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-010, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-005, filed 11/27/74.]

WAC 246-933-020 Objectives. The principal objectives of the veterinary profession are to render veterinary services to society, to assist in conserving livestock resources, and to assist in relieving suffering of animals. The veterinarian shall always endeavor to conduct himself or herself in such a manner to further these objectives.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-020, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-006, filed 7/23/80.]

WAC 246-933-030 Degree of skills. The veterinarian owes to his or her patients a reasonable degree of skill and care. To this end, the veterinarian shall endeavor to keep abreast of new developments in veterinary medicine, surgery and dentistry, and shall endeavor to improve his or her knowledge and skill in the practice of veterinary medicine, surgery and dentistry.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-030, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-007, filed 7/23/80.]

WAC 246-933-040 Exercise of professional judgment and skills. The veterinarian shall not accept employment under terms and conditions that interfere with

the free exercise of the veterinarian's professional judgment or infringe upon the utilization of his or her professional skills.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-040, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-008, filed 7/23/80.]

WAC 246-933-050 Emergency care of animals of unknown ownership. The veterinarian shall endeavor to provide at least minimal treatment to alleviate the suffering of an animal presented in the absence of the owner or his agent.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-050, filed 12/28/90, effective 1/31/91; 86-01-085 (Order PL 575), § 308-150-009, filed 12/18/85; 80-09-106 (Order PL 351), § 308-150-009, filed 7/23/80.]

WAC 246-933-060 Patient abandonment. The veterinarian shall always be free to accept or reject a particular patient, but once care is undertaken, the veterinarian shall not neglect the patient, as long as the person presenting the patient requests and authorizes the veterinarian's services for the particular problem. Emergency treatment not authorized by the owner shall not constitute acceptance of a patient.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-060, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-011, filed 7/23/80.]

WAC 246-933-070 Emergency services. (1) Emergency services shall mean the delivery of veterinary care by a licensed veterinarian during the hours when the majority of regional, daytime veterinary practices have no regularly scheduled office hours (are closed).

(2) Emergency service shall be provided at all times. This requirement does not mean that a veterinary medical facility must be open to the public at all times but that the provision of professional services must be accomplished by appropriate means including the assignment of veterinarians or cooperation between practices or after-hours emergency veterinary medical facilities serving the area. In the absence of an emergency veterinary medical facility serving the area, the phone shall be answered at all times so that inquirers can be told if the veterinarian is available and, if not, where emergency service is available.

(3) A veterinarian who represents, in any way, that he or she provides emergency veterinary services, including but not limited to, using names or terms such as "after hours clinic," or "after hours veterinary hospital," or use of the word "emergency" in any way, shall include in all advertisements the following information:

The availability of the veterinarian who is to provide emergency services, in print at least as large as that used to advertise the availability of emergency services, as either:

(a) "Veterinarian on premises," or term of like import, which phrase shall be used when there is a veterinarian actually present at the facility who is prepared to render veterinary services and the hours such services are available; or

(b) "Veterinarian on call," or term of like import, which phrase shall be used when the veterinarian is not present at the hospital, but is able to respond within a reasonable time to requests for emergency veterinary services and has been designated to so respond.

(4) All licensees shall comply with this section by December 1, 1989.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-070, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-150-013, filed 4/1/88; 86-01-085 (Order PL 575), § 308-150-013, filed 12/18/85.]

WAC 246-933-080 Honesty, integrity and fair dealing. A veterinarian shall conduct his/her practice on the highest plane of honesty, integrity and fair dealing with his/her clients in time and services rendered, and in the amount charged for services, facilities, appliances and drugs. It is unprofessional and unethical for a veterinarian to attempt to mislead or deceive a client or to make untruthful statements or representations to a client.

It is also unprofessional and unethical for a veterinarian to attempt to dissuade a client from filing a disciplinary complaint by, but not limited to, a liability release, waiver, or written agreement, wherein the client assumes all risk or releases the veterinarian from liability for any harm, damage, or injury to an animal while under the care, custody, or treatment by the veterinarian.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-080, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-150-014, filed 5/3/89. Statutory Authority: RCW 18.92.030. 86-01-085 (Order PL 575), § 308-150-014, filed 12/18/85.]

WAC 246-933-090 Validation of health certificate. It is unethical to sign or otherwise validate any health certificate without actually, physically inspecting the animal. A health certificate must be dated as of the time of examination.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-090, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-030, filed 11/27/74.]

WAC 246-933-100 Inspection of animals. It is unethical for a veterinarian when employed to inspect an animal for health and soundness, to accept a fee or other compensation in relation to the inspection from a person other than his employer.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-100, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-035, filed 11/27/74.]

WAC 246-933-110 Drugs and controlled substances. It is unethical to violate any laws or regulations of either the state of Washington or the United States relating to prescription drugs or controlled substances.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-110, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-045, filed 11/27/74.]

WAC 246-933-120 Nonnarcotic Schedule II controlled substances--Prohibited. It is unethical for a veterinarian to use, possess, dispense or prescribe noninjectable nonnarcotic Schedule II controlled substances in the practice of veterinary medicine; EXCEPT a veterinarian may use, possess, dispense or prescribe noninjectable nonnarcotic Schedule II controlled substances in connection with a bona fide veterinary medical research program approved by the board.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-120, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-050, filed 11/27/74.]

WAC 246-933-130 Minimum sanitary conditions. It is unethical for a veterinarian to own or operate a clinic, office, hospital, mobile veterinary clinic, or other animal facility contrary to the health and sanitary standards as established by the rules and regulations as adopted by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-130, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-055, filed 11/27/74.]

WAC 246-933-140 Prohibited publicity and advertising. A veterinarian shall not, on behalf of himself or herself, his or her partner, associate or any other veterinarian affiliated with his or her office or clinic, use or allow to be used any form of public communication or advertising which:

(1) Is false, fraudulent, deceptive or misleading;

(2) Refers to secret methods of treatment;

(3) Is not identified as a paid advertisement or solicitation;

(4) States or implies that a veterinarian is a certified specialist unless he or she is certified in such specialty by a board recognized by the American Veterinarian Medical Association.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-140, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-060, filed 7/23/80.]

WAC 246-933-150 Honoring of publicity and advertisements. (1) If a veterinarian advertises a fee for a service, the veterinarian must render that service for no more than the fee advertised.

(2) Unless otherwise specified in the advertisement, if a veterinarian publishes any fee information, the veterinarian shall be bound by any representation made therein for the periods specified in the following categories:

(a) If in a publication which is published more frequently than one time per month, for a period of not less than thirty days after such publication.

(b) If in a publication which is published once a month or less frequently, until the publication of the succeeding issue.

(c) If in a publication which has no fixed date for publication of the succeeding issue, for a reasonable period of time after publication, but in no event less than one year.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-150, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-061, filed 7/23/80.]

WAC 246-933-160 Prohibited transactions. A veterinarian shall not compensate or give anything of value to representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual veterinarian in a news item.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-160, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-062, filed 7/23/80.]

WAC 246-933-170 Cooperation with the board. The veterinarian shall endeavor to cooperate with the veterinary board of governors in the investigation of alleged violations of the laws and regulations governing the practice of veterinary medicine, surgery and dentistry.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-170, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-070, filed 7/23/80.]

VETERINARIAN EDUCATION AND EXAMINATION REQUIREMENTS

WAC 246-933-220 Approval of courses. A course of instruction conducted by a school, that has obtained accreditation of the course of instruction in the care and treatment of animals from the American Veterinary Medical Association, is an approved course within the meaning of section 1, chapter 44, Laws of 1974 1st ex. sess., RCW 18.92.015.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-220, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-151-050, filed 11/27/74.]

WAC 246-933-230 Foreign trained veterinarians. A person who is a graduate of a college of veterinary medicine not accredited by the American Veterinary Medical Association shall be eligible to take the regularly scheduled licensing examination given by the board upon furnishing the certificate of the American Veterinary Medical Association Education Commission For Foreign Veterinary Graduates (ECFVG). Applications and instructions for certification are obtained from:

ECFVG
American Veterinary Medical Association
930 North Meacham Road
Schaumburg, Illinois 60172.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-230, filed 12/28/90, effective 1/31/91; Order PL 232, § 308-151-060, filed 11/17/75.]

WAC 246-933-240 Practical examination requirement. In order to be licensed, any applicant for licensure after November 1, 1979 who has a current license by examination in another state, or who has passed a written examination approved by the board will be required to pass a practical examination prepared and administered by the board. This requirement may be waived for

applicants who apply to licensure pursuant to RCW 18-.92.130.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-240, filed 12/28/90, effective 1/31/91; 79-10-087 (Order 318), § 308-151-070, filed 9/21/79.]

WAC 246-933-250 Examination procedures. (1) The examination consists of three parts: The National Board Examination for Veterinary Medical Licensing (NBE), the clinical competency test (CCT), and the Washington state examination. No part of the examination may be taken prior to six months preceding graduation from a course of instruction as described in WAC 308-151-050.

(2) Failure to follow written or oral instructions relative to the conduct of the examination, including termination times of the examination will be considered grounds for expulsion from the examination.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-250, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-080, filed 4/1/88; 85-03-085 (Order PL 509), § 308-151-080, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070. 83-07-050 (Order PL 429), § 308-151-080, filed 3/18/83. Statutory Authority: RCW 18.92.030. 80-05-032 (Order 340), § 308-151-080, filed 4/15/80.]

WAC 246-933-260 Frequency and location of examinations. (1) The examination for veterinarians shall be scheduled at such times and places as the director may authorize.

(2) Should an applicant fail to appear for examination at the designated time and place, he or she shall forfeit the examination fee unless he or she has notified the division of professional licensing in writing of his or her inability to appear for the scheduled exam at least five days before the designated time.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-260, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-090, filed 4/1/88; 80-05-032 (Order 340), § 308-151-090, filed 4/15/80.]

WAC 246-933-270 Examination results. (1) In order to pass the examination for licensure as a veterinarian, the applicant must attain a minimum grade of:

(a) 1.5 standard deviations below the national mean of the criterion population on the National Board Examination, and

(b) 1.5 standard deviations below the national mean of the criterion population on the clinical competency test, and

(c) 70% in the Washington state examination.

(2) Applicants who fail the National Board Examination, the clinical competency test, or the Washington state examination may retake the examination that they failed (NBE, CCT or state) by again completing an application and by submitting the reexamination fee to the division of professional licensing: Provided, however, that a passing CCT score remains acceptable only if obtained within the last five years at the time of application and if taken after 1983, and that only the most recently obtained CCT and NBE scores will be considered in an application.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-270, filed 12/28/90, effective 1/31/91; 85-07-021 (Order PL 523), § 308-151-100, filed 3/13/85; 85-03-085 (Order PL 509), § 308-151-100, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070. 83-07-050 (Order PL 429), § 308-151-100, filed 3/18/83. Statutory Authority: RCW 18.92.030. 80-16-023 (Order PL 358), § 308-151-100, filed 10/29/80; 80-05-032 (Order 340), § 308-151-100, filed 4/15/80.]

WAC 246-933-280 Examination review procedures. (1) Each individual who takes the Washington state examination for licensure as a veterinarian and does not pass the Washington state examination section may request review by the board of his or her examination results. This request must be in writing and must be received by the board within thirty days of notification of the examination results. The request must state the reason or reasons the applicant feels the results of the examination should be changed. The board will not consider any challenges to examination scores unless the total revised score could result in the issuance of a license. The board will consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing to be held before the board pursuant to the Administrative Procedure Act. Such hearing must be requested within twenty days of receipt of the result of the board's review of the examination results. The board will not consider any challenges to examination scores unless the total revised score could result in the issuance of a license.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-280, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-151-110, filed 4/1/86.]

FACILITIES AND PRACTICE MANAGEMENT STANDARDS

WAC 246-933-310 Definitions. (1) **Veterinary medical facility:** Any premise, unit, structure or vehicle where any animal is received and/or confined to be examined, diagnosed or treated medically, surgically or prophylactically, as defined in RCW 18.92.010.

(2) **Mobile clinic:** A vehicle, including a camper, motor home, trailer or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls.

(3) **Aseptic surgery:** Aseptic surgical technique exists when everything that comes in contact with the wound is sterile and precautions are taken to ensure such sterility during the procedure. These precautions include, but are not limited to, such things as the surgery room itself, sterilization procedures, scrubbing hands and arms, sterile gloves, caps and masks, sterile long-sleeved gowns, and sterile draping and operative techniques.

(4) **Antiseptic surgery:** Antiseptic surgical technique exists when care is taken to avoid bacterial contamination but the precautions are not as thorough and extensive as in aseptic surgery. Surgeons and surgical assistants must wear clean attire and sterile gloves, and the patient must be appropriately draped. A separate sterile surgical pack must be used for each animal.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-310, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-010, filed 12/27/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-010, filed 6/18/86; Order PL-236, § 308-153-010, filed 2/18/76.]

WAC 246-933-320 General requirements for all veterinary medical facilities. (1) **Construction and maintenance:** All facilities must be so constructed and maintained as to provide comfort and safety for patients and clients. All areas of the premises shall be maintained in a clean and orderly condition, free of objectionable odors. All facilities must comply with applicable state, county and municipal laws, ordinances and regulations.

(2) **Ventilation:** Adequate heating and cooling must be provided for the comfort of the animals, and the facility must have sufficient ventilation in all areas.

(3) **Lighting:** Proper lighting must be provided in all rooms utilized for the practice of veterinary medicine. Outside lighting should be adequate to identify the building and to assist the clients.

(4) **Water:** Potable water must be provided.

(5) **Basic sanitation:** Any equipment, instruments or facilities used in the treatment of animals must be clean and sanitary at all times to protect against the spread of diseases, parasites and infection.

(6) **Waste disposal:** Covered waste containers, impermeable by water, must be used for the removal and disposal of animal and food wastes, bedding, animal tissues, debris and other waste.

Disposal facilities shall be so operated as to minimize insect or other vermin infestation, and to prevent odor and disease hazards or other nuisance conditions.

The facility shall employ a procedure for the prompt, sanitary and esthetic disposal of dead animals which complies with all applicable state, county and municipal laws, ordinances and regulations.

(7) **Records:** Every veterinarian shall keep daily written reports of the animals he or she treats. Records for companion animals shall be kept for each animal, but records for economic animals may be maintained on a group or client basis. These records must be readily retrievable and must be kept for a period of three years following the last treatment or examination. They shall include, but not be limited to, the following:

(a) Name, address and telephone number of the owner.

(b) Name, number or other identification of the animal or group.

(c) Species, breed, age, sex and color of the animal.

(d) Immunization record.

(e) Beginning and ending dates of custody of the animal.

(f) A short history of the animal's condition as it pertains to its medical status.

(g) Physical examination findings and any laboratory data.

(h) Provisional or final diagnosis.

(i) Treatment and medication administered, prescribed or dispensed.

(j) Surgery and anesthesia.

(k) Progress of the case.

(8) **Storage:** All supplies, including food and bedding, shall be stored in facilities which adequately protect such supplies against infestation, contamination or deterioration. Refrigeration shall be provided for all supplies that are of a perishable nature, including foods, drugs and biologicals.

(9) **Biologicals and drugs:** Biologicals and other drugs shall be stored in such a manner as to prevent contamination and deterioration in accordance with the packaging and storage requirements of the current editions of the *U.S. Pharmacopeia*, 12601 Twinbrook Parkway, Rockville, Maryland 20852, and the *National Formulary*, Mack Publishing Company, 20th and Northampton Streets, Easton, Pennsylvania 18042 and/or manufacturers' recommendation.

All controlled substances shall be maintained in a locked cabinet or other suitable secure container in accordance with federal and Washington state laws.

Controlled substance records shall be readily retrievable, in accordance with federal and Washington state laws.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-320, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-153-020, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-020, filed 6/18/86; Order PL-236, § 308-153-020, filed 2/18/76.]

WAC 246-933-330 Minimum physical facilities. All veterinary medical facilities in which animals are received for medical, surgical or prophylactic treatment must have the following minimum facilities, but are not limited to only these facilities:

(1) **Reception room and office:** Or a combination of the two.

(2) **Examination room:** Should be separate but may be combined with a room having a related function, such as a pharmacy or laboratory. It must be of sufficient size to accommodate the veterinarian, patient and client.

Examination tables must have impervious surfaces. Waste receptacles must be lined, covered or in a closed compartment, and properly maintained. A sink with clean or disposable towels must be within easy access.

(3) **Surgery:** If surgery is performed, a separate and distinct area so situated as to keep contamination and infection to a minimum; provided, however, that effective January 1, 1988, a separate and distinct room so situated as to keep contamination and infection to a minimum will be required.

(4) **Laboratory:** May be either in the facility or through consultative facilities, adequate to render diagnostic information.

(5) **Radiology:** Facilities for diagnostic radiography must be available either on or off the premises. The facilities must meet federal and Washington state protective requirements and be capable of producing good quality diagnostic radiographs.

(6) **Animal housing areas:** Any veterinary medical facility confining animals must have individual cages, pens, exercise areas or stalls to confine said animals in a comfortable, sanitary and safe manner.

Cages and stalls must be of impervious material and of adequate size to assure patient comfort and sanitation.

Runs and exercise pens must be of a size to allow patient comfort and exercise. Effective January 1, 1988, runs and exercise pens must provide and allow effective separation of adjacent animals and their waste products, and must be constructed in such a manner as to protect against escape or injury. Floors of runs must be of impervious material.

Animals that are hospitalized for treatment of contagious diseases must be isolated in such a manner as to prevent the spread of contagious diseases.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-330, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-030, filed 12/27/88; 88-08-033 (Order PM 719), § 308-153-030, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-030, filed 6/18/86; Order PL-236, § 308-153-030, filed 2/18/76.]

WAC 246-933-340 Practice management. All veterinary medical facilities shall maintain a sanitary environment to avoid sources and transmission of infection. This includes the proper sterilization or sanitation of all equipment used in diagnosis or treatment and the proper routine disposal of waste materials.

(1) **Surgery:** Surgery shall be performed in a manner compatible with current veterinary practice with regard to anesthesia, asepsis or antisepsis, life support and monitoring procedures, and recovery care. The minimum standards for surgery shall be:

(a) Effective January 1, 1988, aseptic or antiseptic surgery shall be performed in a room designated and reserved for surgery and directly related noncontaminating activities.

(b) The surgery room shall be clean, orderly, well lighted and maintained in a sanitary condition, free of offensive odors.

(c) Storage in the surgery room shall be limited only to items and equipment related to surgery and surgical procedures.

(d) Instruments and equipment utilized in the surgery room shall be appropriate for the type of surgical service being provided.

(e) The operating table shall be constructed of a smooth and impervious material.

(f) Chemical disinfection ("cold sterilization") may be used only for field conditions or minor surgical procedures. Sterilizing of all appropriate equipment is required. Effective January 1, 1988, provisions for sterilization must include a steam pressure sterilizer (autoclave) or a gas sterilizer (e.g., ethylene oxide).

(g) Surgical packs include towels, drapes, gloves, sponges and proper instrumentation. They shall be properly prepared for sterilization by heat or gas (sufficient to kill spores) for each sterile surgical procedure.

(h) For any major procedure, such as opening the abdominal or thoracic cavity or exposing bones or joints, a separate sterile surgical pack must be used for each animal. Surgeons and surgical assistants shall use aseptic technique throughout the entire surgical procedure.

(i) Uncomplicated ovariohysterectomy or castration of normal healthy animals, and minor surgical procedures, such as excising small skin lesions or suturing superficial lacerations, may be performed under clean, antiseptic conditions. Surgeons and surgical assistants shall wear clean attire and sterile gloves, and care shall be taken to avoid introducing bacterial contamination.

(j) All animals shall be properly prepared for surgery as follows:

(i) Clipping and shaving of the surgical area for major procedures requiring aseptic technique as in (h) must be performed in a room other than the surgery room. Loose hair must be removed from the surgical area.

(ii) Scrubbing the surgical area with soap and water.

(iii) Disinfecting the surgical area.

(iv) Draping the surgical area if appropriate.

(k) Anesthetic equipment appropriate for the type of patient and surgery performed shall be available at all times.

(l) Compressed oxygen or other adequate means shall be available to be used for resuscitation.

(m) Emergency drugs must be available to the surgery area.

(n) Grossly contaminated procedures, such as lancing and draining abscesses, shall not be performed in the room designated for aseptic or antiseptic surgery.

(2) **Library:** A library of appropriate veterinary journals and textbooks shall be available on the premises for ready reference.

(3) **Laboratory:** Veterinary medical facilities shall have the capability for use of either in-house or consultant laboratory service for blood chemistry, bacterial cultures and antibiotic sensitivity examinations, complete blood counts, histopathologic examinations and complete necropsies. The in-house laboratory facility shall meet the following minimum standards:

(a) The laboratory room shall be clean and orderly with provision for ample storage.

(b) Ample refrigeration shall be provided.

(c) Any tests performed shall be properly conducted by currently recognized methods to assure reasonable accuracy and reliability of results.

(4) **Radiology:** Veterinary medical facilities shall have the capability for use of either in-house or consultant services for obtaining radiographs of diagnostic quality. Radiology equipment and use must be in compliance with federal and Washington state laws, and should follow the guidelines approved by the American Veterinary Medical Association.

(5) **Biologicals and drugs:** The minimum standards for drug procedures shall be:

(a) All controlled substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and Washington state laws.

(b) Among things otherwise provided by RCW 69.41-.050, legend drugs dispensed by a veterinarian shall be labeled with the following:

(i) Name of client or identification of animal.

(ii) Date dispensed.

(iii) Complete directions for use.

(iv) Name and strength of the drug.

(v) Name of prescribing veterinarian.

(c) A record of all drugs administered or dispensed shall be kept in the client's record. In the case of companion animals this record shall be by individual animal.

(6) **Limited services:** If veterinary medical services are limited to specific aspects of practice,

(a) The public shall be informed of the limitation of services provided.

(b) All veterinary services provided in the facility must conform to the requirements for those services listed in WAC 308-153-030 and this section.

(c) The general requirements prescribed in WAC 308-153-020 shall apply to all veterinary medical facilities.

(7) **Exceptions:**

(a) The standards and requirements prescribed in WAC 308-153-030(3) and subsection (1)(a), (c), (j)(i), (n) of this section, shall not apply to equine or food animal veterinary procedures performed in medical facilities.

(b) The standards and requirements prescribed in WAC 308-153-020 (1), (2), (3), (4), (6), (8), 308-153-030 and subsections (1)(a), (b), (c), (e), (h), (j)(i), (l), (n), (2), (3), (4), (6)(b), (c) of this section, shall not apply to equine or food animal veterinary procedures performed on the owner's premises by a veterinarian.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-340, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-045, filed 12/27/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-045, filed 6/18/86.]

CONTINUING EDUCATION REQUIREMENTS

WAC 246-933-401 Citation and purpose. These rules may be cited and referred to as the "Veterinary continuing education rules." The purpose of these rules is to require licensed veterinarians to continue their professional educations as a condition of maintaining a license to practice veterinary medicine in this state.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-401, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-010, filed 2/16/77.]

WAC 246-933-420 Basic requirement--Amount. In the three-year period immediately preceding the annual renewal of the license to practice veterinary medicine, the applicant must have completed 3-3/4 days or accumulated thirty hours of acceptable continuing education.

(1) Measurement is in full academic hours only (a 50-minute period equals one hour). A one-day course will constitute eight hours of credit.

(2) Credit will be granted only for class hours, and not preparation hours.

(3) Acceptable courses taken after July 1, 1977 may be included in the first computation of continuing education hours necessary for renewal.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-420, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-020, filed 2/16/77.]

WAC 246-933-430 Effective date of requirement. (1) The effective date of the continuing education requirement will be three years after the 1977 renewal date. Therefore, the required number of hours must first be met by the 1980 license renewal date.

(2) With respect to any individual, the regulation will become effective on the 1980 renewal or three years after initial licensure in this state, whichever is later.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-430, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-030, filed 2/16/77.]

WAC 246-933-440 Exceptions. The following are exceptions from the continuing education requirements:

(1) Upon a showing of good cause by a licensee to the board, the board may exempt such licensee from any, all[,] or part of the continuing education requirement. Good cause includes, but is not limited to:

(a) Illness;

(b) Hardship to practice.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-440, filed 12/28/90, effective 1/31/91; 80-16-023 (Order PL 358), § 308-154-040, filed 10/29/80; Order 233, § 308-154-040, filed 2/16/77.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-933-450 Qualification of program for continuing education credit. Generally: Generally a formal completion of program of learning which contributes directly to the professional competence of an individual to practice veterinary medicine after he/she has been licensed to do so will qualify an individual to receive credit for continuing education.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-450, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-050, filed 2/16/77.]

WAC 246-933-460 Programs approved by the veterinary board. Completion of the following are deemed to qualify an individual for continuing education credit: Attendance at a recognized local, state, national, or international continuing education program having a featured speaker.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-460, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-060, filed 2/16/77.]

WAC 246-933-470 Continuing education--Certification of compliance. (1) In conjunction with the application for renewal of licensure at the end of each three-year period as provided for in WAC 308-154-030, each licensee shall submit an affidavit of compliance on a form supplied by the board indicating the thirty hours of continuing education completed by the licensee.

(2) The board reserves the right to require any licensee to submit evidence, e.g., course or program certificate of training, transcript, course or workshop brochure description, evidence of attendance, etc., in addition to the affidavit form in order to demonstrate compliance with the continuing education requirement. It is therefore the responsibility of each licensee to maintain records, certificates or other evidence of compliance with the continuing education requirements.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-470, filed 12/28/90, effective 1/31/91; 80-16-023 (Order PL 358), § 308-154-080, filed 10/29/80.]

WAC 246-933-480 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective September 1, 1989 persons applying for licensure shall submit, prior to obtaining a license, and in addition to the other requirements for licensure, evidence to show compliance with the education requirements of subsection (4).

(3) Renewal of licenses. Effective with the renewal period beginning September 1, 1989 and ending August 31, 1990, all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(4) AIDS education.

(a) Acceptable education. The board will accept education that is consistent with the topical outline available from the office on AIDS. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information. Such education shall include the subjects of prevention, transmission and treatment of AIDS, and may include the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues including confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective September 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education. All persons affected by this section shall show evidence of completion of education which meets the requirement of subsection (a).

(c) Documentation. The licensee shall:

(i) Certify, on forms provided, that the minimum education has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance or description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance or learning has taken place.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-480, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-154-085, filed 5/3/89.]

SUBSTANCE ABUSE MONITORING

WAC 246-933-601 Intent. It is the intent of the legislature that the veterinary board of governors seek ways to identify and support the rehabilitation of veterinarians where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these veterinarians be treated so that they can return to or continue to practice veterinary medicine in a way which safeguards the public. The legislature specifically intends that the veterinary board of governors establish an alternate program to the traditional administrative proceedings against such veterinarians.

In lieu of disciplinary action under RCW 18.130.160 and if the veterinary board of governors determines that the unprofessional conduct may be the result of substance abuse, the veterinary board of governors may refer the license holder to a voluntary substance abuse monitoring program approved by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-601, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-010, filed 10/9/90, effective 11/10/90.]

WAC 246-933-610 Definitions. As used in this chapter:

(1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program, complying with applicable state law and approved by the board, which oversees a veterinarians compliance with a contractually prescribed substance abuse recovery program. Substance abuse monitoring programs may provide evaluation and/or treatment to participating veterinarians.

(2) "Contract" is a comprehensive, structured agreement between the recovering veterinarian and the approved monitoring program wherein the veterinarian consents to comply with the monitoring program and the required components for the veterinarian's recovery activity.

(3) "Approved treatment facility" is a facility recognized as such according to RCW 18.130.175(1).

(4) "Substance abuse" means the impairment, as determined by the board, of a veterinarian's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, controlled substances, or other addictive drugs.

(5) "Aftercare" is that period of time after intensive treatment that provides the veterinarian or the veterinarian's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

(6) "Veterinarian support group" is a group of veterinarians and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(7) "Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, peer group association, and self-help.

(8) "Random drug screens" are the observed collection of specified bodily fluids together with laboratory tests to detect the presence of drugs of abuse in bodily fluids. Collection must occur at irregular intervals not known in advance by the person to be tested.

(9) "Veterinarian" means an impaired practitioner.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-610, file 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-020, filed 10/9/90, effective 11/10/90.]

WAC 246-933-620 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the recovery of veterinarians. The board will enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide referrals for evaluations and/or treatment to the participating veterinarians.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance abuse as defined in this chapter and the practice of veterinary medicine to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Veterinarians' support groups;

(e) The veterinarians' work environment; and

(f) The ability of the veterinarian to practice with reasonable skill and safety.

(3) An approved monitoring program will enter into a contract with the veterinarian and the board to oversee the veterinarian's compliance with the requirements of the program.

(4) An approved monitoring program staff should evaluate and recommend to the board, on an individual basis, whether a veterinarian will be prohibited from engaging in the practice of veterinary medicine for a period of time and restrictions, if any, on the veterinarian's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program will be responsible for providing feedback to the veterinarian as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any veterinarian who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the board. Progress reports shall not include names or any identifying information regarding voluntary participants.

(9) The board shall approve and provide the monitoring program guidelines on treatment, monitoring, and/or limitations on the practice of veterinary medicine for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual veterinary participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-620, file 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-030, filed 10/9/90, effective 11/10/90.]

WAC 246-933-630 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the veterinarian may accept board referral into an approved substance abuse monitoring program.

(a) The veterinarian shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency.

(b) The veterinarian shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to the following:

(i) The veterinarian will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(ii) The veterinarian will submit to random drug screening as specified by the approved monitoring program.

(iii) The veterinarian shall sign a waiver allowing the approved monitoring program to release information to the board if the veterinarian does not comply with the requirements of this contract.

(iv) The veterinarian will undergo approved substance abuse treatment in an approved treatment facility.

(v) The veterinarian must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The veterinarian must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(vii) The veterinarian will attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The veterinarian will comply with specified practice conditions and restrictions as defined by the contract.

(ix) Except for (b)(i) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing requirements on individual contracts.

(c) The veterinarian is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(d) The veterinarian may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the veterinarian does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A veterinarian who is not being investigated or monitored by the board for substance abuse and who is not currently the subject of current disciplinary action, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18-.130.180 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The veterinarian shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency.

(b) The veterinarian shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which may include, but not be limited to the following:

(i) The veterinarian will undergo approved substance abuse treatment in an approved treatment facility.

(ii) The veterinarian will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The veterinarian must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The veterinarian must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The veterinarian will submit to random observed drug screening as specified by the approved monitoring program.

(vi) The veterinarian will attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The veterinarian will comply with practice conditions and restrictions as defined by the contract.

(viii) The veterinarian shall sign a waiver allowing the approved monitoring program to release information to the board if the veterinarian does not comply with the requirements of this contract.

(ix) Except for (b)(ii) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing requirements on individual contracts.

(c) The veterinarian is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(3) Treatment and pretreatment records shall be confidential as provided by law.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-630, file 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-040, filed 10/9/90, effective 11/10/90.]

FEES

WAC 246-933-980 Renewal of licenses. (1) Effective with the renewal period beginning July 1, 1977, the annual license renewal date for veterinarians will be changed to coincide with the licensee's birthdate. Conversion to this staggered renewal system will be accomplished as follows:

(a) Current licensees, as of June 30, 1977. Licensed veterinarians desiring to renew their license will be required to pay a fee of fifteen dollars plus one-twelfth of that amount for each month, or fraction thereof, in order to extend their license to expire on their birth anniversary date next following June 30, 1978.

(b) On and after July 1, 1977, all new or initial veterinarian licenses issued will expire on the applicant's next birth anniversary date.

(2) After this conversion to a staggered renewal system, licensees may annually renew their license from birth anniversary date to the next birth anniversary date. However, licensees who fail to pay the license renewal fee on or before the license expiration date will be subject to the late payment penalty fee as set forth in WAC 308-152-010.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-933-980, filed 12/27/90, effective 1/31/91; Order PL 262, § 308-152-020, filed 1/13/77.]

WAC 246-933-990 Fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Veterinarian:	
National board examination (NBE) (initial/retake)	$150.00

Title of Fee	Fee
Clinical competency test (CCT) (initial/retake)	130.00
State examination (initial exam/ initial license)	225.00
State examination (retake)	150.00
Impaired veterinarian assessment	25.00
Temporary permit	100.00
Renewal	115.00
Impaired veterinarian assessment	25.00
Late renewal penalty	140.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-933-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-935 WAC
VETERINARY ANIMAL TECHNICIANS

WAC

WAC 246-935-010 Definitions. (1) "Animal technician" shall mean any person who has met the requirements of RCW 18.92.015 and who is registered as required by chapter 18.92 RCW.

(2) "Veterinarian" shall mean a person authorized by chapter 18.92 RCW to practice veterinary medicine in the state of Washington.

(3) "Unregistered assistant" shall mean any individual who is not an animal technician or veterinarian.

(4) "Supervisor" shall mean a veterinarian or, if a task so provides, an animal technician.

(5) "Immediate supervision" shall mean the supervisor is in audible and visual range of the animal patient and the person treating the patient.

(6) "Direct supervision" shall mean the supervisor is on the premises, is quickly and easily available and the animal has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task.

(7) "Indirect supervision" shall mean the supervisor is not on the premises, but has given either written or oral instructions for treatment of the animal patient and the animal has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized.

(8) "Veterinary medical facility" is as defined by WAC 308-153-010.

(9) "Emergency" means that the animal has been placed in a life-threatening condition where immediate treatment is necessary to sustain life.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-010, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-010, filed 9/19/83. Statutory Authority: RCW 18-.92.030. 80-01-069 (Order PL 332), § 308-156-010, filed 12/21/79.]

WAC 246-935-020 Applications--Animal technicians. Applications for registration as an animal technician shall be made on forms prepared by the director of the department of licensing and submitted to the division of professional licensing. Applications must be received at least forty-five days prior to the scheduled examination.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-020, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-020, filed 9/19/83. Statutory Authority: RCW 18-.92.030. 80-01-069 (Order PL 332), § 308-156-020, filed 12/21/79.]

WAC 246-935-030 Grounds for denial, suspension or revocation of registration. The board may suspend, revoke or deny the issuance or renewal of registration of any animal technician and file its decision in the director's office if the animal technician:

(1) Has employed fraud or misrepresentation in applying for or obtaining the registration;

(2) Has within ten years prior to the date of application been found guilty of a criminal offense relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:

(a) Any violation of the Uniform Controlled Substances Act or the Legend Drug Act;

(b) Chronic inebriety;

(c) Cruelty to animals;

(3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;

(4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted pursuant to that chapter;

(5) Has performed any animal health care service not authorized by WAC 308-156-045 or 308-156-050.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-030, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-030, filed 9/19/83. Statutory Authority: RCW 18-.92.030. 80-01-069 (Order PL 332), § 308-156-030, filed 12/21/79.]

WAC 246-935-040 Responsibilities of veterinarian supervising an animal technician or an unregistered assistant. (1) No veterinarian shall:

(a) Permit any registered animal technician in his/her employ to perform any animal health care services not authorized by WAC 308-156-045 or 308-156-050.

(b) Permit any unregistered assistant to perform any animal health care services not authorized by WAC 308-156-045 or 308-156-050.

(2) For purposes of the rules and regulations applicable to animal health care tasks for animal technicians and unregistered assistants, the supervising veterinarian of an animal technician or unregistered assistant shall:

(a) Have legal responsibility for the health, safety and welfare of the animal patient which the animal technician or unregistered assistant serves.

(b) Not delegate an animal health care task to an animal technician or unregistered assistant who is unqualified to perform the particular task.

(c) Not use a level of supervision which is lower than that designated for a specific task.

(d) Make all decisions relating to the diagnosis, treatment, management, and future disposition of an animal patient.

(e) Not authorize more than two unregistered assistants to act under indirect supervision at any single time.

(3) A supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to either an animal technician or unregistered assistant. The examination of the animal patient shall be conducted at such times as acceptable veterinary medicine practice requires, consistent with the particular delegated animal health care task.

(4) Where an animal technician is authorized, pursuant to these regulations, to provide supervision for an unregistered assistant performing a specified health care task, the animal technician shall be under the same degree of supervision by the veterinarian, as specified in these regulations, as if the animal technician were performing the task.

(5) Unless specifically so provided by regulation, a veterinarian shall not authorize an animal technician or an unregistered assistant to perform the following functions:

(a) Surgery, other than injections or inoculations;

(b) Diagnosis and prognosis of animal disease;

(c) Prescribing of drugs, medicines and appliances.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-040, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-045, filed 9/19/83.]

WAC 246-935-050 Animal health care tasks. (1) ANIMAL TECHNICIANS.

(a) Immediate supervision. An animal technician may perform the following tasks only under the immediate supervision of a veterinarian:

(i) Assist veterinarian in surgery by tissue handling;

(ii) Assist veterinarian in surgery by instrument handling.

(b) Direct supervision. An animal technician may perform the following tasks only under the direct supervision of a veterinarian:

(i) Endotracheal intubation;

(ii) Blood administration;

(iii) Fluid aspiration;

(iv) Intraperitoneal injections;

(v) Monitoring of vital signs of anesthetized patient;

(vi) Application of splints;

(vii) Induce anesthesia by intravenous, intramuscular, or subcutaneous injection or by inhalation;

(viii) When the animal is anesthetized, those tasks listed under subsection (c) "indirect supervision" of this section;

(ix) Administration of immunological agents.

(c) Indirect supervision. An animal technician may perform the following tasks only under the indirect supervision of a veterinarian. (If the animal is anesthetized, these tasks require the direct supervision of a veterinarian.):

(i) Teeth cleaning;

(ii) Enema;

(iii) Electrocardiography;

(iv) Application of bandages;

(v) Catheterization of the unobstructed bladder;

(vi) Gavage;

(vii) Ear flush;

(viii) Radiology;

(A) Patient positioning

(B) Operation of X-ray machines

(C) Oral and rectal administration of radio-opaque materials

(ix) Injections of medications not otherwise prohibited:

(A) Intramuscular

(B) Subcutaneous

(C) Intravenous

(x) Oral medications;

(xi) Topical medications;

(xii) Laboratory (specimen collections):

(A) Collection of tissue during or after a veterinarian has performed necropsy

(B) Urine (except cystocentesis)

(C) Hematology

(D) Parasitology

(E) Exfoliative cytology

(F) Microbiology

(xiii) Administration of preanesthetic drugs;

(xiv) Oxygen therapy;

(xv) Removal of partially exposed foxtails from skin and feet;

(xvi) Euthanasia (all circumstances) as otherwise allowed by law;

(xvii) Removal of sutures.

(2) UNREGISTERED ASSISTANTS.

(a) Immediate supervision by veterinarian. An unregistered assistant may perform the following tasks only under the immediate supervision of a veterinarian:

(i) Assist veterinarian in surgery by tissue handling;

(ii) Assist veterinarian in surgery by instrument handling;

(iii) Endotracheal intubation;

(iv) Fluid aspiration;

(v) Intraperitoneal injections.

(b) Immediate supervision by veterinarian or animal technician. An unregistered assistant may perform the following tasks only under the immediate supervision of either a veterinarian or animal technician:

(i) Blood administration;
(ii) Catheterization of unobstructed bladder;
(iii) Gavage;
(iv) Radiology:
(A) Patient positioning
(B) Film exposure
(C) Rectal and oral administration of radio–opaque materials
(v) Intravenous injections of medications not otherwise prohibited;
(vi) Laboratory (specimen collections):
(A) Hematology
(B) Exfoliative cytology
(C) Microbiology
(c) Direct supervision by veterinarian. An unregistered assistant may perform the following tasks only under the direct supervision of a veterinarian:
(i) Monitor vital signs of anesthetized patient;
(ii) When the animal is anesthetized, those tasks listed under subsection (e) "indirect supervision" of this section.
(iii) Laboratory (specimen collection):
(A) Collection of tissues during or after a veterinarian has performed necropsy
(iv) Euthanasia (all circumstances) as otherwise allowed by law;
(v) Removal of sutures.
(d) Direct supervision by veterinarian or animal technician. An unregistered assistant may perform the following tasks only under supervision of either a veterinarian or an animal technician:
(i) Application of bandages;
(ii) Ear flush;
(iii) Electrocardiography.
(e) Indirect supervision. An unregistered assistant may perform the following tasks only under the indirect supervision of a veterinarian (If the animal is anesthetized, these tasks require the direct supervision of a veterinarian.):
(i) Teeth cleaning (without anesthetic);
(ii) Enema;
(iii) Injections of medications not otherwise prohibited;
(A) Intramuscular
(B) Subcutaneous
(iv) Oral medications;
(v) Topical medications;
(vi) Administering medication through an established intravenous catheter;
(vii) Laboratory (specimen collection):
(A) Collecting of voided urine and fecal material
(B) Parasitology (except skin scraping)
(viii) Oxygen therapy;
(ix) Removal of partially exposed foxtails.
(3) EMERGENCY ANIMAL CARE.
(a) Under conditions of an emergency, an animal technician may render the following life saving aid to an animal:
(i) Application of tourniquets and/or pressure bandages to control hemorrhage;
(ii) Administration of pharmacologic agents to prevent or control shock, including parenteral fluids, shall only be performed after direct communication with a veterinarian, and only if such veterinarian is either present or immediately enroute to the location of the distressed animal;
(iii) Resuscitative oxygen procedures;
(iv) Establishing open airways including intubation appliances but excluding surgery;
(v) External cardiac resuscitation;
(vi) Application of temporary splints or bandages to prevent further injury to bones or soft tissues;
(vii) Application of appropriate wound dressings and external supportive treatment in severe burn cases;
(viii) External supportive treatment in heat prostration cases.
(b) Under conditions of an emergency, an unregistered assistant may render the following life saving aid to an animal:
(i) Application of tourniquets and/or pressure bandages to control hemorrhage;
(ii) Resuscitative oxygen procedures;
(iii) Establishing open airways including intubation appliances but excluding surgery.

[Statutory Authority: RCW 18.92.030. 91–02–060 (Order 108B), recodified as § 246–935–050, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83–19–055 (Order PL 445), § 308–156–050, filed 9/19/83.]

WAC 246–935–060 Approval of post high school courses. The board, pursuant to RCW 18.92.015, hereby adopts the accreditation standards of the American Veterinary Medical Association (AVMA), "Accreditation policies and procedures" of the committee for animal technician activities and training (CATAT), in effect as of July 31, 1983 or as subsequently amended, and approved by the board. The board approves all and only those institutions accredited by, and in good standing with, the AVMA in accordance with these standards. Other institutions which apply for the board's approval and which meet the standards to the board's satisfaction may be approved, but it is the responsibility of an institution to apply for approval and of a student to ascertain whether or not a school has been approved by the board.

The board reserves the right to withdraw approval of any post high school course which ceases to meet the approval of the board and/or the AVMA after notifying the institution in writing and granting it an opportunity to contest the board's proposed withdrawal.

[Statutory Authority: RCW 18.92.030. 91–02–060 (Order 108B), recodified as § 246–935–060, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83–19–055 (Order PL 445), § 308–156–055, filed 9/19/83.]

WAC 246–935–070 Examination for registration as animal technician. (1) All applicants shall be required to complete an examination consisting of a written and practical test.

(2) The written test will consist of questions on any of the following subjects as they pertain to the animal health care services technicians may perform:
(a) Anatomy

(b) Physiology
(c) Chemistry
(d) Obstetrics
(e) Bacteriology
(f) Histology
(g) Radiology
(h) Nursing techniques
(i) Hygiene
(j) Dental prophylaxis
(k) Laboratory procedures
(l) Other subjects prescribed by the board.

The questions will be divided equally between large and small animal health care problems and shall be sufficient in number to satisfy the board of governors that the applicant has been given adequate opportunity to express his or her knowledge relating to these subjects.

(3) The practical examination will be supervised by the board of governors or their designees. Each applicant may be required to perform or demonstrate basic animal health care techniques as directed by the board. During the practical examination, each applicant may be required to demonstrate his/her ability to:

(a) Take accurate case histories;
(b) Prepare patient instruments;
(c) Perform dental prophylaxis;
(d) Monitor anesthesia or oxygen equipment;
(e) Apply wound and surgical dressings;
(f) Administer innoculations or vaccinations;
(g) Properly analyze laboratory specimens;
(h) Restrain animals;
(i) Other animal health care services authorized by the board.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-070, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-060, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-060, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-060, filed 12/21/79.]

WAC 246-935-080 Grading of examinations. (1) The grading of the written and practical portions of the animal technician examination will be based on a possible score of 100 percent and the minimum passing score will be 70 percent.

(2) Each applicant must obtain a final grade of 70 percent or better on both the written and the practical portions of the examination to be considered technically qualified and approved for registration by the board.

(3) All scores shall be expressed in whole numbers, fractions being rounded to the closest whole number.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-080, filed 12/28/90, effective 1/31/91; 85-03-085 (Order PL 509), § 308-156-070, filed 1/18/85. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-070, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-070, filed 12/21/79.]

WAC 246-935-090 Examination review procedures. (1) Each individual who takes the examination for registration as an animal technician and does not pass the examination may request review by the board of his or her examination results. This request must be in writing and must be received by the board within thirty days of notification of the examination results. The request must state the reason or reasons the applicant feels the results of the examination should be changed. The board will not consider any challenges to examination scores unless the total revised score could result in the issuance of a registration. The board will consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing to be held before the board pursuant to the Administrative Procedure Act. Such hearing must be requested within twenty days of receipt of the result of the board's review of the examination results. The board will not consider any challenges to examination scores unless the total revised score could result in the issuance of a registration.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-090, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-156-075, filed 4/1/86.]

WAC 246-935-100 Reexamination. An applicant who has failed the animal technician examination may apply for reexamination, provided the required reexamination fee is submitted. Applicants who have failed either the written or the practical portion of the examination will be required to be reexamined in the specific portion of the examination previously failed.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-100, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-080, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-080, filed 12/21/79.]

WAC 246-935-110 Examination procedures. Failure to follow written or oral instructions relative to the conduct of the examination, including termination times of the examination, will be considered grounds for expulsion from the examination.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-110, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-090, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-090, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-090, filed 12/21/79.]

WAC 246-935-120 Frequency and location of examination. (1) The examination for animal technicians shall be given at least once a year at such times and places as the director may authorize.

(2) Should an applicant fail to appear for examination at the designated time and place, he or she shall forfeit the examination fee unless he or she has notified the division of professional licensing in writing of his or her inability to appear for the scheduled exam at least five days before the designated time.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-120, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-100, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-100, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-100, filed 12/21/79.]

WAC 246-935-130 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for registration. Effective September 1, 1989 persons applying for registration shall submit prior to becoming registered and in addition to the other requirements for registration, evidence to show compliance with the education requirements of subsection (4).

(3) Renewal of registration. Effective with the renewal period beginning September 1, 1989 and ending August 31, 1990, all persons making application for registration renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(4) AIDS education.

(a) Acceptable education. The board will accept education that is consistent with the topical outline available from the office on AIDS. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information. Such education shall include the subjects of prevention, transmission and treatment of AIDS, and may include the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues including confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective September 1, 1989, the requirement for registration, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education. All persons affected by this section shall show evidence of completion of education which meets the requirement of subsection (a).

(c) Documentation. The registrant shall:

(i) Certify, on forms provided, that the minimum education has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance or description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance or learning has taken place.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-130, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-156-200, filed 5/3/89.]

WAC 246-935-140 Disciplinary reinstatement procedures. (1) Unless a final order of the board indicates otherwise, all persons whose license has been suspended, revoked, or placed on probation shall:

(a) Submit a written request to the board for reinstatement of the license when eligible to do so;

(b) Be scheduled for an appearance before the board in the form of a reinstatement hearing;

(c) Have the burden of proving to the board that the license should be reinstated.

(2) The board, in reviewing a request for reinstatement subsequent to disciplinary action, may consider the following criteria:

(a) The applicant's character, standing, and professional reputation in the community in which he or she resided and practiced prior to discipline;

(b) The ethical standards which he or she observed in the practice of veterinary medicine;

(c) The nature and character of the charge(s) for which he or she was disciplined;

(d) The sufficiency of the punishment undergone in connection therewith, and the compliance or failure to comply with the board's order;

(e) His or her attitude, conduct, and reformation subsequent to discipline;

(f) The time that has elapsed since discipline;

(g) His or her current proficiency in veterinary medicine; and

(h) The sincerity, frankness, and truthfulness of the applicant in presenting and discussing the factors relating to the discipline and reinstatement.

(3) The board reserves the right to reinstate a license subject to terms and conditions deemed appropriate.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-140, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-157-010, filed 12/27/88.]

WAC 246-935-990 Fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Animal technician:	
National examination (initial/retake)	$ 95.00
State examination (initial/retake)	100.00
Initial license	60.00
Renewal	60.00
Late renewal penalty	60.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-935-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-975 WAC
AMBULANCES

WAC 246-975-001 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-001, filed 12/27/90, effective 1/31/91. 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 246-975-010 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Advanced first aid" means a course of instruction recognized by the American Red Cross, Department of Labor and Industries, the U.S. Bureau of Mines, or Washington state fire protection services/fire services training.

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

(3) "Aid vehicle" means a vehicle used to carry first aid equipment and individuals trained in first aid or emergency medical procedures.

(4) "Aid vehicle operator" means a person who owns one or more aid vehicles and operates them as a private business.

(5) "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.

(6) "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.

(7) "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.

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

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

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

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

(12) "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.

(13) "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 shall retain responsibility for the medical care of the patient until final destination is reached.

(14) "Committee" means the emergency medical services committee.

(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 Washington state department of health.

(17) "Department form" means a form developed by the department or developed by another agency and approved by the department.

(18) "Emergency medical technician (EMT)" means a person who:

(a) Successfully completed a prescribed course of instruction;

(b) Achieved a measurable level of performance and competence to treat victims of severe injury or other emergent conditions;

(c) Follows medical program director field protocols; and

(d) Is certified by the department.

(19) "First responder" means a person who:

(a) Successfully completed a department-approved course of instruction;

(b) Follows medical program director field protocols; and

(c) Is certified by the department.

(20) "First responder supervisor" means an individual who is:

(a) Identified by the local EMS agency;

(b) Recommended by the medical program director (MPD); and

(c) Approved by the department for the MPD-delegated responsibility of recommending or not recommending first responders to the department for certification/recertification.

(21) "Medical control" means for:

(a) EMTs, the physician responsibility for supervision of training programs, establishment of field protocols, and recommendations for certification and decertification of EMTs certified under this chapter; and

(b) First responders, a successful completion of a department-approved course curriculum and adherence to medical program director-approved field protocols.

(22) "Shall" means compliance is mandatory.

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

(24) "Standard first aid" means 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 state fire protection services/fire services training.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.73 RCW. 89-22-108 (Order 007), § 248-17-020, filed 11/1/89, effective 12/2/89. 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.]

AMBULANCE

WAC 246-975-020 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-020, filed 12/27/90, effective 1/31/91. 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 246-975-030 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-030, filed 12/27/90, effective 1/31/91. 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 246-975-040 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-040, filed 12/27/90, effective 1/31/91. 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 246-975-050 Denial, suspension, revocation of license--Notice--Adjudicative proceeding. (1) The department is authorized to deny, suspend, modify, or revoke any license issued under this chapter in any case in which the department finds there is 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 under this law.

(2)(a) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or license holder has the right to an adjudicative proceeding to contest a license decision.

(b) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-17-060, filed 2/28/90, effective 3/1/90; Order 1150, § 248-17-060, filed 9/2/76.]

WAC 246-975-060 Ambulance vehicle and equipment. (1) Identification. All ambulance vehicles shall be clearly identified by appropriate emblems and markings on the front, side and rear of the vehicle. Physical characteristics:

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

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

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

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

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

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

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

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

(iv) Warning lights (emergency) shall be provided in accordance with RCW 46.37.380, as administered by the state commission on equipment.

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

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

(e) Battery and generated system:

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

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

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

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

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

(i) Ambulance body.

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

patient, measured from the technician's seat back rest to the forward edge of the cot.

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Resuscitation equipment.

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

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

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

(iii) Portable suction shall be provided.

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

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

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

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

(cc) Rigid pharyngeal suction tip.

(dd) Suction rinsing water bottle.

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

(ff) Tongue blades (six).

(gg) Towels.

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

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

(jj) Clear mouth – face ventilating mask.

(b) Basic equipment and supplies which shall be carried.

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

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

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

(aa) One spare pillow.

(bb) Two pillow cases.

(cc) Two spare sheets.

(dd) Four blankets.

(ee) Four towels.

(iv) Emesis basins.

(v) Disposable tissues.

(vi) Bed pan.

(vii) Urinal.

(viii) Disposable drinking cups.

(ix) Two sand bags, minimum 4" X 6", filled, or comparable material.

(x) Aneroid blood pressure manometer.

(xi) Stethoscope.

(c) For immobilization of fractures: The following equipment and supplies shall be provided:

(i) One lower extremity traction splint.

(ii) Boards, metal splints, or cardboard splints for upper and lower extremities, fractures immobilization to include at least:

2 splints each for arm fractures

2 splints each for leg fractures

Inflatable lower extremity splints may be provided, but not substituted.

(iii) Ten triangular bandages.

(iv) Long backboard. Straps are recommended.

(v) Cervical collars, 1 each, small, medium and large.

(d) Wound dressing. The following supplies shall be provided:

(i) 24 sterile gauze pads 4" X 4".

(ii) 6 universal dressings, 8" X 30".

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

(iv) 2 rolls 1" adhesive tape.

(v) 2 sterile burn sheets.

(vi) Bandage scissors.

(vii) 1" adhesive bandages.

(viii) 2 dressings for sucking chest wounds.

(ix) Safety pins.

(e) Poison control. The following supplies and information shall be provided: 2 oz. Ipecac, location and number of nearest recognized poison control centers, drinking water, and snake bite kits when appropriate.

(f) Emergency childbirth. An obstetric kit shall be provided, sterile, and packaged in one unit. The following items may be substituted, if maintained in sterile condition:

(i) 1 large bandage scissors.

(ii) 2 umbilical cord clamps.

(iii) 18 inch umbilical cord tape.

(iv) 10 – 4 X 4 gauze sponges.

(v) 2 baby blankets.

(vi) 4 safety pins.

(vii) 2 "peri" pads (sanitary napkins).

(viii) 2 towels.

(ix) 1 ear syringe.

(x) 1 sterile sheet.

(xi) 2 pair sterile gloves.

(g) Medical equipment shall be in good working order. The condition of medical equipment, which includes oxygen cylinders, resuscitators, suction units, splints, backboards, and other mandatory equipment shall be considered as basic in the determination of mechanical adequacy.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–975–060, filed 12/27/90, effective 1/31/91; Order 1150, § 248–17–070, filed 9/2/76.]

WAC 246–975–070 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 43.70.040. 91–02–049 (Order 121), recodified as § 246–975–070, filed 12/27/90, effective 1/31/91. 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 246–975–080 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.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–975–080, filed 12/27/90, effective 1/31/91; Order 1150, § 248–17–090, filed 9/2/76.]

WAC 246–975–090 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.

[Statutory Authority: RCW 43.70.040. 91–02–049 (Order 121), recodified as § 246–975–090, filed 12/27/90, effective 1/31/91; Order 1150, § 248–17–100, filed 9/2/76.]

WAC 246-975-100 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-100, filed 12/27/90, effective 1/31/91. 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 246-975-110 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.

(o) A commercial extrication device (K-T tool or similar) may be substituted for items h and i.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-110, filed 12/27/90, effective 1/31/91. 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 246-975-120 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-120, filed 12/27/90, effective 1/31/91; Order 1150, § 248-17-130, filed 9/2/76.]

WAC 246-975-130 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.

(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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-135, filed 1/29/82.]

WAC 246-975-140 Radio communications equipment. First aid vehicle. (1) First aid vehicles shall be equipped with mobile radio equipment which meet the following requirements.

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

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

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

(2) Mobile equipment shall be kept in good working order.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-140, filed 12/27/90, effective 1/31/91; Order 1150, § 248-17-140, filed 9/2/76.]

WAC 246-975-150 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-150, filed 12/27/90, effective 1/31/91; Order 1150, § 248-17-150, filed 9/2/76.]

WAC 246-975-160 Ambulance operator, ambulance director record requirements. (1) Each ambulance operator or ambulance director shall have an organized record system which shall include the following minimum data:

(a) Records showing training levels of ambulance personnel.

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

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

(i) Name of driver.

(ii) Name of attendant.

(iii) Date and time of medical emergency.

(iv) Length of time of ambulance in service.

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

(i) General trauma.

(ii) Heart emergencies.

(iii) Burn emergencies.

(iv) Head and/or spinal.

(v) Psychiatric emergencies.

(vi) Childbirth/infant emergencies.

(vii) Poison/drug emergencies.

(e) Name of hospital(s) where patient was delivered.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-160, filed 12/27/90, effective 1/31/91; Order 1150, § 248-17-160, filed 9/2/76.]

WAC 246-975-170 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-170, filed 12/27/90, effective 1/31/91; Order 1150, § 248-17-170, filed 9/2/76.]

WAC 246-975-180 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-180, filed 12/27/90, effective 1/31/91; Order 1150, § 248-17-180, filed 9/2/76.]

WAC 246-975-190 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-190, filed 12/27/90, effective 1/31/91. 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.]

EMERGENCY MEDICAL TECHNICIANS

WAC 246-975-200 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-200, filed 12/27/90, effective 1/31/91; Order 1150, § 248-17-200, filed 9/2/76.]

WAC 246-975-210 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-211, filed 1/29/82.]

WAC 246-975-220 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-220, filed 12/27/90, effective 1/31/91. 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 246-975-230 Emergency medical technician--Certification and recertification. (1) The department shall initially certify an individual for a period of time not to exceed thirty-six months who successfully completed an EMT course when the individual has:

(a) Passed either the state written examination or the NREMT written examination;

(b) Passed the state practical examination;

(c) Been recommended for certification by the EMS medical program director; and

(d) Affiliation with a service as described in WAC 248-17-211 (1)(d).

(2) The department shall consider currently certified EMTs eligible for recertification for a period of time not to exceed thirty-six months upon:

(a) Successful completion and documentation of a minimum of thirty hours of medical program director and/or department-approved continuing medical education (CME) during the thirty-six month certification period, including a minimum of six hours every twelve months in the following:

(i) Two hours of CPR and airway management;

(ii) One hour of patient medical extrication;

(iii) One hour of patient assessment; and

(iv) Two additional hours of CME; and

(b) Passing the state written and practical examinations; or

(c) Successful completion of a program of ongoing training and evaluation approved by the EMS medical program director and the department and passing the state written examination.

(3) To meet the requirements of chapter 70.24 RCW, all persons certified under the authority of chapters 18-.71 and 18.73 RCW shall:

(a) Complete four hours of training in infectious disease prevention with special emphasis on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and Hepatitis B. Training shall be consistent with the curriculum manual *Know – HIV/AIDS and HBV Prevention Education for EMS Personnel*, June 15, 1989, published by the office on HIV/AIDS including, but not limited to, the following subjects:

(i) Etiology and epidemiology;

(ii) Clinical manifestation and treatment;

(iii) Infection control standards;

(iv) Psychosocial issues, including special populations; and

(v) Legal and ethical issues.

(b) Provide proof of the training required in subsection (4)(a) of this section:

(i) Using forms provided by the department; and

(ii) Retaining forms for three years or more from the date of training.

(c) Complete two hours of continuing medical education in each subsequent certification period including:

(i) Disease prevention;

(ii) Infection control standards; and

(iii) HIV/AIDS and hepatitis.

(d) Recertification shall also be contingent on:

(i) Affiliation with a service as described in WAC 248-17-211 (1)(d).

(ii) Being recommended for recertification by the 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 the testing or evaluation was performed.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-975-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.081. 91-02-013, (Order 120), § 248-17-213, filed 12/21/90, effective 12/21/90. Statutory Authority: Chapter 18-.73 RCW. 89-22-108 (Order 007), § 248-17-213, filed 11/1/89, effective 12/2/89. 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 246-975-240 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-240, filed 12/27/90, effective 1/31/91. 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 246-975-250 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-215, filed 1/29/82.]

WAC 246-975-260 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-216, filed 1/29/82.]

WAC 246-975-270 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-270, filed 12/27/90, effective 1/31/91. 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 246-975-280 Notice of decision--Adjudicative proceeding. (1) The department's notice of a denial, suspension, modification, or revocation of a certificate shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or certificate holder has the right to an adjudicative proceeding to contest a certificate decision.

(2) A certificate applicant or holder contesting a department certificate decision shall within twenty-eight days of receipt of the decision:

(a) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(b) Include in or with the application:

(i) A specific statement of the issue or issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(3) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-280, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-17-230, filed 2/28/90, effective 3/1/90; Order 1150, § 248-17-230, filed 9/2/76.]

WAC 246-975-290 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-290, filed 12/27/90, effective 1/31/91; Order 1150, § 248-17-240, filed 9/2/76.]

FIRST RESPONDER

WAC 246-975-300 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-300, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-250, filed 8/10/84.]

WAC 246-975-310 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-255, filed 8/10/84.]

WAC 246-975-320 First responder--Certification and recertification. (1) The department shall initially certify an individual for a period of time not to exceed thirty-six months who has successfully completed the department's first responder course when the individual has passed the state written examination and the state practical examination.

(2) The department shall consider currently certified first responders eligible for recertification for a period of time not to exceed thirty-six months upon:

(a) Successful completion and documentation of a minimum of fifteen hours of department-approved CME during the certification period, including a minimum of five hours every twelve months in the following:

(i) Two hours of CPR and airway management;

(ii) One hour of patient medical extrication;

(iii) One hour of patient assessment; and

(iv) One additional hour of CME during the certification period.

(b) Passing the state written and practical examinations; or

(c) Successful completion of a program of ongoing training and evaluation approved by the department and passing the state written examination.

(3) To meet the requirements of chapter 70.24 RCW, all persons certified under the authority of chapters 18-.71 and 18.73 RCW shall:

(a) Complete four hours of initial training in infectious disease prevention with special emphasis on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and Hepatitis B. Training shall be consistent with the curriculum manual *Know - HIV/AIDS and HBV Prevention Education for EMS Personnel*, June 15, 1989, published by the office on HIV/AIDS including, but not limited to, the following subjects:

(i) Etiology and epidemiology;

(ii) Clinical manifestation and treatment;

(iii) Infection control standards;

(iv) Psychosocial issues, including special populations; and

(v) Legal and ethical issues.

(b) Provide proof of the training required in subsection (4)(a) of this section:

(i) Using forms provided by the department; and

(ii) Retaining forms for three years or more from the date of training.

(c) Complete two hours of continuing medical education in each subsequent certification period including:

(i) Disease prevention;

(ii) Infection control standards; and

(iii) HIV/AIDS and hepatitis.

(4) 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-320, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.73 RCW. 89-22-108 (Order 007), § 248-17-260, filed 11/1/89, effective 12/2/89. Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-260, filed 8/10/84.]

WAC 246-975-330 Recertification--General requirements. (1) The department's recertification procedures for EMTs and first responders, dated August 1, 1989, shall outline the program for ongoing training and evaluation, the written and practical examination process, associated forms, and administrative requirements.

(2) The EMS committee, established under RCW 18-.73.040, shall review the department's recertification procedures at least once a biennium and provide recommendations if appropriate.

(3) An individual seeking recertification shall:

(a) Complete an ongoing program of training and evaluation and pass the state written recertification examination; or

(b) Pass the state practical and written recertification examinations.

(4) The department shall permit an individual no more than three attempts in a ninety-day period to successfully complete:

(a) Any skill in the ongoing evaluation program; or

(b) The state practical recertification examination; and

(c) The state written recertification examination.

(5) An individual shall not be permitted a total of more than three attempts at passing either the practical examination or the ongoing training and evaluation, or any combination of the two programs.

(6) An individual wishing to change from a practical examination program to ongoing training and evaluation shall do so before the second attempt at the practical examination.

(7) An individual wishing to change from the ongoing training and evaluation program to the practical examination program may do so by taking the practical examination before the end of the certification period.

(8) Each skill in the ongoing training and evaluation program will be evaluated at least once every certification period.

(9) An individual who does not successfully complete the ongoing training and evaluation program, or fails the practical examination program, or fails the written examination within the allowable attempts, or otherwise demonstrates inadequate performance is subject to the provisions of WAC 248-17-220, Revocation, Suspension or Modification of Certificate.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-330, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.73 RCW. 89-22-108 (Order 007), § 248-17-261, filed 11/1/89, effective 12/2/89.]

WAC 246-975-340 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-265, filed 8/10/84.]

WAC 246-975-350 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-270, filed 8/10/84.]

WAC 246-975-360 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-275, filed 8/10/84.]

FEES

WAC 246-975-990 Ambulances and first-aid vehicles licensing and inspection fees. The department shall assess no annual fees for inspection and licensing of ambulances and first-aid vehicles since municipal corporations providing emergency medical care and transportation services pursuant to chapter 18.73 RCW are exempt from such fees and constitute ninety-five percent of all agencies requiring licenses.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-975-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20B.110. 89-16-064 (Order 2839), § 440-44-023, filed 7/31/89, effective 8/31/89. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-023, filed 6/4/82.]

Chapter 246-977 WAC
ADVANCED LIFE SUPPORT TECHNICIANS

WAC

WAC 246-977-001 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-010, filed 8/22/78.]

WAC 246-977-010 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" means the department of social and health services.

(2) "Secretary" means the secretary of the department of social and health services.

(3) "Emergency medical services committee" means the committee appointed by the governor under RCW 18.73.040 responsible for advising and assisting the secretary in the identification of the requirements for prehospital emergency medical services and the formulation of planning for emergency medical services (EMS) systems.

(4) "Emergency medical services council" means an organized council of EMS providers recognized by the department of social and health services. The council may represent a county or multicounty area.

(5) "Emergency medical services medical program director" means a doctor of medicine or osteopathy having been approved by the department under RCW 18.71.205 and is:

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

(b) Qualified and knowledgeable in the administration and management of emergency medical care and services.

(6) "Local medical community" means the organized local medical society existing in the general geographic area where:

(a) The advanced life support program is maintained or proposed, or

(b) In the absence of an organized medical society, majority physician consensus in the county or counties is served by the advanced life support program.

(7) "Medical control" means medical program director authority to direct the medical care provided by all persons involved in patient care in the prehospital EMS system including, but not limited to:

(a) Responsibility for supervision of training programs,

(b) The establishment of patient care protocols, and

(c) The recommendation for certification and decertification of individuals certified under this chapter.

(8) "Emergency medical technician" (EMT) means an individual certified according to chapter 18.73 RCW.

(9) "Advanced life support technician" means any level of technician certified under RCW 18.71.200.

(10) "Physician's trained mobile intravenous therapy technician" (IV technician) means an individual having:

(a) Successfully completed an EMT training course;

(b) 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

(c) Been examined and certified as an IV technician by the department or the University of Washington's school of medicine.

(11) "Physician's trained mobile airway management technician" (airway technician) means an individual having:

(a) Successfully completed an EMT training course;

(b) 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, and

(c) Been examined and certified as an airway technician by the department or the University of Washington's school of medicine.

(12) "Physician's trained mobile intensive care paramedic" (paramedic) means an individual having:

(a) Successfully completed an EMT training course;

(b) Been trained under the supervision of an approved EMS medical program director to carry out all phases of advanced life support under written or oral authorization of a delegated supervising physician, and

(c) Been examined and certified as a paramedic by the department or the University of Washington's school of medicine.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.71.205. 87-19-025 (Order 2532), § 248-15-020, filed 9/10/87; 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 246-977-020 Medical program director. Listed are the duties and responsibilities, performance of duties and responsibilities, certification, termination of certification and evaluation:

(1) The medical program director is responsible for:

(a) Medical control as defined in WAC 248-15-020;

(b) Training or supervision of training of all advanced life support technicians;

(c) Control and direction of certified advanced life support technicians in their duties by oral or written communication; and

(d) Medical matters, training, and medical control of EMTs as defined in chapter 18.73 RCW and chapter 248-17 WAC.

(2) In the performance of their duties medical program directors are responsible for:

(a) Developing EMS system treatment, triage, and transfer protocols;

(b) Providing medical control of EMS personnel utilizing written or voice communications and run reviews of the services provided;

(c) Identifying and defining the medically-related duties and responsibilities of EMS system providers;

(d) Establishing and coordinating the development and implementation of education programs and clinical facilities for EMS training; and

(e) Periodic audit of educational performance and skill maintenance of field personnel.

(3) The medical program director may delegate, in writing, duties and responsibilities to other physicians as needed for performance of duties and responsibilities, except he or she may not delegate the following:

(a) Recommending certification, recertification, or decertification of personnel certified under chapter 18.71 RCW; and

(b) Formal adoption of treatment, transfer, and triage protocols in the county or counties.

(4) Certification and recertification of a medical program director by the department shall be done biennially. The department may approve and certify each EMS medical program director for a county or group of counties upon considering recommendations from:

(a) Local medical community, and

(b) Local EMS council.

(5) Prior to certification and/or recertification, the department shall evaluate each medical program director to determine eligibility. An evaluation format shall be developed by the department and will be completed by the medical program director and a representative of the department. The period between evaluations shall not exceed two years. Re-appointments shall be re-affirmed every two years.

(6) Certification of a medical program director shall be terminated when:

(a) The medical program director requests termination by resignation, or

(b) The department, after considering recommendations from the local medical community and the local EMS council, determines termination of certification is necessary for maintenance of patient care standards in the county or counties.

(7) Grounds for termination of certification of the medical program director shall include, but not be limited to, proof the medical program director has not performed duties, such as:

(a) Failure to supervise training programs,

(b) Failure to adopt written patient care protocols,

(c) Failure to provide medical control, and

(d) Failure to audit performance of prehospital personnel.

(8) No certification of a medical program director shall be terminated without written notification to the respondent from the department. Such written notification shall state the reason for the termination, and advise the respondent of the right of appeal.

(9) Termination of certification of a medical program director shall become final thirty days after the date of mailing: *Provided*, That within thirty days the medical program director may make written application to the department for a hearing. Upon receipt of a request for hearing, the department shall conduct a hearing in accordance with requirements in the Administrative Procedure Act, chapter 34.04 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.71.205. 87-19-025 (Order 2532), § 248-15-025, filed 9/10/87.]

WAC 246-977-030 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-030, filed 12/27/90, effective 1/31/91. 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 246-977-040 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 during the first two years following certification, the certified individual shall perform a minimum of thirty-six catheter-around-needle insertions on sick, injured, or postoperative patients over a twelve-month period. In subsequent certification periods certified, the individual shall demonstrate proficiency to the satisfaction of the EMS medical program director as required under WAC 248-15-025 (2)(e). In addition, the certified individual shall maintain a minimum of fifteen hours of approved continuing medical education each year.

(7) Standards for IV therapy technician correspond to Module I, II, and III, department of transportation curriculum reference.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.71.205. 89-06-003 (Order 2764), § 248-15-040, filed 2/16/89; 78-09-055 (Order 1329), § 248-15-040, filed 8/22/78.]

WAC 246-977-050 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 during the first two years following certification, the certified individual shall perform a minimum of twelve endotracheal intubations over a twelve–month period on human subjects. In subsequent certification periods, the certified individual shall perform a minimum of four endotracheal intubations in a twelve–month period. In addition, the certified individual shall maintain a minimum of fifteen hours of approved continuing medical education each year.

(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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.71.205. 89-06-003 (Order 2764), § 248-15-050, filed 2/16/89; 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 246-977-060 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) Rhythmaticity;

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

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

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

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

(A) P-wave
(B) ORS complex
(C) T-waves
(D) P-R interval
(E) R-R interval

(F) S–T segment
(G) Isoelectric line;
(ix) Describe the effect on heart rate of stimulation of the sympathetic and parasympathetic nervous system;
(x) Demonstrate a knowledge of stroke volume, cardiac output, cardiac cycle and heart rate;
(xi) Identify and describe the functions of arteries, veins, capillaries and the varied subsystems of the human blood vessel system.
(b) Patient assessment:
(i) Describe the primary complaints of the cardiac problem patient;
(ii) Identify the causes of dyspnea in a patient with cardiac problems;
(iii) Describe why syncope might occur in patients with cardiac problems;
(iv) Identify the importance of past medical history in a potential cardiac problem patient;
(v) Given a list of drugs, select those drugs that a patient might be taking for cardiovascular problems;
(vi) Demonstrate a knowledge of the special aspects of which to be aware when doing a physical examination of a potential cardiac patient.
(c) Pathophysiology and management of cardiovascular problems:
(i) Identify the risk factors associated with coronary artery disease and show an understanding of the arteriosclerotic process;
(ii) Demonstrate an in–depth knowledge of the pathophysiology, symptoms, signs and treatment protocol for:
(A) Acute myocardial infarction
(B) Angina pectoris
(C) Left and right congestive heart failure;
(iii) Identify the signs, symptoms and pathophysiology of:
(A) Ventricular aneurysm
(B) Cardiac rupture
(C) Cardiogenic shock
(D) Hypertension
(E) Syncope.
(d) Reading and understanding a normal ECG:
(i) Demonstrate a thorough knowledge and understanding of the ECG record;
(ii) Demonstrate a thorough knowledge of the equipment available for the recording and monitoring of electrocardiograms and any adjunctive equipment used to calculate heart rate.
(e) Arrhythmia recognition:
(i) Identify the potential causes of arrhythmias;
(ii) Identify the following abnormalities in the normal ECG:
(A) Distorted P–wave
(B) Irregular R–R interval
(C) P–R interval that is greater than 0.20 seconds
(D) P–R interval that is less than 0.12 seconds
(E) A wide ORS complex
(F) An elevated S–T segment;
(iii) Identify the following ECG rhythms:
(A) Normal sinus rhythm
(B) Sinus arrhythmia and sinus arrest
(C) Sinus bradycardia
(D) Sinus tachycardia
(E) Premature atrial contraction
(F) Supraventricular tachycardia
(G) Atrial flutter
(H) Atrial fibrillation
(I) First degree block
(J) Second degree block
(K) Third degree block
(L) Premature ventricular contractions sig patterns of EKG's
(M) Ventricular fibrillation
(N) Ventricular tachycardia
(O) Paroxygmal atrial tachycardia;
(iv) The student must also be able to correctly:
(A) Determine if the rhythm is irregular, regular or occasionally irregular
(B) Determine if P–waves are present or absent
(C) Determine if P–waves are positive or negative
(D) Determine if P–waves are normal or abnormal in size
(E) Determine if the sequence of P–QRS–T is normal or abnormal
(F) Determine if the P–R interval is normal
(G) Determine the duration of the P–R interval
(H) Determine if the QRS complex is normal or abnormal
(I) Determine the location of the pacemaker
(J) Determine the name of the arrhythmia
(K) Identify what is happening in the heart for each of the common rhythms
(L) Identify artifact
(M) Determine a functioning and malfunctioning artificial pacemaker;
(f) Techniques of management:
(i) Demonstrate a knowledge of the antiarrhythmic drugs and the medications used in the treatment of the heart patient. These drugs will include, but not be limited to:
(A) Atropine
(B) Isoproterenol
(C) Lidocaine
(D) Procainamide
(E) Quinidine
(F) Propranolol
(G) Digoxin
(H) Sodium bicarbonate
(I) Epinephrine
(J) Calcium chloride
(K) Aramine
(L) Levarterinol
(M) Morphine sulphate
(N) Diazepam
(O) Furosemide
(P) Diphenylhydantoin
(Q) Phenylephrine hydrochloride
(R) Dopamine;
(6) Cardiovascular treatment skills.

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

(i) Setting up the equipment;

(ii) Selecting the location for the three leads;

(iii) Placing the three electrodes.

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

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

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

(i) The administration of cardiopulmonary resuscitation while the assistant sets up the equipment;

(ii) Setting up the equipment while the assistant administers cardiopulmonary resuscitation;

(iii) The application of direct current;

(iv) (Optional) The application of synchronized shock.

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

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

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

(i) Using the standard anterior chest paddle positioning;

(ii) Using the trans-thoracic A-P positioning alternative;

(iii) On a small child.

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

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

(7) Central nervous system.

(a) Anatomy and physiology:

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

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

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

(A) Vertebral body

(B) Spinal canal

(C) Spinal cord

(D) Nerve root

(E) Spinous process;

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

(b) Patient assessment:

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

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

(iii) List all of the signs and symptoms that are 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 aviserations;

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

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

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

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

(A) Retina

(B) Optic nerve

(C) Conjunctiva
(D) Cornea
(E) Lens
(F) Pupil
(G) Iris
(H) Ciliary muscles
(I) Sclera
(J) Vitreous fluid;

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

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

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

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

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

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

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

(ix) Describe the activities associated with managing tempro–mandibular jaw dislocation;

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

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

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

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

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

(xv) Demonstrate a total familiarization with the activities to be performed when managing:
(A) Blunt injuries to the abdomen
(B) Penetrating injuries to the abdomen
(C) Penetrating injuries to the abdomen when there are viscera protruding.

(9) Musculoskeletal system.

(a) Anatomy and physiology:

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

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

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

(iv) Describe the various components of bone such as:
(A) Periosteum
(B) Marrow
(C) Medullary canal
(D) Cortical bone
(E) Cancellous bone
(F) Articular surface
(G) Diapophysis
(H) Metaphysis;

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

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

(vii) The student will be able to define:
(A) Origin of a muscle
(B) Insertion of a muscle
(C) Tendons.

(b) Patient assessment:

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

(ii) Demonstrate a competency in gathering a complete patient history on a patient with suspected musculoskeletal trauma, to include, but not be limited to:
(A) How the injury occurred
(B) The position in which it occurred
(C) The location of the pain;

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

(c) Pathophysiology and management:

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

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

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

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

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

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

(d) Techniques of management:

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

(D) Methyl alcohol

(E) Toluene;

(v) Demonstrate an understanding of the complications involved in aspirating ingested petroleum products;

(vi) Show an above average understanding of the mechanism of carbon monoxide poisoning and the treatment of carbon monoxide poisoning, and identify the role of hyperbaric oxygen in the treatment of carbon monoxide poisoning;

(vii) Demonstrate an ability to identify all of the common drugs by their street names and to be familiar with the street jargon used by drug abusers;

(viii) Identify the signs, symptoms, classic history and appropriate treatment for the following classification of drugs:

(A) Hallucinogens

(B) Narcotics

(C) Stimulants

(D) Depressants

(E) Other drugs including aspirin and commonly abused prescription medications;

(ix) Identify the influence of each drug classification on the central nervous system and be able to list its physiological action.

(f) Acute abdomen:

(i) Given a list of the organs, define the primary function of each, the quadrant of the abdomen in which it is located and whether it is a solid or hollow organ;

(ii) Given a description of the patient with a suspected abdominal disorder, recall from memory that information which should be emphasized when gathering a patient history and making physical examination;

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

(A) The general appearance of the patient

(B) Position of the patient

(C) Expression of pain

(D) Respiratory rate and use of abdominal muscles during respirations

(E) Obvious distention

(F) Guarding

(G) Sounds to be heard on auscultation

(H) Referred pain;

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

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

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

(A) Peritonitis

(B) Ruptured aortic aneurysm;

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

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

(g) Genitourinary problems:

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

(A) Female reproductive system

(B) Bladder

(C) Urethra

(D) Prostate gland

(E) Male reproductive system;

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

(h) Medical emergencies in the geriatric patient:

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

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

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

(i) Techniques of management:

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

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

(11) Related techniques of medical management.

(a) (Optional) Given the following equipment:

(i) An adult 16# French levine tube;

(ii) A child 12# French levine tube;

(iii) Water–soluble lubricant;

(iv) 1" width tape;

(v) Small clamp;

(vi) 50 ml. syringe;

(vii) Cup of water;

(viii) Graduated specimen container.

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

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

(12) Obstetric/gynecological emergencies.

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

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

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

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

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

(v) Identify the conditions of:

(A) Toxemia

(B) Placenta abruptia

(C) Placenta previa.

(b) Patient assessment:

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

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

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

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

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

(c) Pathophysiology and management of obstetric emergencies:

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

(A) Spontaneous

(B) Incomplete

(C) Therapeutic;

(ii) Demonstrate an ability to manage in the field:

(A) Complete abortion

(B) Placenta previa

(C) Abruptio placenta

(D) Ruptured uterus;

(iii) Required to recognize and manage a patient in toxemia;

(iv) Demonstrate a familiarity with the causes and treatment of pulmonary embolism in a pregnant patient;

(v) Demonstrate a total familiarity with what constitutes a secondary survey and be able to identify those situations where the patient should not be transported since eminent birth is possible;

(vi) Describe in detail those steps necessary to prepare a pregnant patient for delivery;

(vii) Identify, in sequence, those steps which should be performed in a normal delivery;

(viii) Identify and show an ability to perform those activities required in the following uncommon abnormal presentations:

(A) When the baby is delivered covered with the embryotic sac intact

(B) When the baby is delivered with the cord wrapped around its neck;

(ix) Describe the activities to be performed when assisting in the delivery of the baby's upper and lower shoulders;

(x) Demonstrate a thorough knowledge of those activities required to perform suction and oxygen administration to the newborn infant;

(xi) Demonstrate the knowledge required to perform the activities of cutting the umbilical cord and what to do if the umbilical cord continues to bleed, once cut;

(xii) Proper procedure for cutting and clamping cord;

(xiii) Identify those activities which are required to be performed if the placenta is not delivered within thirty minutes after the baby;

(xiv) Show a familiarity with the complications of breach birth and the potential difficulties confronted in a breach delivery;

(xv) Demonstrate an ability to describe the presentation of a prolapsed umbilical cord and outline the activities to perform when confronted with it;

(xvi) Demonstrate a thorough knowledge of the prehospital treatment peculiar to the delivery of the premature infant and the activities to perform when confronted with a multiple birth;

(xvii) Demonstrate an ability to manage post partum bleeding, including the use of uterine contractors, e.g., pitocin.

(13) Pediatrics and neonatal transport.

(a) Approach to the pediatric patient:

(i) Demonstrate the ability to take a history in a pediatric patient and be able to describe the value of using the child as a good source of information;

(ii) Describe in detail, without the use of notes, the workup and physical assessment of children under three years of age;

(iii) Demonstrate a knowledge of the various characteristics to be found in children of different ages that are peculiar to their age.

(b) Pathophysiology and management:

(i) Given the description of a pediatric patient with an upper airway obstruction caused by a foreign object, describe the procedure for removing the foreign object. Identify how the upper airway in an infant differs from that of an adult;

(ii) Demonstrate an ability to assess and manage acute asthmatic attack and status asthmaticus in the pediatric patient;

(iii) Demonstrate an ability to assess, define and manage bronchrolitis;

(iv) Demonstrate a knowledge of the definition, causes and management of the pediatric patient suffering from laryngo–tracheobronchitis (croup);

(v) Demonstrate an above average understanding of epiglottitis and why the child suffering from it is in grave danger;

(vi) Describe in detail the treatment and precautions for a patient with epiglottitis;

(vii) Demonstrate a familiarity with the age groups and profiles usually associated with sudden infant death syndrome;

(viii) Describe the appropriate management for sudden infant death syndrome and be able to identify the appropriate methods of dealing with the parents;

(ix) Demonstrate a thorough knowledge of seizures in the pediatric and neonatal patient;

(x) Demonstrate an understanding in recognizing the battered child and sexually molested child. Show the ability to manage the patient and family of the battered and sexually molested child.

(c) Techniques of management:

(i) Demonstrate a comprehensive knowledge of airway management and cardiopulmonary resuscitation peculiar to the child and infant;

(ii) Recall without the benefit of notes, the standard pediatric dosages in either mEq/kg, ml/kg, or mg/kg for the following drugs:

(A) Sodium bicarbonate

(B) Epinephrine

(C) DD Lidocaine

(D) Calcium chloride;

(iii) Demonstrate a knowledge of the superficial veins of the scalp and the methods of starting a scalp/vein IV in the infant;

(iv) Identify those situations in which endotracheal intubation is indicated in the pediatric and neonatal patient and how endotracheal intubation of the infant and child differs from an adult.

(14) Emergency care of the emotionally disturbed.

(a) Emotional aspects of illness and injury:

(i) Identify those causes that might account for abnormal behavior, including, but not limited to:

(A) Alcohol

(B) Drugs

(C) Epilepsy

(D) Diabetes

(E) Head injuries

(F) Arteriosclerosis

(G) Hypertension

(H) Severe infection

(I) Psychiatric problems;

(ii) Demonstrate an ability to perform those activities that will mitigate anxiety in bystanders;

(iii) Identify the attitudes and approaches that would have adverse effects on crisis situations in the management of the conditions listed in (i), (A) through (I);

(iv) Demonstrate a knowledge of those techniques required to maintain control in a mass casualty situation.

(b) Patient assessment:

(i) Identify the reasons that emotionally disturbed patients have an immediate need for reassurance and describe how this reassurance should be provided;

(ii) Demonstrate an ability to select the types of information that should be a part of a systematic system of gathering information from a disturbed patient;

(iii) Required to demonstrate an ability to select those techniques which should be used in obtaining patient assessment information;

(iv) Correctly identify the procedures to be used when confronted with an emotionally disturbed patient who is noncombative;

(v) Demonstrate indications and appropriate use of restraints.

(c) Psychiatric emergencies:

(i) Identify the behaviors and direct and indirect methods of communicating with and managing the following psychiatric emergencies:

(A) Severe depression

(B) The patient communicating suicidal behavior

(C) The psychiatric patient demonstrating rage, hostility and violent behavior

(D) Paranoia

(E) Hysterical reaction from organic illness

(F) Hysterical conversion reaction;

(ii) Identify common phobias and outline the field management of the patient with a severe phobia.

(15) Telemetry and communications.

(a) Demonstrate a thorough knowledge of Federal Communication Commission rules that relate to emergency medical services communications and telemetry:

(b) Demonstrate a thorough knowledge of standard operating procedures for the communications systems with which the paramedic is required to work;

(c) Outline and identify the protocols and methodology for the biotelemetry utilized in the paramedic's provider area;

(d) Demonstrate an ability to complete a standard reporting form in a manner that properly relays patient assessment information to a physician;

(e) Demonstrate a knowledge of the proper operation and maintenance of all radio recording and telemetry equipment described during training or provided for use.

(16) Rescue techniques.

(17) To maintain a qualification as a physician's trained mobile intensive care paramedic, the individual provider shall perform those skill maintenance for the paramedic to include fifty hours of approved continuing education annually which will include WAC 248-15-040(6), fifteen hours of approved continuing education each year, and WAC 248-15-050 (5)(a)(v), fifteen hours of approved continuing education each year.

Standards under this topic include all basic rescue skills common to the EMT-A. Specific skills will depend on local options and agency standards. The student should gain field experience consistent with his agency. He should have full knowledge of how to summon those rescue skills he does not possess.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-060, filed 8/22/78.]

WAC 246-977-070 Testing. Testing will occur periodically throughout the course. Each student shall demonstrate knowledge objectives on a written examination approved by the department or the University of Washington's school of medicine. In addition, each student will be required to demonstrate proficiency by a practical examination. On completion of the course, the student will be able to display knowledge of topics on written examination. Successful performance will be defined as correctly responding to eighty percent average of the items appearing on the examination. The student will not be permitted to use any materials or notes during the examination. For those standards involving recognition, the student will be required to recognize the specific term, definition or procedural step(s) from a group of terms, definitions or procedural steps presented to him. Recall involves the student expressing the term, definition or procedural step(s) either orally or in writing, without the presence of any cues.

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

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-070, filed 8/22/78.]

WAC 246-977-080 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-080, filed 12/27/90, effective 1/31/91. 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 246-977-090 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.71.205. 81-23-016 (Order 1718), § 248-15-091, filed 11/12/81.]

WAC 246-977-100 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;

(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 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-100, filed 12/27/90, effective 1/31/91. 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 246-977-110 Notice of decision--Adjudicative proceeding. (1) The department's notice of a denial, suspension, modification, or revocation of a certificate shall be consistent with RCW 43.20A.XXX and section 95, chapter 175, Laws of 1989. An applicant or certificate holder has the right to an adjudicative proceeding to contest the certificate decision.

(2) A certificate applicant or holder contesting a department certificate decision shall within twenty-eight days of receipt of the decision:

(a) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Office of Appeals, P.O. Box 2465, Olympia, WA 98504; and

(b) Include in or with the application:

(i) A specific statement of the issue or issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(3) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 248-08 WAC. If a provision in this chapter conflicts with chapter 248-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-977-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 18.71.205. 90-06-019 (Order 039), § 248-15-110, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-110, filed 8/22/78.]